

Finding Mental Health after Conflict

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Introduction: the many problems after conflict

Networklearning has colleagues in West Africa, the Middle East and other regions where there have been periods of warfare, major displacement and/or huge repression. Afterwards, families carry a great load of mental stress, and – for some individuals – real mental illness. Other family members can get depressed, tense, or easily in a rage. The children may become very nervy, start sleeping badly or doing poorly in school. At the same time, health facilities may have been destroyed, medical staff and supplies gone.

Sometimes a whole community can seem depressed. This in turn means that the community is slow in starting to rebuild. Instead, people just wait for outside agencies to come and do it for them.

Some readers will be living in communities that have experienced conflict. There may be a good proportion of civilians that have experienced traumatic events. And ex-combatants may have experienced years full of trauma. Being a refugee or a combatant may have involved substance abuse and/or violent and risky sexual events. Such factors react with each other and increase the likelihood of mental ill-health.

For displaced families away from their homes, there are other problems: following the language, getting access to services, feeling that they are outsiders... But some of them do have resources: their own strength, for example, or mobile phones and access to Internet.

Your workers have surely met people with these types of problems. Is this a good time to think of actively helping them, in a systematic and informed way? If your answer is “yes”, this manual hopes to guide you through the thinking, the planning and the start of this work.

Section One: **What an NGO Can Do**

1.1 Identifying the problems: where they are and how big

As an NGO, you first have to decide whether mental health is a field in which you want to work. You will make better decisions if you visit and interview other agencies in your district or region, and then make a survey with small representative samples of the communities which you think are affected. If you need help with simple surveys you can use the Manual [“Information: Its collection and use throughout the Project Cycle”](#) from www.networklearning.org.

When you have a clearer idea of the problems in your region you can start to plan interventions. The people in your region and the colleagues you have been talking to can inform your decisions. Another source of ideas should be the workers in your NGO – so make sure that your colleagues can contribute to discussions and make suggestions.

Be sensible: small NGOs and trained volunteers can help with some mental problems but not all. You have to learn which problems are too big for you. The NGO can plan for these problems in advance and provide backup.

1.2 Identifying resources: counselling, talking therapy and groups

The abilities to counsel, to use talking as a way of helping people and to run groups – these may exist already in the workers of you NGO. Or the workers may be willing

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and able to train in these skills. These are valuable resources indeed. There is more on counselling and groups in section 2.2.

1.3 Identifying resources: workspace

Becoming involved in this kind of work will cost the NGO something. It requires your staff to have access to the internet and phones. You need advice from trained doctors. You also need rooms where clients can be interviewed and where groups can meet and work. These need to be:

- fairly **soundproof** – if people are waiting outside they should not be able to understand what is said in the interviewing room.
- fairly **cheerful** – with a couple of chairs, paper, pens, chalks etc. and toys if you can find some.

1.4 Identifying staff & the training they need

Both interviewing and counselling need skills that your staff may not have. Here is one way to get those skills:

- Download [“Interviewing and Counselling at the Grassroots”](#) from [networklearning.org](#) (also in French and Somali).
 - To start with, print out the **Check-list for Interviewing Skills** (section 2.18) and hold exercises, with your staff taking it in turn to play the role of interviewer and interviewee; each interviewee can invent their story or take on a story from the role-plays at the end of the manual (section 4.2).
 - After the role-play interview, fill in the check-list and decide if the interviewer is already skilled enough.
 - Do this with all the staff who plan to counsel. Those who need better interviewing skills can form a group and work through section 1 of the manual; they learn through practice, with more role-plays, taking the various skills bit by bit.
 - Once good interviewing skills are established, the staff group can move on to section 2. This takes people through practical and psychological issues. There is another check-list which will say if they are good enough to start working independently.
- Alternatively there may be good experienced people in your region who could come and run a training course. From [networklearning.org](#) you can download a manual, [“How to Run a Workshop”](#).

Another resource for the longer term is an online self-help book, [“Psychological Self-Tools”](#), which explains how people with problems can change their behaviour. It is written from the viewpoint of a professional psychologist. People with secondary school education should be able to follow the text.

Web address: www.mentalhelp.net/poc/center_index.php?id=353&cn=353

1.5 The “Basic Package”

A study of mental unbalance and illness, in books and online, suggests that there are 8 areas of interventions for prevention or help – which can together strengthen the mental health of individuals, families and communities:

1. helping people have a regular structure in their lives

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2. using talking therapy, counselling or groups
3. helping people eat properly
4. helping people to sleep better
5. using meditation or relaxation
6. stopping the overuse of alcohol/cigarettes/khat/prescription meds/street drugs
7. strengthening important stable relationships
8. managing their sexual lives

Each of these are discussed more fully in Section Two.

Your NGO staff will first need to translate each of these eight areas into practical advice for people in their own specific region and setting. And you may find yourselves adding one or two extra categories that you consider essential in your culture.

Bear in mind cost: before recommending any resource that will cost money, like a medication or a mobile phone, make sure that the family first has enough for rent, heating and a good diet. After any civil disruption there will be many people who are extremely poor.

1.6 Identifying psychologists & psychiatrists

These are your resource people if you can find them. You may want help with several aspects of your work, such as the following – but you will probably have to prioritise.

- They should already be expert at identifying and treating severe psychiatric problems, for example schizophrenia
- They can help your staff identify clients with early symptoms or warning signs of advanced problems
- They can make the most of their time and skills by working partly through mobile telephones and emails
- They can help in setting up and running groups
- They can help identify ways of getting medication when normal supplies have stopped

1.7 Identifying how emails & mobile phones can be used

Phones can help with emergency call-ins and consultations. Both phones and emails can be used to build groups and 'buddy' partnerships for mutual support.

If there are Internet cafés, consider on-line support groups. People can type in stories and comments and respond to those of others, either writing at the same time or when convenient. These groups are particularly appropriate for people who do not want to be identified – for example clients who have a mental illness, have HIV/AIDS, or who are homosexual. If you have people in your NGO with an understanding of these two last groups of people, involve them. If you have no one, make sure someone volunteers to get educated.

1.8 Organising the work in the NGO

This is one way that the work could progress:

Step One: A few staff members help people personally, one-to-one, as the clients contact the main office of the NGO.

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Step Two – forming groups: You identify a problem that is common among the clients. For example, “Feeling isolated and helpless” or “Having to start normal living and feeling frightened” might be appropriate for a community of displaced people; These are not acute problems but are ones where group members could help each other. So the NGO starts a group to discuss “Moving from helplessness to control over our lives”. One staff member could sit in at first, monitoring and learning.

Step Three: Staff working away from the main office need to stay in contact via email and mobile phone. Then you could start putting people in touch with each other so that they can work as pairs, offering mutual support.

Step Four: you could start email groups.

And so on.

1.9 Ensuring confidentiality & safety for staff & clients

Confidentiality includes being careful to keep all records very safely. Arrange for password protection of the sensitive files on your computer by someone who is expert in computer security.

Safety from anger and violence

New clients will be coming into your agency, some with mental problems. You need to have a plan to deal with people who are angry or even violent (usually men, but not always). They may be the people you need to help. People who have been through bad experiences may be carrying around a lot of negative attitudes. But they still need help and this still needs to be based on respect.

So, any responsible agency must make their offices safe, both for the difficult client as well as staff. After all, it does not help a client if he is allowed to move from anger to violence and to breaking the law. Any spaces used by clients should be checked so that there is nothing clients could use to hurt themselves. If a counsellor is experienced and feels capable, there are ways of allowing the anger to be expressed, such as having pillows that can be punched.

The following ideas can also help:

- Make sure that all the staff, including the receptionist and cleaner, are trained in calming an angry person. You can help people to quiet down by asking them to sit down, telling them that the NGO will take their problem seriously and do what they can, and offering a glass of water.
- Be careful about everyone’s tone of voice, so that it is calm and quiet with no suggestion of anger or fear.
- Make sure the room doors can be locked from the inside.
- Make sure that, when someone new comes in, they are aware that there are people around. A staff member should never be alone in the building with a client, for example at the end of the day. Always have a guard and a plan as to how to deal with a very angry person. If a worker has to interview clients alone in a room with the door shut, then build an alarm into the office – this could be as simple as a string within the worker’s reach that, when pulled, rings a bell. Make sure you have a rehearsal with the guard so that everyone knows what to do.

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- If you have a Mental Health professional involved with your work, s/he too could be part of the plan – and available to come to the offices, with tranquilisers if needed.
- The NGO staff should know that it might be better not to have very angry people coming to the offices. Think about how you could still help them – by referral to a Mental Health professional, or perhaps by involving a mediator as a third person in any discussion. Would the client listen to... a relative? ...his religious leader? ...an elder?

An Agency that does not take care of its staff will not be so good at taking care of its clients.

Younger clients and internet safety

There are online predators in every culture looking for young and/or immature people they can exploit. Your NGO must decide how to monitor and prevent contact attempts. With people under 18 using the internet, you might need to involve parents to monitor their exchanges.

1.10 Make every worker familiar with the Rescue Triangle

The Rescue Triangle is a tool for understanding motivation. People in the business of helping others or resolving conflict can use the Rescue Triangle to figure out why the people involved are acting as they are (including themselves).

There are four roles that we – you, me, everyone – tend to fall into: Victim, Persecutor, Rescuer and Observer. It's like a role-play except we do this most of the time, and unconsciously.

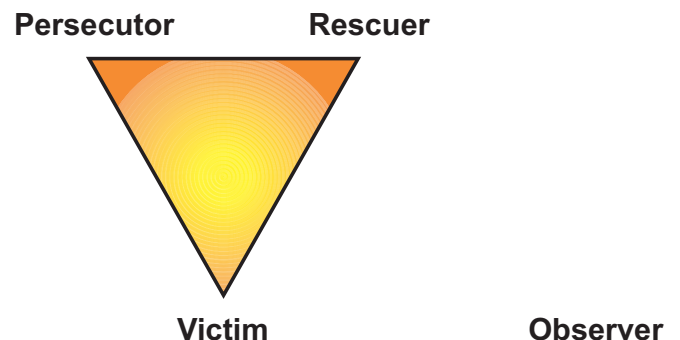
We all have particular roles that we find comfortable, and, since we, the writers, and you, the reader, are involved in NGOs, we all probably like the role of Rescuer.

Other people like to play the role of the victim too well. If we help them with one problem they will find another, just as messy. To be a victim, most people need a bad guy who makes a victim of them: the persecutor. A classic example is the weak-seeming woman who always marries a man who treats her badly and who then finds another man who will rescue her. Once he rescues her, he, too, starts to treat her badly – so she looks for another man, etc...

Professional helpers can get very upset if they have tried to help a group and it all went wrong. "These people do not deserve my involvement and I am going to tell them so..." – now the helper is an angry persecutor!

So we do not always stay in one role, we move around the Rescue Triangle. And it is not only individuals who do so; it is villages, ethnic groups and countries that play out these roles of Persecutor, Victim or Rescuer. Can you think of examples in your own work? Or from Africa and Asia in the last ten years?

The fourth position is that of Onlooker – s/he who sees what is going on but does nothing. Individuals or countries can take this position, and often, this is the role taken by the International Community, even by the United Nations in the face of atrocities.



Section Two: **Strategies – the “Basic Package”**

Bear in mind that this manual deals with crisis situations where normal services are not available. If your country or province returns to normality and Mental Health services and professionals come back, you would be able to work out other ways of working. In their absence, the following are unlikely to do harm and in many cases will improve people's lives:

- **regular structure** in people's lives:
- **talking** therapy/counselling/groups;
- **eating** properly;
- **sleeping** enough;
- **relaxation**/meditation;
- **stopping overuse** of alcohol/cigarettes/khat/prescription meds/street drugs;
- strengthening important **stable relationships**;
- managing their **sexual lives**.

2.1 Regular structure in people's lives

A normal family knows that it gets up at a set time; that people have to be at work or school at a certain time; that the water-pump will be dry if they are late; that they have to start cooking the pulses at a certain time because the wage-owner will be home in two hours and will be hungry. This kind of framework – although it may annoy rebellious teenagers – gives a feeling of security to many family members. New refugee camps can settle down more quickly if there is a timetable for schools, distributions etc. which is like the old daily pattern in the culture. Dislocated families may need to improve their timetables so that, for example, a teenage son is not disrupting everyone by sleeping until lunch time in the small living space.

2.2 Counselling/talking therapy & groups

Counselling is an organised form of talking therapy (a term which may sound less threatening to clients). It's about helping people make their own good choices:

- **Clients need to see that they have different roads that they can take.** Some groups of people may have been living in circumstances where other people made choices for them – the regime decided everything and individuals who disagreed put their lives at risk. After a prolonged trauma, when freedom comes it takes time for people to start making their own decisions.
- **Clients need to make choices that are their own:** Counselling is not telling people what to do. It is helping people to consider possibilities and how they feel about them. Then they have to make their own minds up. If you push for a decision and the client is not really committed, they will probably not put the decision into action, and everyone will have wasted their time.
- **Clients need to make good choices:** Everyone has made a bad choice sometimes in their lives. Some people make the same choice over and over. They choose the same kind of partner who will make them unhappy, or go back to drinking every time they

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dry out. If you can help people to see these patterns it may be enough for them to stop. But often it is not. Counselling alone does not solve everything.

Empowerment is an important idea in all of this. It means that counselling gradually gives power to clients – by providing information, by validating them (telling them they are OK) and by helping them make decisions that put control of their lives back into their own hands.

It is difficult for educated people to hold back and let other people make their own decisions. It becomes easier if the people doing the counselling understand themselves and their own motivations. There are some exercises that will help in [“Interviewing and Counselling at the Grassroots”](#) and everyone should study the Rescue Triangle (see section 1.10).

Running Groups

Some types of groups can be run by the members. But groups aiming at behaviour change usually have a facilitator. This is somebody with experience who sits with the group, helps the group get started and can add useful information – or if necessary control inappropriate behaviour. Download [“Health Education for Behaviour Change”](#) from networklearning.org and print pages 32-34 about ‘Facilitated Groups’, which cover issues such as gender balance, size and the way groups develop.

2.3 Eating properly

The way people feel is related to how their mind is working and the health of their bodies: the ‘bodymind’.

What you ate or drank yesterday affects how you feel. You will recognise this if you have ever woken early in the morning after too much alcohol or a lot of green fruit.

Clients may have been under stress for a long time, eating poorly, sleeping badly. Or they may be on refugee rations. They may have been living with a chronic shortage of some essential part of a diet. Think of the effect on a woman’s body – and her life – from being anaemic for years.

People may have very limited budgets – and food is only one expense. Work with other agencies specialized in Health & Nutrition to develop practical advice for your location.

If firewood is scarce or expensive, encourage people to do cooking in bigger groups. On the whole, you get better value for money if you buy raw stuff like flour, and then cook instead of buying factory goods like biscuits or coca-cola (which are full of sugar and with not much else of value).

People may be eating mostly **carbohydrates** (wheat, maize, rice etc.). This is important in a diet, for energy. Realize that brown rice or bread is better than white – it has more of the whole grain, and so more fibres and vitamins that most displaced people have difficulty getting enough of.

But if people get a lot of carbohydrates and little else they may get depressed and inactive and end up putting on too much weight. People also need **protein** – and may not be getting enough. Protein builds muscles and brains. It is found not only in meat: fish, eggs, milk, cheese and beans are all good sources, for women and children as well as men.

Displaced people can also be short of **vegetables and fruit**, important sources of vitamins

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and roughage.

The long-term solutions to a poor diet may be outside the role of a counsellor. Nevertheless, your NGO could:

- Analyse the problems and talk to the Food Aid people.
- Talk to people running other projects, including microcredit. Small loans could encourage women to produce chickens, eggs, milk or goats.
- Arrange a bulk load of vegetable seeds – which can be sold in small quantities, and be planted in any corner, or in containers (e.g. two old tyres, one on top of the other).

In addition:

- If dried beans are available, start encouraging people to sprout them. Sprouted beans are full of vitamin C. See www.thefarm.org/charities/i4at/lib2/sprouts.htm.
- To ensure sufficient vitamins, a good mixed diet with fresh fruit and vegetables should cover most of what most people need. Vitamin pills hardly ever give value for money when money is short. Vitamin injections have doubtful value and injections by untrained people are dangerous.
- There are many proven herbal remedies. For example, bad stomachs, stress and lack of appetite can be helped by the herb mint, so advise sufferers to make and drink mint tea (not very strong and without sugar).

The Job of the family head

Every family has a head, whether woman or man – and they need to do a good job of dividing the family food resources among its members. Each member has different physical needs so the head has to work out an equitable sharing – not dividing the food rations into equal portions but according to need. The family head also needs to ensure tooth care for everyone, e.g. through brushes or twigs.

Groups with particular nutritional needs: women, children and the elderly

Pregnant women should be given some priority when food is divided up – since their portion feeds baby as well as mother. In some cultures, pregnant and breast-feeding women are often underweight and have anaemia (weak blood due to a lack of iron). Women who have heavy monthly bleeding may also be anaemic. They are helped by foods rich in iron – principally red meat (especially liver) and green vegetables. Young children and growing teenagers need a fair share of iron, too.

Three groups in particular – women, children and the elderly – need to keep their bones growing and healthy. But these are the groups that are often short of calcium, vitamin D and sunshine. Children who do not get enough of these can grow to have rickets, with bowed legs. With pregnant women it is especially important as the foetus takes food from the mother, including calcium. Non-pregnant women also need to build up bone strength as older women can suffer from weakening of the bones (osteoporosis). So women, children and the elderly all need sources of calcium, every day if possible. These include milk products, fish with bones, and sesame seeds

Sunshine provides the body with some of the Vitamin D needed to fix the calcium and build bones. So the same groups are helped by being in the sun each day. And all these groups need gentle exercise to build strength in the bones.

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The exact amounts of calcium, vitamin D and sunshine needed by a group of people depend on the geographical position of your region and the colour of people's skin (the lighter the skin colour, the more Vitamin D gets absorbed by the body). So you need to find a local expert who can tell you the best advice to give in your specific region.

Omega oil, which is rich in vitamins, is important for the well-being of younger children (whose brains are growing) and women (especially in the time around periods, during the menopause and for mothers with post-partum depression). This does not mean they need pills or capsules: the oil is found in oily fish like mackerel, salmon and tuna fish – whether fresh, smoked or tinned. It is also in pulses, especially lentils, and in walnuts.

Children

Children may react to negative experiences by being less lively and doing badly at school. If so, look at their diet. Sugary breakfasts, perhaps from cereals, gives a burst of energy – or hyperactivity – but then slows children down. So it is better to give them unsweetened porridge or bread. And a little protein at breakfast will help school-work. Are beans or an egg affordable? During the day they need good helpings of vegetables and fruit – so provide sticks of carrots rather than biscuits.

Avoid manufactured products like fizzy drinks. Chemicals used in their manufacture can make some children over-active. A lot of sugar in the evening can also make children 'hyper' and less able to go to sleep. Bread or a banana are more helpful night-time snacks than sweets – and also are better for young teeth.

The elderly

When people reach sixty or seventy they may be eating less or eating poorly. Appetite fades. Older cooks have problems – like finding firewood or not knowing how to cook (especially men) or the boredom of cooking for one. As well as a poor diet, they may be failing to adjust to other problems related to food which are more common when people get older. Individuals may have high blood pressure and need to eat less salt; people with diabetes need to cut down on sugar and, if overweight, lose weight. It is difficult to be happy when older, undernourished and with chronic health problems.

2.4 Sleeping better

Many people find it difficult to sleep well and this can go on for long periods. And they can then find it more difficult to cope with everything else. Some small changes in behaviour may help:

- Make a resolution to improve things. Get ready in the evening to make it happen. Ignore any invitation by friends to go and join them; turn off the radio or mobile phone.
- In the early evening it may help to take some exercise, like a walk. And chat with neighbours who are positive (no sad stories).
- Make one's sleeping corner darker, more enclosed. Use cloth or blankets. Swap that lumpy pillow for a better one.
- An hour before sleep, begin to slow down. Do not listen to or discuss bad news. Instead, sit on the bedding, relax, breathe slowly and concentrate on something one would enjoy doing and which occupies the mind. It might be the process of cooking a complicated dish, or taking a motorbike to pieces and cleaning the engine. If other

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thoughts come into the mind, switch back to thinking about the cooking or the motorbike. This gets easier with practice.

- A small helping of some food can help the brain relax. One can try to save a small snack from the evening meal and eat it an hour before sleep. If bananas are available, these are especially effective. Coffee or tea should be avoided.
- If surroundings are noisy, one can chew a clean rag into two small wads and use them as earplugs. And ask the family to be quiet at night.
- Certain smells help people relax. In Europe, lavender flowers are used. Talk to local traditional healers and experiment with local aromatic plants to find out what works.
- Children are helped by a routine. A meal, a wash, quiet play, a story in bed, a prayer, a bit of time when a parent listens to them, a goodnight kiss – the same routine every evening at the same time.
- Adults or children can carry out the relaxation exercise in the next section. (A friend can read it out or you can make a copy on tape – or the user can learn it by heart).

2.5 Relaxation & Meditation

Some people clearly suffer from stress. Their bodies might be tight, stiff and hunched. Their hands shake. They jump at a sudden sound or touch. Others have physical symptoms that are stress-related – such as sleeplessness, headaches, stomach aches and feeling sick. Stress, which can be caused either by the mind or the body (most often by the mind) produces higher levels of adrenaline, which in turn creates ‘flight or fight’ behaviour.

The quickest way of breaking down adrenaline and reducing feelings of stress is to exercise or do something physical – go for a brisk walk, knead bread, or cut a log up into firewood. And drink mint tea.

At the same time, the mind needs to be disciplined and made to relax. A lot of stress comes from depressing thoughts that swirl in the mind. This is a habit which can be replaced by imprinting other habits – for example: quickly thinking about something else, reciting a poem (or even multiplication tables) or making pleasant plans.

You can also do a relaxation exercise. People can learn to relax their bodies, even young children. It helps to do this in a quiet place, of course. (If you wish to run this exercise, you should practice amongst yourselves first).

EXERCISE:

- Ask people to lie on the floor, except for one person who reads out the instructions.
- If you can, play some quiet music.
- The reader should go slowly enough for everyone to follow the instructions:

“Close your eyes, relax your body into a comfortable position and start to breath deep and slow, in through your nose and out through your mouth.

Now think of your toes. Wiggle them. Can you feel them?

Then think of your feet. Relax and tighten the ankles. Move up your body knees... hips... waist... chest... arms.... hands... neck... head. If negative thoughts come into your mind, push them out and think of your body. Feel each part of it; clench and

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unclench each muscle.

When you have reached your head, now think of the sun. It is pouring down its good golden light into your head and down through your body right to your belly button.

Then the light spreads up your body, and pushes ahead of itself all the bad thoughts and feelings of the day. It spreads into your head, arms and legs and the bad stuff oozes out of finger tips and toe tips.

Lie there a moment, and enjoy the golden light of the sun”.

2.6 Stopping the overuse of alcohol, cigarettes, khat, prescription meds or street drugs

It is not always easy to recognise which users have a problem with addictive substances, since in many cultures it is normal to use these substances in moderation. But people in trouble can use them as a way of avoiding their problems. They help people feel better for a while but the price may be high: if people use more than small amounts it will probably affect their health. Both cigarettes and alcohol increase the risk of some kinds of cancer, can damage the liver etc.

The risks associated with using these kind of addictive substances – for users and those around them – are increased where people have lived, or are living, through war. Individuals who are faced with traumatic events are more likely to become dependent on mood-changers like alcohol or drugs. Many of the soldiers involved in Africa’s wars used cocaine, marijuana or khat when fighting. These drugs may be partly responsible for the high level of physical and sexual violence used against civilians in some of these conflicts. In other wars it was marijuana which combatants used afterwards to help them forget. It is not surprising that psychological studies find higher rates of mental problems in ex-combatants compared to civilians. In one study, these were linked to using khat, and especially to using it for a long time and binging (using a lot at one time).

If in your community there is an ex-soldier acting really crazy, think about both the burden of memories and any underlying drug use. Try to find a way for him or her to get assessed by a Mental Health professional. Some craziness can be helped by the right prescribed drugs.

Even for citizens with more normal lives, these substances bring risks:

- With alcohol, doctors recommend we drink no more than this amount: 14 measures a week for a woman, 21 for a man. A measure is a half-pint (quarter-litre) of lager or light beer. Or, for strong drink like whisky or gin, a measure is two fingers in a small glass. More, in the long run, will affect the body, especially the liver. If you ask people how much they drink, they will admit to an amount that is usually less than the truth.
- Any amount of smoking affects the lungs and increases the risk of cancer. The smoke from cigarettes can affect the health of the whole family – small children, babies in the womb. The babies of smokers tend to be smaller than average.
- Family budgets are probably tight, and the cost of these substances means less money for necessities like food.
- These substances can change behaviour. Alcohol, cocaine and khat quieten the part of the brain that is moral and which makes judgements. Drinkers and khat users may lose

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their tempers more. Alcohol is often an underlying factor in domestic violence.

- For all these reasons, if users tell their wives they want to try to stop, the wives are usually very relieved. And this is itself a good reason to stop.

Talk through all this with your clients. If they are not convinced, suggest they try a self-assessment test, such as: www.addictioncareclinic.com/self-assessment.html.

The problem is – these substances are addictive, which means that the body finds it very difficult to do without them. Some clients say they want to stop; they have tried but found it too hard. They are probably physically addicted. Their bodies will need time to adapt to a withdrawal. And they need different kinds of support over the process. While they try to get free of the substance they will not be nice to know. Herbal medicines, like St Johns wort, may help.

Groups

People who really want to stop can form a group of people with the same problem, who then help each other. Such a group can be encouraged to find its own alternatives to the social life that they have been living around alcohol and other drugs. If you want to start a group for addicts you could start with the website of Alcoholics Anonymous: www.aa.org, which offers materials.

Stopping the habit

Here are some other suggestions for a group or for an individual trying to quit (from www.smokefree.gov/):

- **Plan ahead:** choose a date to stop, giving yourself enough time to create a plan and to elicit advice from other people who managed to quit. Then, write in a journal how often you take the drug and under what circumstances; once you are aware of your triggers, you can come up with strategies to overcome them.
- **Pick your method:** no single approach works for everyone, and you may need to try a few strategies before you work out what works for you. Make sure you address both your physical dependence as well as your emotional triggers (stress, anger, boredom).
- **Create new routines:** since your drug is a part of your day, you will need to form new habits. Chew gum instead of taking a drag after lunch, or play a computer game in place of your cigarette break. Avoid situations associated with lighting up go to smoke-free restaurants, and if you puff away in your car or living room, do a Big Clean to get rid of the smell.
- **Get support:** you are the only one who can make yourself stop, but surrounding yourself with friends, family, and fellow quitters can help you get through tough days. Pick someone who really wants you to kick the habit and make him or her your go-to person when a craving hits.
- **Think positive:** know that each day you get through without the drug is an accomplishment. Keep yourself inspired to stick with it by reminding yourself of your reasons for quitting – and that you're capable and strong enough to make this a lasting life change.

2.7 Strengthening important stable relationships

In times of war or natural disaster, the people who matter most may disappear. Grandma dies. Daddy is dead or in prison. Younger sister got swept away in the rush to get out.

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How can a young person trust the people who remain? Perhaps they will disappear too. And in a time of conflict, with one group fighting another (and God seeming remote and difficult) the young person may want to push everyone away. At such a time, it helps if an adult, from within or without the family, looks at the household and tries to understand the role played by each family member.

Some younger people may be very fragile and in need of closer contact with adults who can show strength. If they try to push an adult away, the adult must resist. What some young angry teenagers need is for the adult to say “let us go for a walk and talk and I will listen to you”; and then, “that was a good walk. Let us do it again, next Tuesday”.

And ask yourself whether the young people in the family need other important relationships. Is there anyone who could start to act as a replacement granny or uncle – someone who will be around for five years or more? What else could be done to strengthen the relationships within the family?

2.8 Helping couples manage their reproductive health

A period of disruption or violence is often followed by a time of increased sexual activity – which means an increase in the transmission of sexually transmitted diseases, including HIV/AIDS. It is also a time when babies are started – even though families may be unable to afford them. Couples who have been using the pill or condoms may find that their normal contraception is not available. And the risk of starting a pregnancy may be a source of strain on the couple. Solutions are discussed in the next section.

Section Three: **Other Groups, Problems & Strategies**

3.1 People who need Reproductive Health services

Unless your NGO is working in the Health Sector you may not be involved with the problems covered here. But you may be able to influence the priorities of the local NGO sector and keep Reproductive Health near the top of the list. (Reproductive health also includes care for difficult pregnancies and childbirth). In many regions, problems linked to sexual behaviour are not talked about and no help is available, for example, for a woman who has been raped. But you may feel that you have an obligation to help such clients by, at the least, knowing what facilities and strategies are available.

Couples whose contraceptive method is no longer available

If Health Centres and pharmacists are not functioning, then normal female contraceptive methods like the pill could be unavailable. Faced with this problem, each affected couple needs to sit down and discuss the issue thoroughly. They need to be both flexible and energetic in finding a solution for themselves. Men need to remember that drinking often sabotages male contraceptive methods like condom use or abstinence. They can consider these possibilities:

- You can contact overseas family members to ask for a supply of the contraceptive pill (try not to switch brands if they suit the user – a different brand may affect an individual differently)
- The wife can start keeping an account of her own menstrual cycle. If she is regular she can work out when she is not fertile: see www.fwhc.org/birth-control/fam.htm
- Or the man may take responsibility. Condoms may be available. He will need always to check the expiry dates and follow instructions so that they do not burst. The wife can become involved so as to make correct condom use part of pleasurable foreplay. See www.birth-control-comparison.info/condom.htm#prevent-condom-failure.

If safe condoms are not available then consider the withdrawal method, or Coitus Interruptus. See www.birth-control-comparison.info/withdrawal.htm and (at the same site) the 2pp PDF handout to pass on to people interested in this method. It can be more or less effective than other methods depending on the self-control of the man. While the husband is learning, the method could be combined with the woman finding her safe period.

Victims of sexual violence

You can make a plan for helping people who come in after rape or domestic violence. You could have a female worker who chooses to specialise in this field; she might be the only female around to support a victim. If your region is organised enough, and if prosecution for rape is possible, then your female worker needs to build a relationship with police and prosecutors; she would understand everyone's role in evidence-gathering and help to get the abuser prosecuted. And if rape is a crime that goes unpunished, she can look for sensitive, trained health workers who can do the following:

- Examine for physical traces and damage
- Repair the body
- Test for Sexually Transmitted Diseases (STDs)

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- Test for pregnancies. Pregnant victims should be advised on abortion if it is legal. They will need support afterwards whether or not they go through with the pregnancy.
- Give victims Post-Exposure Prophylaxis for HIV/AIDS to stop any virus passed from taking hold, whether or not the HIV test is positive.

Then, most communities need a Safe House – a place where women can be looked after, protected from violent men. If one does not exist in your locality, you could be involved in lobbying for one – or even creating one.

Your NGO needs to remember that men get raped as well. Usually only a small number of victims of rape and domestic violence are men and they do not usually need a Safe House. But they will still probably need counselling, and would likely prefer male workers, who need to be trained and non-judgmental.

3.2 People who need more support from – and integration into – the community

Family and friends could sometimes provide better support than they are giving. Some unhappy people will have been unable to tell husbands, wives or best friends what has happened to them, why they are acting as they do, and what might help them. You can support clients as they sort out what to say to their family, you can encourage them to talk and even be with them when they explain.

Groups

Support can come from joining an organised group for people with a problem or situation in common. These can be very helpful. The group members could be widowers, people who are HIV positive, ex-soldiers etc.

Using prayers, songs and music

If most people in your culture belong to one religion, then the group may benefit from prayers at the beginning and end. But you do not want to discourage the non-religious or those who are religious in another way. If members take the prayers in turn, even an atheist can say a poem or a few words based on his or her own ideas.

Hymns or songs can be good because singing helps people to feel. Making music can be a very effective way to express feeling. It is quite easy to make simple drums and rattles out of tins, sticks and pebbles, so that everyone has one. This may sound childish, but in practice can be expressive and beautiful. See www.kinderart.com/teachers/9instruments.shtml

Traditional organisations may play a role in your region. They may provide support in the present. Some countries in peacetime have groups based on ethnic and/or geographical ties. Restarting such groups could be very useful.

Traditional religions – Christian, Moslem, Hindu, Jewish, Buddhist or Animist can be very important. People who are isolated and have problems may get great strength from their religion. They may find it provides an explanation for events that seem to make no sense. If someone has been non-practising, you could suggest that they try services again. However this will not work for everyone. With some people, belief disappears after a disaster. They may feel angry with God or stop believing at all.

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Rituals and ceremonies

Many people have ceremonies within their own religion, however there may be those who do not wish this. Nevertheless, even atheists need to mark changes in their lives, for example the loss of people they love. Perhaps there is a need to bring different faiths together, or to use creativity to have something different. So ceremonies can be combined, invented, and tailored to particular needs.

Helping people to be useful

Another step for people to recover from bad times is for them to start helping others. By supporting others they will feel supported. But it will take time. Displaced people will have lost parts of their families to death or distance. But their practical problems remain the same. So a young widow struggling to look after a family could benefit from “adopting” an isolated older woman. People naturally make these kind of connections, anyway.

Helping people find fun again

Everybody has a side that is a child – a part of themselves which can be creative and full of joy. If people pay attention to this side, they tend to feel better about themselves and the future. Your NGO can organise festivals of singing or story-telling, athletics, a dance competition – or whatever would work in your own culture.

People who look to traditional ways & herbal medicines for health

Your NGO needs to clarify its attitude to traditional health systems, systems of spiritual healing and local traditional healers. They may be useful and deserving of respect. If the client believes in something, whether a protective ring or a sacred text in an amulet, then it contributes to their positive mental position. And some traditional healers are skilled in talking therapy.

But before your NGO supports any system, it needs to make sure that the system does not blame the client or exploit them financially. Some healers who believe in reincarnation, for example, have been known to tell a client with cancer that the illness is the result of sins committed in a past life. This is hurtful and unhelpful.

Herbal remedies/the Internet as a source of medication

In every country there is a system of knowledge about effective herbal medicines, which by their nature are available free or at low cost. Some herbal remedies are suggested in the text because they have been studied in the West and found to be effective and unlikely to do harm. There may exist local herbal cures in your country which are similarly effective but less studied. But a few herbal remedies are harmful: there are herbal poisons and herbs used for abortion. So think carefully about any you use or recommend.

Popular and effective remedies like St John’s Wort can be obtained on the internet at a cost. But you must be very careful if ordering online as there are many rogue traders, especially of medicines. Instead, perhaps you could contact family members in more settled counties who could get and send non-prescription as well as prescription medicines.

Prescription medicines need to be used with medical advice. In some countries that have been through disruption, pharmacies are not well regulated; so it is possible to

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self-diagnose and get strong prescription medicines without a doctor's script. This is dangerous and could do harm.

3.3 People who take responsibility for their actions

This may be a difficult area to deal with and is perhaps best done in groups. People can feel guilty about things they have done in the past, and about things they think they have done. People who have AIDS may believe they have infected someone else; ex-soldiers may remember killing people and feel guilty. These people need to work out what exactly they were responsible for – whether they really did something bad, whether it was intentional or accidental, whether they could have refused to do it.

People practising a religion could usefully talk to their religious leader about it.

Groups

Groups of people who share the same issues can offer members the chance to admit wrong behaviour in a safe setting. If people can do so, they usually find it very helpful. The group can also suggest ways of making amends.

However, if the group discusses actions that are crimes – that are against the law, and for which people could be taken to court when peace comes – you have to warn them to be careful. A court could ask you or a group member what was said, and it would be illegal to lie. So, for the present, the group should be looking not at issues of justice but issues of healing.

The group could work as follows:

- Each member of the group says in turn that they have done things that they wish they had not done but nobody gives details. Or, if there is a story they really need to tell, they could describe it as if it was something happening to somebody else.
- They can then say they are sorry and would like to make amends.
- Then, each can work out how to do this. For example, if they hurt people of another ethnic background, they might promise the group to spend some hours helping old, isolated people from that ethnic group. If appropriate they could find a member or a religious leader from the group they hurt and ask them for forgiveness. But they need as well to forgive themselves, and here the group may help.

3.4 Children's grief and anger

Note: Children's nutritional needs are discussed in 2.3.

Generally, children are like adults: if bad things happen to them, they are affected. In fact, they may be more affected than adults because children do not have the experience that would help them make sense of it all. How can a four-year-old sort out in his mind why his father was killed in the war?

Like adults, the problems may show up physically. Children can lose their energy, or stop eating or playing. They may complain of a series of bellyaches, headaches etc. They may cling to a parent, seeking reassurance, or put their anger into being aggressive with their friends. But some cultures deny that children experience trauma, or suffer from it, or need help. Discuss this with your colleagues.

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Counsellors trying to help children will learn a lot from watching individuals play. This is partly why it is useful to have toys in your office. Find somebody who could carve wooden building blocks, dolls and furniture; it does not matter if the toys are clumsy as long as they have no splinters. If you can find old cloth, you can make rag balls and hand puppets. Children who are playing can show anger and sadness, fear or happiness.

Children and grief

These are approaches that have worked with children in crisis countries:

- If children are clearly unhappy or mixed up, talk to the parents. They may not have realised what is happening, or they may have been too busy with events. Ask then whether they can find more time for that child alone. Can they, for example, find ten minutes to spend with the child at bedtime?
- Explain to the parents that it helps children if you take them more seriously and listen to them a little more.
- As a counsellor, an outsider, you may be convinced that a child needs individual help – but go very slowly: it is more difficult than you may think and you can do damage very easily. It is safer to start working with a small group of children together and build up your experience.
- When talking to a child, remember that, like adults, they need to have their feelings acknowledged. If you can get them to talk, recognise the feeling behind the words and give it a name. So say things like "that must have made you very sad". They also, like adults, need to feel valued. So, if it feels right, say something like "That was very brave" or "You must have felt frightened. But you didn't run away".
- Children who cannot talk clearly may be able to act out their story using toys or puppets. Let them get used to the toys and to you, then ask them to pick a doll which is them and then show you what happened, or tell you about their family. But do not push children; be ready to go as slowly as they want.
- Children are helped by the chance to draw or, even better, to paint. Unhappy children may paint the same sad images over and over, or even paint the whole paper black, over and over. Just let them do this.
- School is important for displaced children. Bigger children need the daily routine, the time outside their home, the exercise and sports and the skills they are learning. Very small children who can crawl or walk (from about 8 months to 5 years old) will benefit long term from organised play with other children. A group of parents can be helped to find accommodation for a playgroup, to make simple toys and to organise a timetable.

Two websites for toy making: www.make-baby-stuff.com/index.html and <http://simplemom.net/11-cheap-and-free-toys-for-young-children-2/>

- With children, music, hymns and songs can be a very good way of expressing feeling. It is quite easy to make simple drums and rattles out of tins, sticks and pebbles, so that everyone has one. Children can make rhythms of anger or of happiness and softer feelings. For making musical instruments, see www.kinderart.com/teachers/9instruments.shtml

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Children and anger

If you want to help a family with an angry child who is still young, you need the cooperation of both parents. If there is an angry father this may be difficult. Explain that the anger is a habit. Like smoking, it may be a difficult habit to change – but changed it can be.

The family has to act together to make sure that anger is never rewarded. But good temper and good behaviour should be rewarded. Every time the child has a fit of temper and screams and shouts, nobody must take any notice. But if the child is good-tempered and well behaved for a whole day, he gets a star. The stars can be imagined or drawn on a piece of paper. Seven stars means a reward. This could be 'Special Time' with one parent, like going for a walk together, or being told a story.

If there is an angry father, he could promise to keep his temper in the house until the child is better and if he keeps his word, he should be praised for it. Maybe his behaviour might change as well.

Awarding stars for good behaviour is effective for many problems, including bed-wetting, bullying a smaller sister, or failing to be up and ready for school in time. And the rewards do not need money. For most children, quality time alone with a parent is something they want hugely.

See also the sections on people who are not eating well (2.3) and who are sleeping badly (2.4).

3.5 The elderly

It is important to recognise the strength that many elderly people have developed. In crises, many find good ways of coping. But like us all, they can develop bad or sad reactions.

After the age of seventy, people may be eating less or eat poorly. Perhaps your agency can form Cooking & Healthy Living groups that can cover these issues among the elderly.

Almost all the elderly can benefit from gentle exercises. Can you find someone to organise them into a class? The class could be held in the sun. Keeping their bones strong with calcium, vitamin D and sunshine is discussed in 2.3.

Section Four: **Psychiatric Problems – moderate to serious**

Some psychiatric conditions can be helped even though there are no psychiatrists and pharmacists around.

Caring for the carers

The family, often one member of the family, may be taking a lot of the burden of mental ill-health upon themselves. They could benefit from support from your NGO. They may also benefit from meeting up with people in the same situation – who may be in a position to give the best advice around.

For clients with serious problems like schizophrenia, or with a manageable problem that then becomes more serious, it is sensible to urge the client's family to get the individual to a bigger town and into professional care. You can seek advice yourself, perhaps by telephone or email. Over time, if patients are stabilised by counselling and/or medication and return home, you can again be a source of support to the individual or the family.

4.1 People with depression

Moderate Depression

These are the symptoms that suggest moderate depression:

- Feeling unhappy most of the time and having no interest in life
- Having bad memories which repeatedly come back
- Being unable to sleep or sleeping too much
- Having a poor appetite
- Using alcohol more

Note: Sometimes these symptoms are obvious, but sometimes depression is hidden.

What you can suggest:

- People with depression may be chronically short of sleep. They may also have been eating badly. They can be helped by good food (section 2.3) and regular sleep (section 2.4).
- They would also benefit from physical exercise and the relaxation exercise in section 3.8.
- Tell them to think about the following – we may not be able to change the circumstances in which we live, but we can change the way we think and feel about them. This is not easy, but it is possible. As a first step, ask that they do the following: when you next meet, they should be ready to tell you of one source of pleasure they have found for each day. This could be a nice meal, a laughing child or the sun seen through leaves. Suggest that before they sleep, they count their blessings.
- With depression, there is one natural plant that has been found to be as effective as standard anti-depressants but with fewer side effects: this is St. Johns Wort (Latin name: *hypericum perforatum*).
- People with moderate depression can be helped by joining an appropriate group
- If you think that the client's depression is moderate but you would like to chart their

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progress – or if you think the patient might have severe depression – you can do a self-assessment test. There are several online at <http://psychcentral.com/quizzes.htm> (For **post-natal** depression, see section 3.6)

Serious depression

Signs of serious depression:

- Feeling so miserable that normal life is neglected; the person may not even get out of bed or may not wash
- Weight loss
- Waking very early every morning suddenly

If someone shows these symptoms, especially if there is thoughts or talk about suicide, you may need to get them to where there is a psychiatrist and refer them. Medicines may be what they need and ordinary counsellors may not be able to offer enough help.

But if you are working with people who are seriously depressed, and feel you are not making progress, do not get discouraged. You may be what stops them getting worse.

4.2 People who misuse alcohol, cigarettes, prescription and street drugs

See Section 2.6.

4.3 Post Traumatic Stress Disorder (PTSD)

Imagine a traumatised ex-soldier, now back with his family and out walking in town. He hears a car backfire and, because it is so much like gunfire, falls flat on his face on the pavement. He and his family are very embarrassed. This is a little glimpse of post-traumatic stress disorder at work. PTSD develops when the event was violent, whether a fight, an accident, rape. The victim felt a threat to their lives or to the life of others or to the core of their personalities – and felt powerless.

As mentioned in section 2.6, ex-combatants are at higher risk of PTSD than civilians – and especially if they were big users of alcohol and/or drugs. PTSD is found in people who were forced to kill others, as well as in victims of violence. Sometimes secondary trauma is found in police, counsellors, medical staff or witnesses to terrible events. Then they will also need help. So your NGO needs to monitor its own employees and volunteers.

Common Symptoms of Moderate PTSD

Depression, stress, over-use of alcohol: all can be part of PTSD – so look at these Sections again.

People suffer more, and for longer, if bad experiences were repeated. PTSD is more likely to develop with people who, before the traumatic events, were already coping less well, were socially isolated or had mental problems. But remember that PTSD also happens to the bravest soldiers and wisest civilians. It is not a sign that someone is weak or unworthy.

What people may feel:

- They may be overwhelmed with negative emotions such as guilt, shame, helplessness, anger, depression, and fear. They may even have a wish to kill themselves.

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- Memories of the traumatic events reappear frequently in their minds. They may find it difficult to concentrate. They may have problems sleeping.
- They may complain of headaches, stomach problems, impotence, aches and pains.

What people may do:

- Cry often or even all the time. They may want to cling to their partner or helper.
- Start or increase the use of drink or drugs. The use of alcohol with PTSD makes things worse.
- They may start to use verbal or physical violence. Or cut themselves off from their family and friends, making themselves socially isolated. Sometimes they cut the family off with them. A self-assessment quiz can be filled in with spouses to check whether domestic violence is involved (if so, she should consider the safety of herself and her children and possibly decide to leave): www.shelterincalpena.org/Domestic%20Violence%20Self-Assessment.pdf

Strategies for Helping

A number of approaches seem to help, including forming support groups. There are new treatments such as EMDR (eye movement desensitisation and reprocessing). This works very well but must be given by trained professionals – who are only found in a few countries.

It is important, though, that something be done as soon as possible after symptoms start to show. If you have access to a doctor, see if s/he can help with the severe cases. Medication sometimes helps.

If there are not doctors around, talking helps, and this is best done in a group with similar experiences. Here is one topic that this group should cover: recognising the times when they might hurt other people, through words or deeds. Perhaps a man is easily irritated, and he can see his little boy coming over to bother him. He needs to have a strategy that helps him to manage his anger – perhaps to take some slow, deep breaths and then go out for a walk. He can tell family members that he is upset and needs to calm himself. The group can learn ways of preventing risky situations from developing.

Severe PTSD

Sufferers often have nightmares of the events. The memories do not start to fade away. They have major startle responses: if touched on the shoulder unexpectedly, they may jump, scream or start fighting. They feel extreme and frequent anxiety and/or anger. They avoid situations that remind them of the traumatic event, and go out less. They may feel cut off emotionally from those around them, so cannot feel for them and with them. Some, but not all, will re-experience the traumatic events in dramatic flashbacks.

Sometimes PTSD goes away over time and sometimes the symptoms remain for a long, long time.

4.4 Bipolar disorder

The outstanding symptoms of bipolar disorder are dramatic and unpredictable mood swings. A person's mood will swing back and forth between **mania** – including excessive happiness, excitement, irritability, restlessness, increased energy, less need for sleep, racing thoughts, high sex drive, and a tendency to make grand but impossible plans

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– and **depression** – including sadness, anxiety, irritability, loss of energy, uncontrollable crying, change in appetite causing weight loss or gain, increased need for sleep, difficulty making decisions, and thoughts of death or suicide.

It seems that the body has lost its ability to control its own ups and downs. Medication is normally part of treatment if the client can be properly diagnosed and prescribed for. If the client is motivated to control their own behaviour talk to them:

- Are they using mood-changing substances – alcohol, street drugs, prescription drugs etc?
- Is there a genetic element? Did the client have a bipolar parent during childhood?
- Was their childhood chaotic, distorted by alcohol or drugs, and teaching them inappropriate reactions to life?
- Ask them to start keeping a diary of what they do and feel, so that they can start disentangling any factors that trigger changes in mood. It is one step in taking back control of their own minds.

But some sufferers do not want treatment because, though the depression is really bad, the manic phase is so enjoyable that they will not give it up.

Self-Assessment test

Do this with the client and a dependable family member. www.healthyplace.com/psychological-tests/goldberg-screening-for-bipolar-spectrum-disorders/

Warnings that the condition is severe

Severe bipolar disorder is difficult to identify and handle, so as soon as you are worried you should seek the opinion of a psychiatrist, if you can. One warning sign is self-injury, often referred to as cutting, self-mutilation, or self-harm. It is a way of coping with overpowering negative emotions, such as extreme anger, anxiety, and frustration. It is usually repetitive, not a one-time act.

4.5 Schizophrenia

People diagnosed with schizophrenia usually experience a combination of symptoms:

- Hearing or seeing things that are not real
- Reacting to people without the normal emotions; poor or non-existent social behaviour
- Racing thoughts, disorganized thoughts, difficulty concentrating/following instructions/ completing tasks, memory problems
- Strange ideas, e.g. believing they can read other people's minds
- Increased suspicion, e.g. believing that everybody is plotting against them
- Changed perception, e.g. the person sees or hears differently, or sees objects that constantly change in size or shape
- Mood swings, e.g. becoming easily offended
- Loss of interest in people or things that used to be liked

If you encounter someone who is experiencing symptoms that are bothersome, debilitating or harmful, try an online screening test for identification of early

schizophrenia symptoms: www.schizophrenia.com/sztest

Strategies for Help

For schizophrenia, the best approach is medication plus psychosocial support therapies. The medication helps delusions and hallucinations. But many schizophrenics stop taking their medications, partly because they have side-effects.

For **teens** interested in lowering their risk of schizophrenia, the avoidance of street drugs, maintenance of healthy friendships, and early treatment for any depression, sadness and anxiety is likely to be valuable.

Many schizophrenics are not good at the skills necessary for daily living – keeping clean, keeping time, communicating. So this may make them homeless and jobless.

If you, as an NGO worker, can provide encouragement, or (better) form a **group** with other schizophrenics, you can ensure support to keep them taking their meds and together learn skills like cooking and personal grooming. Group therapy with medication has a better outcome than medication alone, especially if it discusses real-life plans, relationships, and/or provides practical work activity. A good work activity would be for the group to start a vegetable garden in a community short of vegetables.

A further successful intervention has been **family therapy**. Schizophrenics living in high-stress families are more likely to stop taking their meds. Supportive families, though, can come together in family meetings to understand the illness, analyse any problems, list alternatives, discuss until consensus is reached – and give support as it is put into action. In these circumstances, much fewer patients stop taking their meds.

4.6 Post-Partum Depression/psychosis

Post-Partum Depression usually emerges over the first two to three months after childbirth but may occur at any point after delivery. Always keep in mind that this condition is temporary – it can be treated and the woman can go back to normal. The right medication is very effective, if it can be obtained. But just recognising this illness can often save somebody's family from breakup and her life from being ruined.

Moderate post-partum illness

Some women feel depressive symptoms starting in a mild way during pregnancy.

Post-partum depression is difficult to distinguish from routine depression. The symptoms include: being depressed or in a sad mood – tearfulness – a loss of interest in usual activities – feelings of guilt – feelings of worthlessness – feeling unable to do normal tasks – fatigue – sleep disturbance – change in appetite – poor concentration – suicidal thoughts – anxiety.

However, after giving birth, many women who do not have depression feel some of these symptoms, like disturbances in their sleep, appetite and energy. Life as a mother is simply tough. A test may make it clear whether the problem is something to take seriously: www.womensmentalhealth.org/quiz-are-you-suffering-from-postpartum-depression/

What causes Post-Partum Depression?

After birth, the hormones in the body are rising and falling in huge amounts. This stressful situation may be made more so by outside events occurring during pregnancy. And the mother may have an underlying vulnerability to this kind of illness. She may, for

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example, suffer emotions during premenstrual or menstrual periods.

Treatment for moderate post-partum illness

Treatment based on talking therapy has been shown to be effective for women with mild to moderate post-partum depression – especially therapy that aims at improving the woman's view of the outside world and their relationships in the world. In particular they need to start seeing themselves differently. Instead of remaining in the mental position of victims, some can take the position of controllers of their own future.

And one food source has been found to be helpful: an oil called Omega 3 (see section 2.3). See how you can help the family build it into their diet.

If you can reach a psychiatrist, discuss the issue of medication: it may help.

Severe Symptoms of Post-Partum Psychosis

This is considered a psychiatric emergency that requires in-patient treatment. If it occurs, you need to get the patient to a hospital with a psychiatrist if at all possible. It is a rare event. It is often dramatic, with symptoms as early as the first 48 to 72 hours after delivery. Symptoms are – restlessness, irritability, and insomnia – rapidly shifting mood, one moment depressed, the next very happy or very disorganized in thinking and behaviour – weird beliefs, often about the baby, and may hear voices telling her to harm herself or the baby. Sometimes she does so.

Final Word

This manual tries to cover some of the problems faced in countries after major disruptions – problems that are often put to one side or not dealt with. It offers some tools but if you want more and better ways of acting, you can engage in continuous self-education using, among other things, online resources listed in the final Section.

Further Online Resources

Key resources for NGO staff in crisis/humanitarian situations

- Download a short WHO manual to learn international thinking and vocabulary in this area: www.who.int/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf
- Study the online self-help book: http://www.mentalhelp.net/poc/center_index.php?id=353&cn=353
- "Where there is no Psychiatrist" is available from TALC (<http://www.talcuk.org/books/where-there-is-no-psychiatrist.htm>) or via internet book stores – but costs some money.
- "Coping with Disasters – A Guidebook to Psychosocial Intervention" (104 pages) is free to download: www.mhwwb.org/CopingWithDisaster.pdf
- 'Conflict and Health' is a journal that covers issues of war, refugees, violence etc.: www.conflictandhealth.com

Family Planning

- Finding a woman's safe period: www.fwhc.org/birth-control/fam.htm
- Safe condom use: www.birth-control-comparison.info/condom.htm#prevent-condom-failure
- Coitus Interruptus: www.birth-control-comparison.info/withdrawal.htm

Psychological issues: Organisations & self-assessment quizzes

- Alcohol abuse: <http://alcoholism.about.com/od/problem/a/blquiz1.htm>
- Alcoholics Anonymous: www.aa.org (useful materials)
- Other substance addictions: www.healthyplace.com/psychological-tests/drug-abuse-screening-test
- Stopping Smoking: www.smokefree.gov (suggestions)
- Depression: <http://psychcentral.com/quizzes.htm>
- PTSD: www.healthyplace.com/psychological-tests/ptsd-test
- Schizophrenia: www.schizophrenia.com/sztest
- Bipolar Disorder: www.healthyplace.com/psychological-tests/goldberg-screening-for-bipolar-spectrum-disorders/
- Post-Partum Depression: www.womensmentalhealth.org/quiz-are-you-suffering-from-postpartum-depression/
- Domestic violence: www.shelterincalpena.org/Domestic%20Violence%20Self-Assessment.pdf

Other aspects

- Manuals, free to download from the library at www.networklearning.org include: "Health Education for Behaviour Change"; "Information – its Collection & Use in the Project Cycle"; "Interviewing and Counselling at the Grassroots" (also in French and Somali) and "How to Run a Workshop".
- Nutrition – sprouting beans: www.thefarm.org/charities/i4at/lib2/sprouts.htm
- Toys & musical instruments – simple, free to make: www.make-baby-stuff.com/index.html / <http://simplemom.net/11-cheap-and-free-toys-for-young-children-2/> / www.kinderart.com/teachers/9instruments.shtml