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MONTHLY E-PAPER

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Mental health

D+C JUNE 2019

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FOCUS

Mental health

Metaphysical explanations

The subject of mental illnesses is largely taboo in West African countries. If someone is affected, the entire family is seen as cursed. However, psychiatric problems are on the rise and can no longer be ignored. Samir Abi, who works for the non-governmental organisation Visions Solidaires in Togo, reports.   **PAGE 19**

Cultural determinants of "reality"

Across the globe, culture and language heavily influence the way we deal with health issues. This is particularly true in the case of mental health. Medical staff must consider people's cultural and linguistic background when diagnosing patients, demands Solmaz Golsabahi-Broclawski of the Bielefeld-based Medical Institute for Cross-Cultural Competence.   **PAGE 21**

"I have no place in society"

The scientific consensus is that homosexuality is not a disease. Most gays and lesbians in Zimbabwe hide their sexual identity nonetheless. Discrimination, exclusion and violent attacks cause fear and loneliness, so many suffer poor mental health, as Grace Badza of GALZ, a non-governmental organisation, writes.   **PAGE 23**

Asian suffering

The Transcultural Psychosocial Organisation (TPO) promotes professional mental health care in Cambodia. In its experience, it is essential to engage traditional authorities such as faith leaders and healers. Due to a traumatic history of war and genocide, mental health problems are common. TPO staff members share insights. Five years ago, India's central government unveiled the first national mental health policy. The intentions are good, but achieving the goals still looks like an uphill battle. Sandip Chattopadhyay, a Kolkata-based scholar, and Hans Dembowski of D+C/E+Z assess matters.   **PAGES 25, 28**

Workplace violence

In employment contexts, far too many people are exposed to various forms of violence that cause mental suffering. Students of an international Masters course in occupational health have researched the issue. The programme is coordinated by Munich University's Center for International Health. Manuel Parra, a psychiatrist from Chile, elaborates the approach.   **PAGE 30**

"There is no health without mental health"

Who defines what is "normal" and what is "crazy"? Where is the line between "different" and "sick"? How people judge human behaviour depends very much on their own personal background. Culture and language matter, and so do social norms and values. This is particularly important when assessing mental health: experts speak of a disorder when behaviour deviates significantly from the norm. It is very hard to find a definition shared by everyone.

In order to be clinically relevant, a mental problem must be associated with suffering, such as physical pain, or with impairment, for example an inability to work. Deviation from social norms in itself is not what matters. Most people are not homosexual, for example, but those who are homosexual are not sick in medical terms. For obvious reasons, their mental health tends to suffer seriously in countries where they are harassed or even persecuted. The situation is much better in more tolerant societies. By contrast, the suffering and impairment of schizophrenics is not rooted in stigmatisation – but their condition often leads to exclusion.

What causes mental disorders is not fully understood. Several factors matter, including genetics, social context, family backgrounds and stress. Even traumatic experiences or severe crises do not necessarily lead to lasting psychological suffering, depending on how resilient affected persons are.

Eating disorders are a good example for cultural determinants. Mostly young women in western societies are affected. Anxiety disorders, however, are particularly common in stressful environments that are marked, for example, by work pressure, poverty, violence or living in crowded urban spaces. Substance abuse, of course, is related to these things too.

Almost everywhere in the world, mental illnesses are taboo. Affected people are said to be victims of witchcraft or possessed by evil spirits. Sometimes, society blames the patients themselves for their condition. Certain mental disorders are accompanied by peculiar or aggressive behaviour. Those who display such behaviour, are likely to encounter hatred, contempt or fear. In many places, common responses to aggressive, uncontrolled behaviour or even severe depression are still electroshocks, beatings or locking up.

Where ghosts and demons, witchcraft and divine punishment serve to explain psychological suffering, people are likely to resort to metaphysical cures as well. For ages, people have depended on traditional healers and spiritual leaders who perform rites, ceremonies and exorcism. Science-based psychiatric methods and psychotherapy are much less practiced in many parts of the world.

Mental disorders are on the rise globally. Usually, they cannot be cured entirely, but therapy is often very helpful. Making it available to those in need should be high on the development agenda. Those who suffer mental illnesses all too often are unable to deal with everyday tasks. They underperform in terms of education, work and social life. The World Health Organization (WHO) states: "There is no health without mental health." Accordingly, the third Sustainable Development Goal (SDG) about health and wellbeing explicitly includes mental health. Achieving it will require much more work on emerging health priorities such as mental health, according to the WHO.

▶ **You'll find all contributions of our focus section plus related ones on our website – they'll be compiled in next month's briefing section.**

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Debate

To the detriment of youth

Philippine lawmakers will soon decide on a reform that would lower the minimum age of criminal responsibility from 15 to 12 years. That step would further victimise young people who are already marginalised, warns journalist Emmalyn Liwag Kotte. **PAGE 10**

Tribune

Not filling the gaps

Burundi's governmental school system is failing. Many years of political instability have compounded the problems. Charitable schools that are run by faith-based and other non-governental organisations are making a difference, but there are far too few of them. Verena Stamm, whose charitable foundation runs education programmes, assesses the situation. **PAGE 16**

Provide prospects to refugees

Both the United Nations and Germany's Federal Ministry for Economic Cooperation and Development have recently published policy papers concerning how to deal with refugees internationally. Sheila Mysorekar of D+C/E+Z provides an overview. **PAGES 14, 15**

Photos: Basilio Sepe/picture-alliance/ZUMA Press; Philipp Ziser, Burundikids

ENVIRONMENTALISM

More satisfaction and happiness

As protests and school strikes around the world show, many teenagers are keen on climate protection. Their future depends on societies adopting sustainable lifestyles. Many young activists will find Mike Berners-Lee's new book "There is no planet B" useful.

By Hans Dembowski

The subtitle is "A handbook for the make or break years". Berners-Lee lives up to this promise. He is a professor at Lancaster University's Institute for Social Futures in Britain. His book tackles a wide range of issues from food and energy to economics and the "dedication to 'truth' and 'facts'".

The starting point is a brief elaboration of the term Anthropocene: human action has always had some environmental impacts, but only in recent decades have those impacts become so strong that they threaten our entire planet's ecology. "Anthropos" means "man" in ancient Greek. In geo-historical terms we are now living in a world in which humankind is shaping the entire planet in a harmful way. If our species further intensifies its grip on nature, we will destroy the very foundations our life depends on.

How the author deals with food and agriculture is a good example of how he tackles complex issues in general. He starts with the very basic information that, on average, a person needs 2350 kcal per day, and that humankind produces nearly 2.5 times more than needed: 5940 kcal per person and day. Nonetheless, about 800 million people on earth do not get enough food. An important reason is that families concerned are too poor to buy what they need.

A large share of the cereals the poor could eat is fed to animals, in order to produce meat for prosperous consumers. Animal feed sells at higher prices than masses of poor people can afford. Berners-Lee does not demand that everybody must become vegetarian, but he does want wealthy people to reconsider carefully how much meat they really want.

HOW TO ERADICATE HUNGER

The path to eradicating hunger is not simply to increase production, as Berners-Lee elaborates. Doing so would also be environmentally destructive, given that agriculture and land-related practices account for almost one quarter of the world's climate gas emissions. It is impossible to increase farm land, because land must be set aside for biodiversity to flourish. The author warns in particular that humankind cannot afford to destroy forests in order to create additional space for plant cultivation or grazing.

Instead, ending hunger will depend on multifaceted change. Essential issues include that:

- less grain must be fed to livestock,
- incomes must be spread more evenly,
- waste must be reduced, and
- storage facilities must become better.

Such change, Berners-Lee writes, is compatible with healthy and tasty diets for everyone, and it would also serve human health. Farm animals currently are fed about two thirds of all antibiotics. As the scholar warns, "the race between increasing resistance and the development of next-generation alternatives looks like it is going the wrong way with extremely nasty and perhaps imminent consequences" (see article by Mirza Alas in D+C/E+Z e-Paper 2019/04, debate section).

The author excels at juxtaposing big-picture assessments with micro-level options for action. In regard to fish, for example, he points out that it is not an eco-friendly alternative to meat. Problems include overfishing, harsh working conditions on fishing trawlers and the ecologically devastating impacts of aquaculture. Therefore, the professor wants individual consumers to consider seafood a treat, rather than an every-day dish.

However, he does not consider climate protection only a matter of personal ethics. He expects supermarkets to understand their supply chains and pay attention to issues of social justice and environmental sustainability. Governments, according to him, must police the industry and enforce legislation to protect people and the environment. Multilateral regulation is necessary as well, because humanity must tackle a global challenge and not one that arises at the national level.

Berners-Lee argues that transporting fresh fruit or cut flowers by airplane is unacceptable because of the related emissions. He adds, however, that growing those products in greenhouses is not better. Seasonally adjusted consumption is the environmentally preferable approach. In

In Brazil, rain forest has been destroyed to create grazing grounds.

Photo: Ron Giling/Lineair

a similar sense, he does not suggest to stop air travel all together, but insists that consumers, business leaders and policymakers must take the carbon footprint into account and act responsibly.

METRICS MATTER

In order to do so, they must pay attention to facts – and consider the right kind of metrics. The scholar explains in easy-to-understand language why the growth of gross domestic product should not be what governments strive for. The point is that GDP measures monetary transactions, not human welfare. If a family takes care of a frail grandparent, it does not count in terms of GDP. By contrast, professional frail care in a retirement home is included. So are the revenues of advertising for useless products and the laundered profits of crime. GDP is not entirely meaningless, according to the scholar, but it is important to consider carefully exactly what is growing.

His take on work and employment is similar. According to him, a job is good if it is "useful, fulfilling and appropriately paid". He considers industries like gambling or arms manufacturing to be harmful. In his eyes, far too many people hate their jobs because they know they are not serving a useful purpose.

Ultimately, Berners-Lee says that we need to change the way we think:

- In the past, it was enough to consider local and short-term contexts, but in the Anthropocene, the big picture matters, and that includes developing a sense of global empathy and global responsibility. Policymakers normally think in terms of election cycles. Given that human action is irreversibly changing global environment, this is not enough.
- At the same time, appreciation of the "simple, small and local" is essential. The reason is that "there is no point in having more, buying more, doing more and trying further if we don't even notice any of it properly". Self-reflection can help us develop the skill to feel that "enough can be enough". The point is to enjoy what we are doing, what we are consuming and what we are sharing with others.

- Discovering truth in today's vast flood of information and disinformation requires critical thinking. It is necessary to check sources and diligently weigh claims and counter-claims.
- The challenges we face have become so huge and multifaceted, that we need complex, multidisciplinary thinking. Technology in itself will not solve the problems, nor will social sciences, politics or religion.

Berners-Lee admits that this is a very demanding agenda, but he does not convey his insights in a depressing way. On the contrary, his book is inspiring. It does not only warn of looming disaster, but spells out why more sustainable lifestyles would be more fulfilling, better for our personal health and less harmful to the global environment. Berners-Lee promises more happiness and satisfaction, not miserable austerity.

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A handbook for the make or break years.
Cambridge: University Press.

GLOBAL GOVERNANCE

Navigating complex policy arenas

International policymaking is often bewilderingly complex. Australian scholars have designed interactive online tools to give interested people an overview of how multi-layered networks of stakeholders deal with climate change and ecosystem services.

By Floreana Miesen

International policy agendas are of great public interest, but often hard to understand because they involve many parties pursuing a great diversity of interests. The UN Framework Convention on Climate Change (UNFCCC) is an example. It was designed to mitigate human-made climate change. To promote its successful implementation, it is essential to make people understand why it matters and how it works.

Tim Cadman of Australia's Griffith University speaks of a "black box of international regimes". Together with colleagues, he has designed an online tool that provides people with data that help to understand the scenario. At an event organised by Bonn University's Center for Development Research (Zentrum für Entwicklungsforschung – ZEF) in May, he pointed out that it can help decision-makers.

Part of the problem is that multiple actors with multiple agendas wield influence at different levels. Cadman says that this fact is too often ignored. According to him, comprehensive visualisations can attract the attention of both stakeholders and the general public.

His Climate Regime map serves to analyse UNFCCC implementation. It was designed before the Paris Climate Summit in 2015 and is accessible online. The system it depicts is complex, so it is no surprise that the map is not easy to read. It uses a colour code to distinguish between different thematic areas, such as finance, capacity building, reporting or verification. It can be navigated in three different modes:

● The "hierarchical mode" shows the different levels of UNFCCC activity – including the conferences of parties, subsidiary bodies and implementing agencies.

● The "nested mode" shows how individual initiatives relate to overarching concepts.

● The "connections mode" shows how various parties and agencies are interrelated.
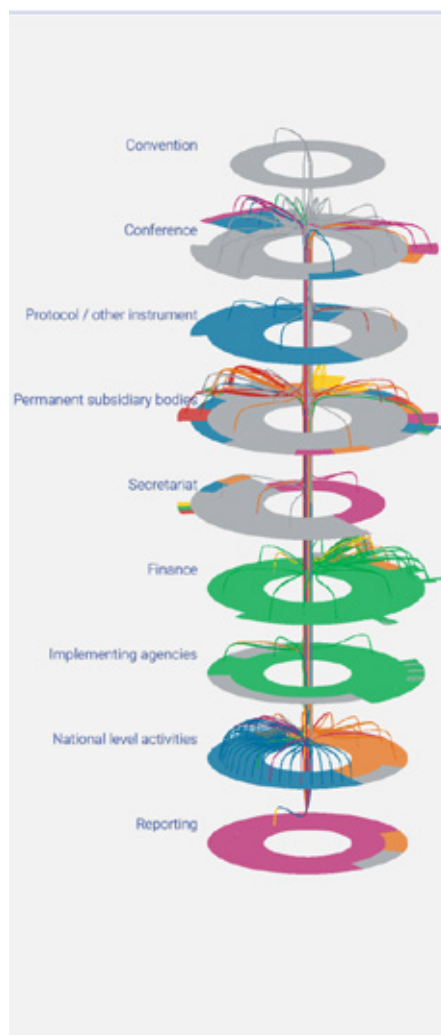
Tim Cadman's climate regime map in "hierarchical mode".

More recently, a second map was launched. It is called the EcoRegime map. The concept of ecosystem services is geared to assessing the value of nature to human welfare in monetary terms. It is of increasing relevance in international affairs. Cadman's EcoRegime map displays the global-governance field of ecosystem services, indicating how international and transnational actors are using the concept. It also shows how the interpretation of ecosystem services has changed over time.

Cadman says that the second map was harder to design: "It is a much more complex policy arena." For example, there was a need to distinguish public stakeholders from private ones. Moreover, the range of different ecosystem services is very wide, and their definitions tend to be based on empirical research rather than on desired policy outcomes. Some policy approaches do not go beyond assessing the economic value of an ecosystem service. Others, however, include schemes for offsetting costs or making users pay. Yet others involve general policy concepts. Typically, the underlying science is still evolving.

Both the Climate Regime and the EcoRegime maps primarily serve as inventories of stakeholders. By navigating them, however, one may see what issues have attracted policymakers' attention. They also provide information concerning the evolution of policies and programme delivery. The Climate Regime map shows, for example, that mitigation measures have been established in the UNFCCC context, but adaptation concepts are still lacking. Moreover, capacity building is still underfinanced. In a similar sense, the EcoRegime map shows that much more knowledge about ecosystem services needs to be generated and that existing knowledge often does not lead to meaningful initiatives.

While the maps can be helpful tools, Cadman admits that they may also appear quite chaotic, revealing the institutional complexity of international policy and agendas. To benefit, people have to invest some time in making themselves familiar with these online tools. Cadman thinks the effort is worthwhile: "The maps might tell you a story that you might not actually know until you put data into visualisation."

LINKS

Climate Regime Map:
https://climateregimemap.net/
EcoRegime Map:
https://ecoregimemap.net/

Screenshot: https://climateregimemap.net/hierarchical

DEVELOPMENT FINANCE

Principles traded for efficiency

A new study blames the Asian Infrastructure Investment Bank (AIIB) for setting a bad precedent by adopting only weak environmental and social protection rules. It calls for more transparency, an independent complaint mechanism and more democratic practices to regulate the multilateral bank which is based in – and heavily influenced – by China.

By Cema Tork

The AIIB is a young development bank, only operational since 2016. Governments of many countries – including Germany, Britain, France and Italy – have joined. The bank is not subordinate to the Chinese government, which, however, is its major shareholder. Though the AIIB has declared it will adhere to international commitments, its policies do not safeguard respect of basic human rights or environmental protection. Nor do they ensure autonomy from China, warns Korinna Horta, the author of the study, which was published by Heinrich Böll Foundation in cooperation with Urgewald, a non-governmetal organisatin. In Horta's eyes, the AIIB must back up good rhetoric with stringent rules that would serve accountability.

China proposed establishing the bank which is headquartered in Beijing. The background was disappointment in not getting more voice within the World Bank, which is dominated by the USA, with Europe and Japan having a strong influence. Neither the USA nor Japan joined the AIIB. The AIIB is technically an independent entity, but the Chinese government nominates its president, as Horta explains. China holds 26.52 % of the voting share, and major decisions require 75 % of the voting power. Accordingly, all decisions need China's backing. Western leaders fear that the bank will thus not be run democratically, with full transparency, allowing free reporting and public debate. Horta's study indicates that relevant practices are indeed stifled within the AIIB.

Horta accuses all multilateral finance institutions of prioritising elite interests and ignoring local communities who are negatively affected by approved projects. Her publication shows that the AIIB is no different. The reason is that it focuses on the client governments but ignores the societies in which the projects are implemented. The bank, she says, emphasises flexibility, efficiency and speed at the expense of the environment and human rights. According to

her, loans are approved with too little time spent on ensuring transparency, supervision and public debate. Therefore, too few impacts of planned projects are assessed. The author warns that, by applying lower standards, the AIIB may start a downward race among multilateral banks. They compete for the same clients, and they are likely to find the one with the least stringent rules most attractive.

Unlike the World Bank or the Asian Development Bank, the AIIB lacks independent entities to keep it in check, Horta explains. No one within the AIIB system systematically investigates complaints from outside or even ensures compliance to AIIB rules. Horta admits that there is a complaint unit, but argues that it can act neither independently nor effectively.

Another difference from other development banks, according to Horta, is that the president has nearly unilateral power to approve financing without consent of the Board of Directors. The AIIB president can thus single-handedly decide the fate of communities affected by major development schemes. Furthermore, the author criticises the AIIB of having only unclear regulations regarding public disclosure of information. Its policy does not lay out what documents need to be released when. Affected parties and civil-society organisations are thus denied access. They thus cannot make their own assessments of what a new highway or pipeline will mean, and they certainly cannot actively participate in planning.

By contrast, the World Bank must publish an environmental impact assessment report before any funding decision takes place. Horta wants all multilateral banks to disclose such relevant information, including resettlement plans in case of displacement and monitoring reports as projects evolve.

Horta sees a critical role for the European AIIB members. She emphasises that they should cooperate closely with like-minded members (such as New Zealand and Australia) to press the AIIB towards abiding by existing international standards.

Jin Liqun, president of the AIIB.

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https://www.boell.de/sites/default/files/boell_aiib_studie.pdf?dimension1=division_as

Photo: picture-alliance/Kyodo

On-going droughts

Erratic rainfall has led to severe droughts in Zimbabwe. Deforestation and desertification compound the situation. The recent Cyclone Idai has made things even worse: 5.3 million people are in urgent need of humanitarian assistance, according to the UN Office for Humanitarian Affairs (UNOCHA).

At first, it was the heat that wilted away the plants on the fields. In March then came Cyclone Idai, the worst tropical cyclone on record in Africa: The ensuing floods washed away the already weathered crops. The most vulnerable people reside in drought-prone rural areas, relying exclusively on rain-fed agricultural production for their food consumption. They have been hardest-hit by erratic rainfalls, prolonged dry spells and now by the cyclone.

Forty-seven-year-old Shonani Dzanani is a widow with six school-age children in a village in south-eastern Zimbabwe. Even if it would rain now, she could not till her land. "I have no ox anymore to draw the plough in the planting season," Dzanani says. Her herd of twelve cattle has perished due to lack of pasture. "I have to take on shoddy jobs in people's homes to earn some money," Dzanani complains.

The lack of rainfall has hit south-eastern Zimbabwe the hardest, particularly around the town of Chiredzi. "This area is fast turning into a desert because of frequent droughts in the last years. Forests are disappearing because they can't cope without rain," says Nathanson Mbuzi, the government's climate-change officer based in Chiredzi.

According to environmental expert Denis Chovava, deforestation has also been a contributing factor. "Forests are cut down for firewood, leaving the ground bare and exposed," Chovava explains."The heat can therefore damage crops and even wild vegetation."

Zimbabwe's drought this year is even being felt across towns and cities, affecting many urban farmers like 67-year old Dadirai Chiwoniso who lives in a low-income suburb of the capital Harare. "This season, I won't harvest anything from my little back-yard field. But I depend on it in order to feed my family," Chiwoniso says.

According to the United Nations World Food Programme (UNWFP), 1.5 million Zimbabweans living in urban areas are facing severe food shortages in the face of the country's shattered economy, which compounds the effects of the drought.

Recently, the UN launched the Zimbabwe Flash Appeal (ZFA), seeking donor support to provide urgent humanitarian assistance to the 5.3 million people in this southern African nation who suffer food insecurity.

ZIMBABWE

● Harare

STEPMAP

LINK

2019 Zimbabwe Flash Appeal:
https://reliefweb.int/report/zimbabwe/2019-zimbabwe-flash-appeal-january-june-2019

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YOUNG OFFENDERS

Tougher law

Philippine lawmakers will soon decide on the passage of a law to lower the minimum age of criminal responsibility (MACR) from 15 to 12 years. This reform will further victimise marginalised youth.

By Emmalyn Liwag Kotte

Pointing out that children must be "taught to understand responsibility," President Rodrigo Duterte wants the law to be passed. He argues that syndicates are using children in the drug trade and other criminal activities.

The Philippines House of Representatives approved the reform in January. The Senate is expected to pass it in June. Critics point out, however, that the law is unnecessary because the number of crimes committed by children has been in decline. For 2018, police statistics show that children committed 11,321 crimes, a mere 2.3 % of the total crime volume. Male teenagers were involved in more than 93 % of these incidents.

Most at risk are boys aged 14 to 17 who have dropped out of school. Many come from poor families with no stable income. Because they are considered to be more physically able, boys are forced to leave school and contribute to the family income. Many come from families marked by domestic violence. Most get arrested for theft in Metro Manila's densely populated communities. They typically steal mobile phones, clothes, wallets and bags. Drug-related offences are often reported too, including the selling and use of prohibited substances.

Child-rights advocates point out that most under-age persons who commit crimes are themselves victims. Normally they have suffered abuse, exploitation and abandonment. Most are neglected by dysfunctional families. Many live in communities with high levels of crime. The streets become their homes, and criminal gangs find it easy to recruit them.

Risa Hontiveros is one of the few lawmakers who oppose the reform. She insists that punitive measures are not the best way to keep children away from crime. The senator proposes implementing an existing law more effectively: the Juvenile Justice and Welfare Act (JJWA) of 2006. It focuses on rehabilitation and special treatment for delinquent minors of the age groups 12 to 18. Setting the minimum age of criminal liability at 15 years, it created a separate justice system for children in conflict with the law (CICL). Guided by the principles of restorative justice, it spelled out that special programmes must address the needs of children who are in conflict with the law.

It mandated the establishment of child-caring institutions in the country's 81 provinces and 33 cities. Called "Bahay Pagasa" (House of Hope), these facilities are supposed to offer short-term residential care to CICL who are above 15 but below 18. However, the official records show that only 63 of 114 Bahay Pagasa houses that should have been established were actually built. A mere 58 are operating. Most are dirty, overcrowded and lack basic furniture, even beds. Only five Bahay Pagasa have passed the government's accreditation standards.

Compounding the problems, most facilities do not have the mandatory number of social workers. The staff typically lacks training in child care. The institutions offer only limited facilities for girls. Tricia Oco of the governmental Juvenile Justice and Welfare Council says: "Children are told to keep quiet the whole day and do nothing."

Senator Hontiveros considers the JJWA a good law that needs to be implemented properly. Where that was done, good results have been achieved, she points out. She praises success in Quezon City, Valenzuela and Malabon. She says: "The number of CICL drops where the law gets efficiently and fully implemented."

Lacking funds, many local governments are unable to implement the law, the Senator argues. She expects problems to increase once the minimum age of criminal responsibility gets lowered. In the absence of proper housing and rehabilitation facilities, CICL would simply end up in jails that are meant for adult offenders. Instead of social workers who could serve as positive role models, hardened criminals await them here. Jails would thus become schools of crime – and rehabilitation would become ever more elusive. A populist policy that is supposedly tough on crime is therefore likely to result in yet more crime and despair.

No place for minors: surprise inspection in Manila Central Jail in June 2018.

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Photo: Basilio Sepe/picture-alliance/ZUMA Press

PRIMARY SCHOOLS

Public is waiting for government report

In view of dysfunctional state-run schools, the Liberian government opted for private-sector involvement in primary education three years ago. Today, the authorities are shying away from discussing the results, while civil-society activists speak of failure.

By Samwar S. Fallah

Liberian schools have been in a very bad shape for a very long time. Extended civil war compounded the problems, and rebuilding public infrastructures afterwards proved difficult in spite of considerable donor funding.

In 2016, the administration of President Ellen Johnson Sirleaf decided to outsource government schools to the International Bridge Academies, a private-sector company based in the USA. Due to public outcry over the outsourcing to a single institution, the government later also gave assignments to other private non-governmental education providers, including the Omega chain and the international NGO Brac. Bridge remains the government's most important partner and has attracted the most attention.

Bridge is supported by the Gates Foundation, the World Bank subsidiary IFC (International Finance Corporation), the British government and other international donors. The low-cost business model is controversial. It relies on a standardised curriculum for all countries. Teachers are advised to use tablet computers to structure their lessons, and the tablets also serve Bridge to monitor their work. The educators therefore have very little scope for individual interaction with pupils. Many teachers do not have academic degrees themselves (see Alphonce Shiundu in D+C/E+Z e-Paper 2019/05, Focus section).

In Liberia, the public-private partnership (PPP) in the education sector was initially called the Partnership Schools for Liberia (PSL) and was supposed to run for three years. In 2016, 93 schools were outsourced to private providers. The number has since increased to more than 200.

Initial monitoring suggested that the programme was running well and that pupils were learning more. At the same time, it was noted that funding for PSL schools was better than for other government schools. As the parents who send children to the schools concerned do not pay fees, the outsourced schools depend on money from donors and the government. The irony is that the government budget also depends on donor contributions.

The government is yet to release a full report assessing performance. It is now run by Johnson Sirleaf's successor, President George Weah, who won the elections in 2017. The new administration has committed to extending the programme for at least one more year and has renamed it LEAP (Liberia Education Advancement Program). So far, however, it is largely shying away from discussing the LEAP performance publicly. In spite of several requests for this article, I was not given relevant information.

It was similarly impossible to get official information from Bridge. Neither the company's Liberian office nor the staff of individual schools were prepared to answer my questions. The exception was one school principal, who, however, did not want to be named. According to him, nothing much has changed in the school that he has been heading for over a decade. "I can't see anything new, but we are still watching to see what will happen in the future," he said.

In the eyes of civil-society activists, the PSL/LEAP approach has failed. "This project needs to stop," says Anderson Miamen of the independent Center for Transparency and Accountability in Liberia (CENTAL). "We need a more holistic approach to solving the problems in the education sector."

In his eyes, the funding of all government schools must improve and the district education officers must be empowered to manage schools properly and monitor the performance. He adds that only local ownership will make schools more inclusive, so local stakeholders should be involved.

Miamen claims to have assessed several Bridge schools across the country and to have found them inadequate. In his view, the Liberian experience confirms the international trend of private education only making a marginal difference at best.

Classroom in 2015: overcrowding is typical of Liberia's schools.

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Photo: Jallanzo/picture-alliance/dpa

UN

Strategic rape in war

As a high-ranking military officer in the service of the UN said in 2008, it is more dangerous in contemporary conflicts to be a woman than to be a combatant. This statement is still valid. Currently, victims include Yezidis in Iraq, Rohingya in Myanmar, villagers in the Congo, as well as women in Syria, Mali or South Sudan. In all these places, violent conflict means that women are systematically raped and become sexual slaves.

By Sabine Balk

Such brutality serves a strategic purpose. The idea is to intimidate people by not only causing physical harm, but by destroying female relatives' personal integrity. While deliberate killings of civilians are war crimes, sexualised violence in war is hardly talked about – and law courts only rarely hear related cases.

The UN wants change. Accordingly, the Security Council passed a resolution on sexualised violence and conflict in late April. Germany had proposed this measure.

The goals are to end impunity and to facilitate faster and more effective action against rape and forced prostitution in war.

The majority of the Security Council members voted in favour of the resolution. Russia and China abstained, while the USA threatened to veto the initiative. It opposed language that guaranteed rape victims access to sexual and reproductive health care. While it is obviously absurd to deny brutally abused women specialist treatment, the USA read the respective sentences as offering abortions to women who become pregnant because of rape. Only after the clause was deleted, the USA agreed to the resolution. President Donald Trump, after all, wants to please the religious fundamentalists who support him.

Ruling out abortion means to prioritise unborn life over the personal autonomy of severely traumatised women. In strife-torn regions, they can hardly expect any kind of systematic support when they assume the mother role. On the contrary, even their families and communities tend to os-tracise them and their unwanted offspring. The perpetrator's divisive violence has life-long impacts. Therefore, many faith leaders in crisis areas handle the sensitive issue of abortion in a less rigid way than religious doctrines would suggest. The UN resolution is now weaker than it needs to be in order to ensure that all victims of sexualised violence in war are empowered fully to take their fate back into their own hands.

Women's rights activists have been emphasising for many years that women must be involved in all aspects of any peace process and that peace will only last in places where men and women enjoy equal rights. Sexualised violence in war, however, mostly affects women.

The governments of the USA, China and Russia are uncomfortable with these issues. That is not only due to the fact that they fear that their own troops might one day be held accountable by judges, which is why they did not sign up to the International Criminal Court. More fundamentally, they consider demands for gender equity to be excessive.

All summed up, sexualised violence is rooted in the discrimination that still marks male dominated societies. Women are disadvantaged in many ways. The #MeToo debate, which originated in the USA, provides ample evidence. Using the hashtag MeToo, thousands of women around the world have been sharing their experiences of sexual abuse, assault and discrimination on social media.

The prosecution of sexualised crimes is difficult, especially when there are no witnesses apart from the two persons involved. Therefore, it is important to have legal tools like the new UN resolution. It has been diluted by US intervention, but it still points in the right direction. After rape and forced prostitution, impunity is unacceptable.

P.S.: In the domestic debate in the USA, Trump recently stated he opposes abortion in principle, but wants exceptions to be made in cases of rape or incest. His administration proved to be less generous at the international level.

Self-help group of women who were raped in Liberia's civil war.

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Photo: Ron Giling/Lineair

Herder in Benin.

LETTER TO THE EDITOR

Desertification is manmade

D+C/E+Z e-Paper 2019/03, Tribune section, Interview with Nnimmo Bassey: "Involve the local people"

Mr. Bassey says in the interview that climate change and poor environmental management are the two (most important) drivers of desertification. He adds that nomadic herders and overgrazing are particularly relevant. In the next article, your editorial team argues that afforestation in the context of Africa's "Great Green Wall" can contribute to solving the problems.

These points require further elaboration. It is certainly true that, throughout the Sahel region, nomads and their herds contribute significantly to reducing vegetation. However, research we did on behalf of Germany's Federal Ministry for Economic Cooperation and Development as early as the start of the 1990s, showed that while unguarded animal husbandry by non-nomadic farmers does not destroy as much vegetation as nomads' herds, one of the impacts is that vegetation cannot regenerate in large areas around villages due to unprotected animals. It is quite likely that stationary herds actually cause more damage in the Sahel region.

At the same time, we could not agree more with what Mr. Bassey says about fighting desertification with afforestation.

In view of experience made so far around the world, it would be absurd to believe in a monoculture of trees constituting anything like a wall. Agriculture and ecology must be reconciled. On field land, 30 to 40 trees per hectare should be kept long term. It is, moreover, absolutely essential to combine efforts to increase yields with soil protection, and that will boost rain water percolation, which in turn will increase the survival rate of tree seedlings. Unless farmers stop unguarded herding, however, that will not be possible.

What is also necessary for limiting and decelerating desertification is to ensure that women have access to land, and that such access is legally enforcible. Otherwise, it will remain unrealistic to expect poor rural women and farm families to invest in land and soil protection.

Frank Bliss and Karin Gaesing, Remagen/Werther, Germany

Photo: Bliss

FORCED MIGRATION

Creating prospects for refugees

Germany's Federal Ministry for Economic Cooperation and Development (BMZ) has been working since 2012 on a response to the global refugee crisis. Its policy is spelled out in the brochure "Helping refugees build a future – Tackling the root causes of displacement, stabilising host regions, supporting refugees".

By Sheila Mysorekar

The BMZ seeks to address migration on three fronts by

- tackling the root causes of displacement,
- stabilising host regions and
- supporting refugees.

To achieve its goals, the BMZ has established three special initiatives: "Tackling the root causes of displacement, reintegrating refugees", "Stability and development in the MENA region" and "One World – No Hunger". It has also launched a campaign to boost employment in the Middle East.

The German government's stance is in line with the stance of UN Secretary-General António Guterres, who has said: "The moment has come for a radical change in international efforts to address displacement. We must stop just dealing with the consequences of displacement, and seriously start tackling its root causes."

One of the most important means for tackling the causes of displacement is to provide development assistance that serves to give people prospects in their home countries. Options include improving infrastructure and shoring up educational opportunities. The idea is to eliminate structural causes of displacement. This is only feasible, however, in countries that are peaceful or, at least, where there is still a chance of preventing looming conflict.

In Egypt, for example, a country with high unemployment, the BMZ is engaged in helping a partner organisation modernise its job placement and counselling services – especially for young job seekers. The services will also be expanded.

Stabilising host regions is the second major pillar of the BMZ's refugee policy.

The vast majority of cross-border refugees seek refuge near their old home, generally in a neighbouring country. Countries that host particularly large numbers of refugees include Turkey, Pakistan, Lebanon, Iran, Ethiopia, Jordan, Kenya, the Democratic Republic of Congo, Bangladesh and Uganda.

The scale of migration presents massive challenges for host countries. Refugees and locals compete for critical resources such as firewood, water, land and work. Everyone suffers under the difficult circumstances – and that can spark new conflicts.

Shatila refugee camp in Beirut, Lebanon.

To alleviate the situation, Germany invests directly in local infrastructure, such as water supply, for example.

One way to fast-track income opportunities for refugees is by setting up cash-for-work projects. The BMZ funds such initiatives, for example, for Syrian refugees in Jordan. Cash-for-work measures include:

- labour-intensive projects (waste collection, road maintenance)
- employment-intensive infrastructure projects (building homes and schools)
- salaries for additional teachers and other professionals and
- reconstruction of liberated areas.

The third pillar of German policy focuses on the integration and reintegration of refugees. Pakistan, for example, receives German support to help it cope with hosting and meeting the needs of Afghan refu-

Photo: shmy

gees. Around 5 million Afghans have fled the country since 1979. Around two million of them made for neighbouring Pakistan, which already has a large number of third-generation Afghan refugees (see Mahwish Gul in C+C/E+Z e-Paper 2019/04, Focus section).

The Refugee Affected and Hosting Areas programme (RAHA) promotes infrastructure development in the provinces of Khyber Pakhtunkhwa and Balochistan. The principal focus is on social and economic activities and business start-ups to help maintain social peace between local people and foreign refugees. The programme supports education projects, improvements in health care and the development of water and sanitation systems for all people, whether they belong to host or displaced communities.

LINK

BMZ, 2017: Helping refugees build a future – Tackling the root causes of displacement, stabilising host regions, supporting refugees.
http://www.bmz.de/en/publications/type_of_publication/information_flyer/information_brochures/Materialie315_flucht.pdf

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The Comprehensive Refugee Response Framework

The United Nations are taking a new approach in refugee policy: the Comprehensive Refugee Response Framework (CRRF). For good reason, Uganda is one of the pilot countries.

In 2016, a UN summit adopted the so-called New York Declaration for Refugees and Migrants. It stated that refugee camps "should be the exception," and that camps should merely be temporary measures in cases of emergency. Instead, "refugees should be allowed to live among host communities." The idea was to prevent or at least shorten protracted stays in camps and lessen refugees' dependence on humanitarian aid by helping them to "thrive, not just survive."

The New York Declaration calls on the UN Refugee Agency (UNHCR) to work with a wide range of partners, including governments, non-governmental agencies, other UN agencies, as well as the private sector, international financial institutions and civil society.

In line with the New York Declaration, the same summit also adopted the Comprehensive Refugee Response Framework (CRRF). It aims to:

- ease pressure on countries that welcome refugees and host them,
- build self-reliance of refugees,
- facilitate resettlement in third countries and other similar options,
- create conditions that enable refugees voluntarily to return to their home countries.

APPLYING THE CRRF

Uganda is one of the pilot countries, because it has signed key refugee conventions and international human-rights treaties. It has also become the largest refugee-hosting country in Africa, with over 1.4 million refugees making up 3.6 % of the country's total population of 39 million. Most refugees are from South Sudan (74 %), 19 % are from the Democratic Republic of the Congo and three per cent from Burundi.

Despite all challenges, this country maintains one of the most progressive refugee-protection policies in the world.

Its integrated refugee response incorporating host communities has been named as a model implementation for the CRRF. This marks Uganda as a frontline state for this new approach. In line with Uganda's inclusive approach, refugees are granted:

- freedom of movement,
- the right to work and to establish businesses and
- the right to access public services such as education.

The Office of the Prime Minister (OPM) and UNHCR officially launched the CRRF in Uganda on 24 March 2017. The strategic rollout addresses five mutually reinforcing areas:

- admission and rights of refugees,
- emergency response and on-going humanitarian needs,
- resilience and self-reliance of refugees,
- checking options for moving on to third countries (including student visas and scholarships) and
- voluntary repatriation.

Refugees in Uganda do not reside in camps, but in settlements, with families receiving plots of land on which they can live and do farming. Even local communities have voluntarily provided land to be used by refugees. In the current situation, the promotion of voluntary repatriation mostly means to provide skills training.

Most refugees would happily go back home, as soon as the civil war or natural disaster is over. However, it is not an easy thing to do – what awaits them at home is often abject poverty and insecurity. One of the core objectives of the CRRF is therefore to "support conditions in countries of origin for return in safety and dignity."

This is an appeal to the international community: The New York Declaration also states that it is necessary to "address the root causes of large movements of refugees and migrants, including through increased efforts aimed at early prevention of crisis situations based on preventive diplomacy." (shmy)

LINKS

UNHCR: Comprehensive Refugee Response Framework (CRRF).
https://www.unhcr.org/comprehensive-refugee-response-framework-crrf.html
Global CRRF:
http://www.globalcrrf.org/
New York Declaration for Refugees and Migrants:
http://www.globalcrrf.org/wp-content/uploads/2018/05/The-New-York-Declaration-Full-text-19Sep2016.pdf

SCHOOL SYSTEM

Charitable and faith-based initiatives must jump in

After years of political instability, the school system in Burundi is in shambles state. Government schools and many private schools are barely functional. An important pillar of the educational system are schools run by non-governmental development organisations and faith-based organisations. They are charitable institutions, not run by the state but not profit-oriented. There are far too few of them to serve all children.

By Verena Stamm

The further away a school is from the main agglomeration of Bujumbura, the more difficult it is for children to attend. The biggest hurdle is usually the long journey, and children often have to set out with empty stomachs. Although parents have not had to pay tuition for government schools since 2005, they still have to buy school supplies and uniforms. For that reason, many boys and girls drop out.

State schools in and around Bujumbura are also in poor condition. Some of the buildings are incomplete and lack windows and doors. The classrooms are overcrowded, and there are not enough benches or textbooks. The children sit on the floor and learn very little as a result. A little boy named Jean told us that their uniforms always get dirty from sitting on the wet floor and that it is difficult to write on the floor. Our non-governmental organisation Fondation Stamm (see my article in Focus D+C/E+Z e-Paper 2018/04) provided benches to a school in Rukaramu, and now the children have a place to sit, but they must squeeze close enough together. They were overjoyed, even though it was just a drop in the ocean.

In 2006, Fondation Stamm built and opened its own school in Bujumbura, which was initially for primary and secondary pupils. We wanted to accept all children, whether they were rich or poor. From the beginning, we felt it was important to emphasise quality. Only a high-quality education will prepare young people for the future.

After the school opened, we were directly confronted with state reforms regarding the languages of instruction. The lessons are conducted in Kirundi, the children's native language, and French, the official language. But starting in 2009, we had to introduce English and Swahili as well.

Swahili is an east African language that is spoken by many people in Bujumbura, but is much less widespread in the countryside. Knowledge of English is also rare, and many instructors are not qualified to teach it. We hired a Congolese instructor to teach Swahili and an English instructor with a university degree.

CHILDREN'S FATES

Our school is attended by the children of wealthy parents, children from poor neighbourhoods and even street children from the shelter we run. Nowadays 45 former street children are receiving instruction in our school. They are well integrated, enthusiastically preparing for secondary school.

One example is 11-year-old Salim Ahumugisha. His father remarried after the death of his mother and simply put the boy out on the street. At first he stayed with a relative, but that person became unable to take care of him. Now Salim is happy that he can attend our school.

Claver Kirimwagagabo had to go begging with his parents even though he very much wanted to go to school. But his parents were too poor to afford school supplies. Claver wants to become a teacher and teach children for free. We took him into our shelter, and now he can finally study in peace, which he says is more important to him than playing or hanging around on the street.

Because our school is only 20 kilometres from the Congolese border, there is a great deal of exchange. About 15 % of our pupils come from the neighbouring country. Their parents cannot afford the bus fare, so the kids have to walk the long distance.

Our school places a particular focus on girls. Girls are neglected by their families with regard to school and education.

Schools in Burundi are overcrowded and often still under construction.

In the countryside, cash-strapped families tend to only send the boys to school. Girls have to help with the housework, take care of younger siblings and do fieldwork with their mothers. Older girls often marry early because of the dowry.

One example is Aline Irakoze, who was forced by her father to go into the fields with her stepmother in order to help with the harvest. She was already in secondary school and did not want to miss her lessons for any reason. But her father refused to give her money for tuition and supplies. He locked her in her room, but she climbed out the window in order to go to school. We intervened and spoke with her father. That helped matters and now she is allowed to go to school.

Girls with unwanted pregnancies lose the opportunity to finish school. Unfortunately, it often happens that girls are sexually abused by teachers or even by school directors, who promise them good grades in return. If the girls become pregnant, they have to leave school and are often rejected by their families. We take in such girls or try to find them a place in a different school.

The government of Burundi is trying to address the sex-abuse problem in an idiosyncratic way. In order to curb temptation, the Minister of Education has forbidden schoolgirls from wearing make-up. They are not allowed to come to class with make-up on, and their hair must be cut short. Naturally there were protests in the beginning. But now the students have accepted the rules. The Ministry of Education is trying to create order across the board and has closed many schools that were not performing well enough.

RELIGIOUS SCHOOLS

Religious communities also operate their own schools. Catholic schools are very charitable and humane, but also strict. Education is one of the Catholic Church's missions. Its schools are well equipped, and there is no lack of textbooks and good teachers. Therefore these schools are very popular.

One example is the Jesuit school "Saint Esprit". It is a secondary school that was founded in 1952 when Burundi was still a Belgian colony. In order to be accepted, the children have to take tests, and during the selection process no distinction is made between boys and girls or rich and poor. Only the best pupils are accepted, which many consider discrimination. The real downside is that children from other religions are not accepted to all Catholic schools.

There are also some Muslim schools, where girls have to wear headscarves, and the school uniform consists of long blouses and long skirts. But the schools respect the state school programme, and Koran lessons are voluntary.

Generally speaking, none of the schools teach much in the way of culture. Our school at least offers drum lessons. Our pupils are very proud to be able to learn traditional drumming and demonstrate their skills at festivals. Apart from that, though, all of the pupils, like young people everywhere, want to listen and dance to modern music, and traditional singing is being lost. It is also true that their native language, Kirundi, is becoming increasingly "Frenchified". Of course that also has to do with the fact that there is no Kirundi translation for modern concepts like "internet".

VERENA STAMM
is the founder of Fondation Stamm, which supports street children and orphans in Burundi. A German partner organisation is burundikids. In November 2017, she was awarded the Federal Cross of Merit for her work. Engagement Global has supported several of her projects.
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Anything is possible

Vocational schools are an important aspect of education and training. In 2009, our Fondation Stamm opened vocational schools that specialise in medical fields. Pupils can train to be nurses, medical technical assistants and pharmaceutical technical assistants. We are the only institution in Burundi that provides training in these areas. We also opened a school that specialises in banking and insurance.

Pupils and their parents value our vocational schools. The pupils generally approach their training with great enthusiasm, and the day that diplomas are awarded is a big event for the entire family. The girls dress particularly elegantly, and the boys show up wearing suits. After the diplomas and grades are awarded, everybody cheers. Pupils receive heartfelt congratulations and gifts from their friends and families.

Several pupils from our children's home have successfully completed vocational school. They can now take the state examination, and if they pass, they can go on to a university or a technical college. There are success stories that prove that regardless of their background, children are capable of achieving a great deal.

One example is Severin Ntahompagaze, who completed our pharmaceutical technical assistant course and passed the state examination. This year he graduated from the medical institute with a degree in pharmacology. He immediately got a job in a pharmacy. He is very satisfied, but nevertheless would also like to pursue a master's degree. He achieved all this in spite of the fact that his childhood was anything but carefree. Both of his parents were killed in the civil war, and he was raised by various relatives until he arrived in our home and attended our school. (vs)

Social networks have preventive impacts:
women's savings group in India.

Mental health

Mental disorders are on the rise glob-
ally. Usually, they cannot be cured
entirely, but therapy is often very help-
ful. Making support available to every-
one in need is of great developmental
relevance. Those who suffer mental ill-
nesses all too often are unable to deal
with everyday tasks. They underper-
form in terms of education, work and
social life. The WHO argues that men-
tal health services must improve if the
third Sustainable Development Goal
(SDG) – health and wellbeing – is to
be achieved.

This focus section directly
relates to the UN's 3rd Sustain-
able Development Goal (SDG):
health and wellbeing. It also has a bear-
ing on the other SDGs.

Metaphysical explanations

The subject of mental health is largely taboo in Africa. If someone falls ill, the entire family is seen as cursed. But psychiatric problems are on the rise and can no longer be ignored. The causes of this development are the many social changes in the past 50 years.

By Samir Abi

Most Africans view mental disturbances as the result of an external attack on the person. Those who are suffering from mental illness are thought to be under a spell or bewitched. People talk about evil spirits when describing the condition of a mentally ill person. But even if one does not share this view, it is impossible to deny that external factors have an impact on a person's inner life, which can lead to psychiatric problems. Numerous external reasons have led to the increase in mental illness in Africa.

One important factor is the loss of the social protection previously provided by the family. In Africa, it is generally understood that the family forms a tight-knit unit that helps its members to overcome the many difficulties of life. But the advance of economic liberalism and the trend towards individualisation in our societies have gradually destroyed these ties. The family no longer provides a stable foundation for reacting to inequalities and social difficulties. Unemployment, illness or divorce are increasingly perceived as individual failures. Without the protection of family solidarity, the feeling of social failure can lead to serious depression or other mental-health problems.

Another cause of mental illness is poor nutrition. Scientific studies have shown that imbalances in the intestinal flora can pave the way for mental disorders. Malnutrition can play a role in this context. In Africa, eating habits have changed: more and more processed foods are being imported, while healthy, local foods are receding into the background. Farmers are abandoning old local varieties and cultivating whatever exports best – or they migrate to the cities in search of more lucrative jobs.

The crowded conditions in urban slums, the daily struggle for survival and the feeling of failure that comes from years of unemployment in the city can lead to neurosis (see contribution on p. 33 of this e-Paper). Sufferers can be seen on the main streets of African cities: they wander around in torn clothes, have not bathed in a long time and live on scraps of food that they find in the trash. Psychosis can also be the reason.

Changes to Africa's economic system are contributing to mental suffering. The transition from a traditional to a modern society has knocked many people off balance. In the past, the social web was based on the preservation of the clan, but now the emphasis is on competition and personal success. In poor areas, the struggle for survival has become a violent, even anarchic battle. Mentally unstable people are particularly affected by the dog-eat-dog attitude that arises from such rivalry.

It begins in school: in overcrowded classrooms headed by overworked teachers, competition among children leads to a kind of social selection. The "weak", in other words those who are most sensitive to stress and pressure, are considered "crazy" and constantly tested by school and society. The people in question react with various strategies to escape the pressure, from consuming psychotropic substances to seeking refuge in religious sects.

Last but not least, a feeling of abandonment can lead to neuroses in children. Such a feeling can be caused by the absence of parents who are consumed with earning a living or by conflict between the parents. Parents who are too focused on social success and want to avoid failure at any cost can also inflict psychological damage on their children.

WITCHCRAFT OR EVIL SPIRITS

In many rural regions in Africa, families tend to cast out persons who become mentally ill. That is done because such a person is considered a curse for the entire family. All members can be ostracised if one of them is seen as crazy. The women and girls cannot marry into other families, for example, because the fear is too great that their descendants will also be afflicted. Often the family does not recognise psychiatric problems for what they are. Instead, they think the person is the victim of witchcraft, evil spirits or other metaphysical ills.

If a mental disorder is thought to have a metaphysical cause, it is logical to look for a metaphysical cure. The most common practice is to bring the affected person to traditional healers or to priests. Ancestor rituals take place in voodoo temples in

Children in front of a psychiatric hospital in Monrovia, Liberia. The Ebola crisis caused thousands of deaths in the West African country, and many people have struggled with mental-health problems ever since.

Photo: Abbas Dulleh/picture-alliance/AP Photo

Many Africans turn to traditional and religious practices for help. Python temple in Ouidah, Benin.

places like Togo, Benin or Nigeria. The ceremonies are supposed to call upon the ancestors or gods for help. If psychiatric disturbances are associated with violent outbursts, the person is often brutally beaten, restrained for weeks or months, often without food, or chased into the bush or forest to fend for themselves. Some families who are very attached to their mentally-ill children bring them to the city, where there are better treatment options.

Various forms of religious exorcisms are also used to "treat" psychiatric disorders. Both Christian and Muslim exorcists are on the rise in West Africa, where the number of religious sects is rapidly increasing. For exorcists, mental illnesses are the work of evil spirits. They seek to free afflicted people from such spirits through ceremonies and prayers. If mentally-ill persons act violently, that is attributed to them being in the hands of satanic demons, which must be overcome.

The success of religious practices has not been scientifically proven, but it is obvious that belief in divine powers can lead to recovery. When that happens, it is often seen as a miracle. There are many reports of such experiences in the media.

Only when traditional and religious practices are ineffective, people turn to psychiatry as a last resort. In all West African countries, psychiatry is the stepchild of the health-care system. Governments do not provide sufficient resources, so this field is unattractive to medical students. Only very few doctors and nurses specialise in the treatment of people with mental illnesses.

In West African countries, there typically are only a few dozen doctors for many millions of people. Many psychiatric clinics were built in the colonial era and are in poor condition. They serve as places where people who no longer have a place in society are dumped. The assumption that mentally-ill people cannot be medically treated is another part of their extremely negative social image.

Despite the poor conditions and all the institutional and social difficulties, African psychiatrists do a good job. Reports from people who recovered thanks to a stay in a psychiatric clinic are admittedly rare, but that is largely due to the fact that such people would prefer to forget this episode in their life and do not want to talk about it. That attitude results from the stigmatising way that society views the mentally ill.

On the downside, psychiatric treatment is not available to everyone. People without health insurance have to pay out of pocket. The costs can range from 50,000 to 150,000 CFA francs per month (between € 80 and € 200), which many families cannot afford – especially not in the long run. In fact, only the wealthy have the money needed. As a result, psychiatric clinics mostly cater to people from the upper classes who are kicking an addiction and therefore need rehab.

If mentally ill people cannot afford treatment in a psychiatric facility, and their families do not support them, they must eke out an existence on the streets. Some live of garbage. Campaign to educate the African people about this sensitive topic are urgently needed in order to change both the image of the mentally ill and their treatment.

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Photo: kd

Cultural determinants of reality

Across the globe, culture and language heavily influence the way we deal with health issues. This is particularly true in the case of mental health. When making a diagnosis, health professionals must consider the patient's cultural and linguistic background to reach an unbiased assessment.

By Solmaz Golsabahi-Broclawski

Our native language guides our actions and thoughts in many subtle ways. Indeed, language determines the ground rules of communication itself. For example, a child whose native language is German learns to put him- or herself at the centre when expressing a thought. An Iranian child, in contrast, learns to say "we" instead of "I", downplaying the individual's role. Similarly, many languages use the words "yes" and "no" differently from German. Many Asian languages have a weaker form of "yes" – and have no word to convey a firm "no". The rea-son is that an emphatic negation could feel offensive.

Differences in the way words are used can give rise to misunderstandings. Two people from different cultures may believe they have expressed themselves clearly – and yet they may not have understood each other at all.

Such cultural misunderstandings can carry over into medical and especially psychological evaluations. For example, cultures that prioritise saving face and protecting one's group give little scope to admitting that an individual suffers mental distress. As entire families are involved in issues of health and illness, it might be considered a disgrace to admit to that a family member is not well. That leaves people who are mentally distressed with only the option of pointing to a physical problem. People in such cultures might say things like "my heart is liquefied", "my liver is burning", or "my skin is on fire" to describe what is in fact mental distress.

This phenomenon explains why physical illnesses with no identifiable organic cause appear more frequently in some cultures than others. If admitting to a mental issue is unavoidable, some cultures might deal with the problem by "externalising" the cause, viewing the affected person as possessed by a ghost, a demon, a devil or some other evildoer.

CULTURAL STANDARDS

Personality is influenced by many factors, including a person's biology, learning style and life circumstances. The social and cultural context matters too. The terms and concepts used in the study of personality are themselves strongly influenced by the cultures the researchers belong to. Cultural differences between researcher/clinician and patient – including differences in basic social values – should be taken into account to avoid misunderstandings and incorrect diagnoses (see box next page).

Moreover, individual variations within cultures should be considered. When discussing a nation's cultural characteristics, experts often portray the values, thinking

Dealing with psychological problems is strongly dependent on culture.

processes and perceptions of the majority as applying to everyone in a given culture. For example, in country X punctuality may be described for everyone as a sign of compulsiveness and lateness as a sign of self-confidence. The possibility of exceptions to these rules is often left out of the picture. Such stereotyping can be harmful.

The ongoing global blending of cultures should also be taken into account. Nowadays it is not uncommon, for example, for a young woman to be self-confident in public affairs, religiously devout, politically progressive and still have a traditional view of sexuality. The lines of national cultural identities have been blurring at least since the 1970s, and the internet has recently been accelerating the trend dramatically.

Interpersonal interactions within cultures have thus become more complex and multi-layered. This causes stress, psychological instability and mental overload – factors that should be considered when making individual psychological evaluations. Above all, a discerning attitude towards oneself as an observer and close questioning of one's own cultural precepts, can help to improve understanding and communication worldwide.

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A family's blessing

A young woman from Syria was interviewed for her suitability for airplan-pilot training in Germany. In response to the question "What do you wish for the future?" she replied in German: "Provided my parents agree, I wish to be trained as a pilot. And if I have their blessing and consent, I would also like to get married after the training."

The psychologist in attendance concluded from this and other responses that the candidate had a pronounced dependent-personality disorder and urgently needed a confidence-boosting workshop. When asked how she reached this conclusion, even though the young woman concerned had a very successful history and was applying for pilot training, the German psychologist said that the candidate had put the family's will before her own, and did not express a single sentiment or wish in first-person form.

The psychologist was then told about the emphasis that the Syrian culture and the Arabic language place on the collective and was asked to reconsider her conclusion. In the course of a subsequent supervision, the psychologist reported with admiration and astonishment that the young Syrian had managed to convince her grandmother and an uncle to support her plans. Thanks to these senior relatives, she had won her parents' backing as well. She had not only focused on her dream, but had made sure it came true in the context of her family. She did not want to start her training without the blessing of the family, since she believes that maintaining "peace in the soul" is far better than fulfilling a dream at the cost of a "broken soul".

This example shows how the mental template of an observer can influence a psychological evaluation. Conversely, the German psychologist, with her focus on individual self-determination, could have been evaluated in Syria as an egotistic person with no consideration for others. Neither interpretation is unbiased; both are rooted in the observers' own cultural standards. (sgb)

Learning to understand other cultures: Syrian migrants teach the Arab dance Dabke to Germans.

"I have no place in society"

Most gays and lesbians in Zimbabwe have to hide their sexual identity. Discrimination, exclusion and violent attacks against them cause permanent fear and loneliness. Many suffer from poor mental health. A local civil-society organisation provides help, but ultimately policy must change.

By Grace Badza

Ten percent of Zimbabwe's population are estimated to be gay or lesbian – they are simply born like this. However, only few dare to disclose their sexual orientation. Homosexuality is largely rejected by society and considered a taboo. It is misunderstood as a form of psychiatric problem (see box next page). Negative attitudes towards people of the LGBTI (lesbian, gay, bisexual, transsexual, intersexual) community are highly prevalent.

"They say I am the reason why the Biblical towns Sodom and Gomorrah were destroyed," an elderly gay man recounts.

"They call me an abomination with no acceptance in the Christian religion." Another man says that he was harassed at work: "They fired me. I have no source of income anymore." Many LGBTI people in Zimbabwe suffer low self-esteem; they are isolated and often depressed. "I have no place in society," a young Lesbian in Harare says. "Where do I run to?"

Most LGBTI persons give in to pressure from parents and the extended family and agree to heterosexual marriages. They are forced to live a life of deceit and lies, which is emotionally draining and leads to extreme psychological distress.

Zimbabwe is one of the least accepting countries in the world for gay, lesbian and transgender people. A 2006 revision to the country's criminal code expanded the penalty for sodomy to include acts that "would be regarded by a reasonable person as an indecent act". This could include two men holding hands or hugging, and it can be punished by an extended prison term.

The current Zimbabwe Criminal Law (Codification and Reform) Act makes specific sexual acts illegal, but falls short of criminalising LGBTI status. According to popular belief, however, homosexuality is a crime. An uninformed media exacerbates this attitude. Homophobic statements by government leaders contribute to a misinformed, highly discriminatory socio-political environment.

Zimbabwe is no exception. Homosexuality is outlawed in 35 African countries and punishable by death in two countries, Mauritania and Sudan, as well as in some areas of Somalia and Nigeria, according to Amnesty International.

STIGMA AND TABOO

Homosexual persons are likely to experience violence and marginalisation due to their sexual orientation. Aggression towards them ranges from verbal abuse and bullying to social discrimination, physical violence and psychological torture.

According to a 2018 survey by the non-governmental organisation GALZ (Gays and Lesbians of Zimbabwe), 50 % of gay men in Zimbabwe had been physically assaulted, and 64 % had been disowned by their families. Twenty-seven percent of lesbians also reported disownment. Often, they are accused of exposing their parents to "blame and shame".

Some families in rural areas assume that their gay son or lesbian daughter is possessed by Satan or demons. Traditional leaders evict them from their villages. A young man from western Zimbabwe, who prefers to stay anonymous, recounts that people in his village believed that "even with a handshake, I would transfer homosexuality". The elders decided that he was unfit to stay in the community.

But even when moving to cities, LGBTI persons are not safe from discrimination. For instance, they often lose their jobs when their sexual orientation is discovered.

Another frequent problem is bad treatment by health-care workers. Hospital staff are "afraid to touch me," recounts a gay man regarding his experience with accessing health care in Zimbabwe. "Some will even start preaching the Bible." Consequently, LGBTI persons often shy away from seeking support from even essential physical health services.

GALZ activists with a photo of one of themselves in Harare, Zimbabwe.

In Zimbabwe and other African countries, it is often claimed that homosexuality is "un-African" and a deviant Western ideology. Robert Mugabe, the former president, publicly called gays "worse than dogs and pigs" in 2013 and threatened to "cut their heads off." In this context, many law enforcers still do not respond as they should when the human rights of someone who belongs to a sexual minority is violated. They tend to be more concerned with the sexual orientation of the victim than with the crime committed.

Due to living with this stigma, people from the LGBTI community have an increased risk of mental and psychological problems. These problems range from anxiety disorders and depression to substance abuse and risky sexual behaviour.

Consequently, there are higher incidences of suicide attempts and suicide related deaths amongst men who have sex with men. Such trends are known around the world and tend to be underreported even in countries where the rights of LGBTI people are fully acknowledged. Stigma and exclusion obviously make matters worse in places where that is not the case. Civil-society activism can improve things, however.

COUNSELLING ON GAY RIGHTS

GALZ was founded in 1990. The association provides counselling and human-rights advocacy. With a staff of 32 people, the NGO pushes for social tolerance of sexual minorities and the repeal of homophobic legislation. Its ultimate goal is to obtain psychological, socio-economic and legal justice for LGBTI people in Zimbabwe.

In September 2018, three GALZ counselling drop-in centres were established in the cities of Harare, Mutare and Masvingo, all financed by the Global Fund. Many clients come with signs of depression, suicidal tendencies, paranoia, anxiety and other related challenges. Psychiatric assessments are conducted. To the extent possible, people are given advice at the centre. Counselling therapy sessions can be conducted in-

dividually, with couples, or for families or groups. In cases of particularly severe suffering, patients are referred to specialists. Workshops on mental and psychological health of sexual minorities are also offered.

GALZ staff follows up with community visits to check on the progress of the LGBTI clients. A substantial number migrate to neighbouring countries like South Africa, Botswana or Namibia, where the environment is more open and tolerant. However, a lot of them have to engage in sex work to survive.

There is a need for cultural sensitivity training and public health strategies to reduce stigma and to improve access to health care for key populations, focusing on their mental and psychological health. Zimbabwe must finally protect LGBTI persons from discrimination in line with the Yogyakarta principles, a set of rules on the application of international human-rights law in relation to sexual orientation and gender identity.

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Homosexuality is not a disease

The stigmatisation and discrimination of gay people may lead to mental-health problems – but homosexuality in itself is not a mental-health problem. That is the scientific consensus and endorsed by the World Health Organization (WHO).

A large body of scientific evidence indicates that being LGBTI (lesbian, gay, bisexual, transgender or intersexual) is completely compatible with a normal and healthy life. Clinical literature shows that same-sex sexual and romantic attractions, feelings and behaviours

are sound. They are perfectly acceptable variations of human sexuality.

The WHO has a list of diseases, called the "International Classification of Diseases" (ICD). This list is reviewed regularly, in accordance with the latest medical research. In 1977, ICD-9 still listed homosexuality as a disease.

However, the WHO later removed the item from the list. The 43rd World Health Assembly endorsed that decision in May 1990. Therefore, the currently used ICD-10 explicitly states that "sexual orientation

by itself is not to be considered a disorder."

Although the WHO has taken homosexuality off its list of diseases, other forms of discrimination still remain, says Susan Cochran, a psychologist and epidemiologist at the University of California Los Angeles (UCLA): "Although being gay or lesbian is no longer classified as a disorder, in its place emerged new categories of 'gay-related' diseases."

For example, homophobia can make teenagers feel harassed and hopeless – and that may add up to the symptoms of clinical depression. Cochran points out that the people concerned are sometimes "classified as mentally

ill under current WHO guidelines". Such second-order mental-health issues are being considered in the preparations for ICD-11.

Sexual orientation continues to be a contentious topic: internationally, expressions of same-sex orientation are stigmatised. Countries such as Saudi Arabia, Iran, Uganda and Russia have enacted anti-LGBTI laws. This stigmatisation and the resulting discrimination may lead to mental-health problems – not homosexuality in itself. The mental-health situation is much better in countries that protect the rights of LGBTI people – South Africa, where gay marriage is legal, is an example. (shmy)

Respect the local context

In Cambodia, a civil-society organisation is promoting professional mental-health care. Engaging traditional authorities such as faith leaders and healers is essential.

By Solida Sun, Lemhuor Bun, Panha Pich and Sharon Gschaider-Kassahun

Cambodia has seen decades of war, political unrest and instability. While the nation has come a long way over the past four decades, people are still struggling with the painful legacy. At the same time, they must cope with challenges like poverty, unemployment, political tensions, climate change, and the health-care system still needs to be developed and is ill-prepared to deal with mental-health problems (see box below).

The Transcultural Psychosocial Organisation (TPO) Cambodia is committed to providing mental-health services to Cambodians in Phnom Penh as well as to community members living in rural areas. TPO was established in 1995 as an affiliate of a Dutch non-governmental organisation and has been registered as an independent Cambodian organisation since 2000. Its approach is to reconcile modern medicine with the traditions and beliefs that mark Cambodians' lives.

TPO runs a treatment centre in Phnom Penh and provides training for partner organisations. The organisation is raising awareness and advocating for mental-health services throughout the country. Some of the work is linked to – and contributes to – conflict resolution, peacebuilding and social justice.

The executive director of TPO is Chhim Sotheara, a psychiatrist. He points out the importance of psycho-social treatment to be culturally relevant. It is essential to understand how members of a particular culture recognise and describe specific symptoms of psychological disorders. According to him, different cultures have different "idioms of distress". TPO pays attention to these matters and is engaged in raising awareness, especially among those persons who are influential at the grassroots level. These leaders are engaged, and TPO is eager to convey insights of scientific medicine to them, but also wants to learn from them.

TPO relies on a multi-professional team to implement culturally appropriate, fitting interventions. The staff includes psychiatrists, psychiatric nurses, psychologists, psychotherapists, social workers and para-professionals. The para-professionals are traditional healers who have been given additional skills training. Engaging them is of crucial relevance.

The point is that, to a large extent, they are the backbone of Cambodian health care. Unfortunately, many of them are get-

A traumatised nation

According to the World Health Organization, core mental-health concerns in South-East Asia include depression, suicide, schizophrenia and psychosis. Mental impacts of disasters and emergencies are relevant too.

This assessment fits Cambodia, though posttraumatic stress disorder (PTSD) is especially prevalent here. A survey published by the Royal University of Phnom Penh (RUPP) in 2012 showed that:
- anxiety disorders affected 40 % to 53 % of Cambodia's people,
- depression affected 11.5 % to 80 %, and
- PTSD affected 7.3 % to 86 %.

That the ratios for depression and PTSD are somewhat vague is related to Cambodia's brutal recent history. Society as a whole was traumatised as war and the genocidal Khmer Rouge regime caused widespread suffering in the 1970s (see Sun Narin in Focus section of D+C/ E+Z e-Paper 2017/03). An entire generation was marked by the loss of family members, the destruction of personal dignity and complete disregard for human rights. Masses of people never experienced a healthy relationship with their parents and thus could not develop parenting skills themselves. The lasting impacts of trauma have become so common that people now struggle to tell serious mental disorders from what they experience to be normal. Self-medication with tranquilisers and other pharmaceuticals as well as abuse of alcohol and illegal drugs add to the problems.

PTSD affects persons who were born long after the atrocities ended. This is probably one reason for Cambodia's suicide rate (42.35/100,000) being 2.5 times the global average. Schizophrenic disorders and psychotic episodes seem to occur at fairly common rates, and they pose huge challenges. Patients have hallucinations, and their behaviour becomes extremely erratic. Evidence shows that, in lack of professional care, they are often locked in cages or restrained with chains so they cannot cause harm. That their human rights are violated is linked to the fact that local communities are basically left to themselves when it comes to mental illnesses.

So far, Cambodia's health system is ill-equipped to deal with the demand. There is a desperate lack of professional staff. According to a recent assessment, the ratio of psychiatrists to people is 0.33 to 100,000. The figure for psychiatric nurses is only 0.26 per 100,000. The health-care system must be reformed in a way that takes full account of widespread mental suffering and is in touch with the country's traditions (see main essay). (sgk/tpo)

ting old, and their valuable knowledge is not documented. As they do not earn much money, young people are not interested in becoming traditional healers. It is important to integrate them in modern approaches, document their wisdom and teach them some western skills (concerning both treatment and diagnosis). TPO hopes to continue and intensify this kind of work.

TRADITIONAL BELIEFS

In Cambodia, traditional beliefs largely determine how people explain mental-health problems and how they cope with them. Typically, they attribute problems to ruptured relationships with the spirits of ancestors. Moreover, the Buddhist concept of karma is widely used to explain a person's current conditions. Complicating matters further, Cambodian society is not culturally homogenous, so the local context matters.

Moreover, there are gender aspects. The traditional authorities are predominantly men and tend to consider women to be often over-anxious and "to worry too much". The mental-health problems of men, by contrast, are said to stem mainly from substance abuse, and abnormal behaviour is often explained with poverty limiting their ability to provide for their families. If they suffer chronic pain, which can result from experiencing mental problems, that is explained with hard farm work.

A Cambodian family will normally do its best to integrate a family member suffering a mental-health condition in its everyday life as long as possible. They will seek help from healers once that person starts to disrupt daily family routines, for example by acting violently or bringing shame to the family by breaking social norms (roaming around dirty, for example). The family is also likely to look for help once the burden of caring becomes too great.

In such cases, Cambodians often turn to religious leaders, traditional healers or the elderly first before approaching medical professionals. Relevant categories of healers include:

● Buddhist monks (preahsong): they enjoy much respect in both rural and urban areas and are appreciated by young and old alike. They rely on spiritual cleaning ceremonies for affected individuals, but are also approached when one wants to learn more about the future.

A monk ties a red ribbon around the arm of a Cambodian man for protection purposes. The red ribbon also stands for prosperity and happiness.

● Fortune tellers (kru tjeij): they are normally approached for advice relating to career and love matters. They are said to be visited mainly by women.

● Traditional healers (kru khmer): they are mostly active in rural areas. They use herbs to treat physical and mental conditions. In many ways, they compare to herbalists and homeopaths in western countries. They excel at healing certain conditions, but are likely to try their best even when faced with other conditions that would require other competences.

● Two different sorts of mediums (kru juroup and kru juarea): they are believed to be able to deal with different kinds of spirits. Their methods differ too. The first kind mix medicines based on rice wine and parts of animals. These medicines are administered orally, and there is anecdotal evidence that this practice can lead to alcoholism. By contrast, the kru juarea use dance and music to put people into a trance-like state. They claim to talk to spirits and get guidance from them on how to treat the person's condition.

● Imams: they are the religious leaders of the Cham (Muslim Cambodians) and expected to lend support in all kinds of situations.

Faith leaders and healers are normally approached for a number of sessions. Typically, the condition of the patient improves initially, but relapses are likely to occur soon. If community members can afford it, they then become increasingly prepared to turn to science-based health care. Local medical doctors and nurses placed at health centres tend to lack in most cases the necessary training however.

The first step towards improving the current situation is to improve access to professional services, raise awareness and teach medical professionals and para-professionals relevant skills. Moreover, it is eminent to merge what western psychological and psychiatric methods have to offer with local traditions.

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Photo: TPO

The Civil Peace Service turns 20

Almost 20 years ago, on 22 November 1999, the first experts left Germany to promote peace and prevent violence in crisis and conflict regions on behalf of the Civil Peace Service (CPS). Since then, some 1,400 peace experts have been engaged in almost 60 countries. The CPS has become an integral part of German peace policy.

The CPS is run by a consortium of nine German peace and development agencies. They cooperate with local partner organisations to carry out programmes. Through the CPS, Germany assumes responsibility for de-escalating conflict and laying the foundation for lasting peace in countries all over the world. This year, Germany's Federal Ministry for Economic Cooperation and Development (BMZ) is providing € 55 million to fund the CPS.

CPS experts support local partner organisations in their efforts to build and maintain peace. They are specialised in civil conflict management and bring an outsider's perspective to conflict dynamics abroad. They cooperate with local civil-society organisations which are rooted in their respective societies and often have access to all parties involved in a conflict.

The big challenge is to prevent violence in the first place. How can people live together peacefully who have shot at each other in the past? Depending on the specific situation, very different approaches may be required. CPS experts frequently convey methods and concepts for peaceful conflict resolution. They open up spaces for dialogue and peaceful conflict resolution, convening antagonist parties for negotiations, empowering disadvantaged groups and teaching journalists how to do conflict sensitive and de-escalating reporting. The projects are long term, facilitating mutual trust and building resilient relationships. Over 600 CPS projects with a variety of goals have been implemented since 1999.

As the experience of the past 20 years shows, local-level action can often advance peace throughout an entire nation. In Colombia, for instance, the CPS helped previously neglected indigenous groups to make a difference in peace negotiations. In northern Macedonia, the CPS-supported organisation LOJA managed to integrate interethnic youth work in all teachers-in-training. And in Guinea, a national network of peace committees was established. Instead of fighting each other to the death, young people now sit at the negotiating table with security forces.

**Martina Rieken,
CPS consortium**

LINK
Under the slogan "Peace can", the CPS is introducing 20 projects during its anniversary year:
https://www.ziviler-friedensdienst. org/20JahreZFD

In order to present and analyse territorial, interethnic and environmental conflicts in a workshop, representatives of different ethnic groups and their organisations use cartographic techniques.

Unacknowledged suffering

Five years ago, India's central government unveiled the first national mental-health policy. The intentions are good, but achieving the goals still looks like an uphill battle.

By Sandip Chattopadhyay and Hans Dembowski

The government wants to provide all mentally ill people with universal access to good quality treatment. The policy spells out that "poverty and mental ill health are inextricably linked in a negative vicious cycle" and that "persons from lower socio-economic groups are more vulnerable to mental-health problems". It promises to increase funding and to ensure that enough professional staff is made available. Tackling stigmatisation is a core element of the policy. Harsh Vardhan, the health minister, declared that the policy "is embedded in a value system that upholds a participatory and rights-based approach and aims to promote quality in service provision and effectiveness in delivery."

India's mental-health scenario is worse than many think. For 2015/2016, the National Institute of Mental Health and Neurosciences (NIMHANS) reported that one in seven Indians suffers some form of mental disorder in their lifetime. Ten percent of Indians were said to require immediate intervention. Due to stigma and insufficient health infrastructure, however, only about one fifth of the people concerned were getting the needed medical support within a year of falling ill.

As the newspaper The Hindu reported at the time: "The prevalence of mental morbidity is found to be very high in urban centres, where there is a higher prevalence of schizophrenia, mood disorders and neurotic or stress-related disorders." It was suggested that the reasons could include "fast-paced lifestyles, experiencing stress, complexities of living, a breakdown of support systems and challenges of economic instability".

A big challenge is the lack of mental-health professionals. In 2014, India had a mere 0.3 psychiatrists per 100,000 people in 2014, according to the World Health Organization (WHO). The comparative figures were 7.5 for Germany and 12.4 for the USA.

The country does not have enough doctors and nurses in general (also note Ipsita Sapra on maternal health in Focus section of D+C/E+Z e-Paper 2017/08), and there are only very few psychologists and psychiatrists. Few students of medicine opt to specialise in this field, not least because it was never considered an integral part of the health system in the past.

In India's urban agglomerations, the situation is somewhat better. A simple Google search shows that more than a dozen psychiatrists practise in Mumbai's Andheri suburb alone. In view of the fees they

Raising awareness in Kolkata in April 2017.

charge, their patients must mostly be affluent people.

Though extreme poverty has been going down in recent years, India is still far from being a prosperous nation (see Roli Mahajan in Focus section of D+C/E+Z e-Paper 2018/11). It is obvious that the most vulnerable population groups are hardly aware of what mental health is and that they would find it very difficult to get psychological or psychiatric therapies even if they understood the matter.

Poor communities tend to ignore mental illnesses. The reason is that these diseases are not obviously disabling. People very rarely die because of them, though clinical depression can drive patients to kill themselves, and suicide rates are indeed disturbingly high in India (see box next page). In general, however, the mentally ill only seem to have excessive phases of sadness, bad tempers or delusions. Families who struggle to make ends meet do not consider such episodes something that money should be spent on, even if professional care might help.

Research in various developing countries has shown that mental health is negatively affected by financial hardship, physical illness, lack of education and skills. People who cannot provide for themselves and their family are prone to feel personally inadequate, and such self-assessments can be exacerbated by unfulfillable desires that advertising and the media systematically trigger in a consumer society.

In all social strata, however, mental problems cause stigmatisation and shame. Therefore, the patients themselves tend to shy away from looking for professional help. They know that they would be considered a disgrace and may even risk being abandoned by their families. Whether they suffer

anxieties, depression or addiction, patients generally do not want to acknowledge that they have a mental-health problem. That addictions can be driven by anxieties and depression, makes the scenario even more difficult.

FRAYING COMMUNITIES

To a large extent, Indian society is plainly not prepared to deal with mental issues in other ways than appealing to morals or reiterating religious norms. It adds to the problems that society is changing fast. While traditional community ties still provide sustenance to many people, such ties are fraying in many cases, not least because traditional norms no longer fit a modernising society. This is most evident in urban areas, but also affects rural regions which today not only have access to mass media and the internet, but are also marked by interaction with relatives who have migrated to the cities.

To improve, India's mental-health system must become an integral part of the nation's general health-care framework. General practitioners and specialist physi-

New Delhi
INDIA
STEPMAP

cians must liaise and interact more with psychiatrists and psychologists. Moreover, hospitals are not showing much interest in mental health because they do not see a great potential for revenues. Private-sector health care has been growing in recent decades (see essay on hypertension in Focus section of D+C/E+Z e-Paper 2018/03). Apart from a handful of professionals who serve privileged people adapting western norms, the private health-sector largely ignores mental illnesses.

In the meantime, a global trend may make things even worse. Research in the

USA has shown that there is a link between the use of social media and psychological well-being. Depression and feelings of loneliness tend to increase the time people spend on platforms like Instagram or Facebook. This kind of digital communication is very popular in India, especially among the younger generation. They have developed habits of continuously checking their mobile phones for new messages. Modern technology may not be as harmless as it seems, and that may make it even harder to achieve the government's mental-health goals.

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"Public health crisis"

In 2016, India accounted for 18 % of the world population, 36.6 % of female suicides and 24.3 % of male suicides. The suicide rate for women was 2.1 times above the global average. The suicide rate for men was 1.4 times above the global average. These data were published by the medical journal The Lancet in September 2018.

Funded by the Bill and Melinda Gates Foundation and agencies of India's central government, a group of scholars assessed the development of suicide rates from 1990 to 2016 (India state-level disease burden initiative suicide collaborators, 2018). They found that the suicide rate for men had stayed almost stable, rising

marginally from 18.6 suicides per 100,000 persons in 1990 to 19.9 per 100,000 in 2016. The suicide rate for women, by contrast, had gone down from 19.4 in 1990 to 14.9 in 2016. Nonetheless, it was still unusually high. The global rates are seven per 100,000 for women and 15 per 100,000 for men.

According to the essay in The Lancet, the reasons why so many women kill themselves need to be further investigated. It notes that married women account for the highest proportion and that relevant issues include "arranged and early marriage, young motherhood, low social status, domestic violence and economic dependence." The researchers found that the

data varied strongly from region to region. The higher the level of development was, the higher the suicide rate tended to be. For example, women were 10 times more likely to kill themselves in the comparatively prosperous South Indian state of Tamil Nadu than in the comparatively poor north-eastern state of Mizoram.

"Young adults are taking their own lives in alarmingly high numbers, constituting a public health crisis," the essay in The Lancet points out. "Suicide ranks first as the cause of death in India in both the age groups of 15 to 29 years and 15 to 39 years, as compared with its 2nd and 3rd rank globally in these age groups."

The authors appreciate that the national mental-health policy that was launched in 2014 explicitly aims to rise up

to the suicide challenge. They add, however, that "the implementation of the mental-health programme leaves much to be desired". One target of the sustainable development goals of the UN is to reduce suicide deaths by one third from 2015 to 2030. "With the majority of the states with more than 80 % of Indias population having less than 10 % probability of reaching the SDG target", the scholars point out that Indian projections look "dismal". (dem)

LINK

India state-level disease burden initiative suicide collaborators, 2018: Gender differentials and state variations in suicide deaths in India (in The Lancet 2018/3).
https://www.thelancet.com/ action/showPdf?pii=S246 8-2667 %2818 %2930138-5

Miners who witnessed or personally experienced violence showed more mental-distress symptoms than those who had not: inside a Bolivian mine.

Workplace violence

Physical abuse and harassment cause mental suffering. In employment contexts, far too many people are exposed to various forms of violence. Students of an international Masters course in occupational-health and safety are doing research into related matters in Latin America.

By Manuel Parra

The International Labour Organization (ILO) estimates that an average of 5,000 people die every day due to a work-related accident or disease. Underreporting of work-related health problems is a global issue. In Latin America, only 20 % to 25 % of work accidents and at most five percent of occupational diseases are officially taken notice of, according to ILO estimates.

Globalisation is compounding the problems. Its impacts include the weakening of regulations, the rise in inequality and the precarisation of employment. Moreover, technological change typically adds to the challenges, while the conventional occupational-health hazards persist. While pre-

vention systems are being eroded or do not exist at all, new problems are emerging. All summed up, those who specialise in occupational safety and health (OSH) face growing and increasingly complex challenges. In order to rise to them, they need high-quality education.

Mental health matters very much in this context, but it tends to be neglected. Students of an international OSH Masters course are making a difference by doing empirical research. The course was launched by the Center for International Health of Ludwig-Maximilians University Munich (CIH-LMU) and is run in cooperation with several Latin American universities. The twin goal is to boost human resources and to expand south-south cooperation in this important field (see box next page).

To tackle the challenges, we must not only understand the psychosocial occupational risks themselves, but also how they relate to other health issues. High-quality evidence from around the world shows that bad psychosocial working conditions lead to poor mental health, cardiovascular damage

and musculoskeletal disorders. A bad psychosocial environment typically means that workers face demanding tasks and must perform excellently, while having only very little personal autonomy. Moreover, social control tends to be overbearing, but there is very little social support or reward.

Two standard methods to explore these matters are the "Job Demand Control" and the "Effort Reward Imbalance" models. Our students have used both and confirmed that psychological distress is associated with musculoskeletal pain and some cardiovascular indicators.

Exposure to physical or psychological violence at work is relevant too. Unfortunately, the two above-mentioned models do not pay attention to it. Violence does not only harm the immediate victims. Witnesses suffer as well, and so do the families of affected persons. At the workplace, violence can take different forms, including:

- bullying,
- sexual harassment,
- rude and uncivilised behaviour,
- verbal and/or physical aggression,
- threats to physical integrity, even to life.

All forms of violence are intolerable aspects of labour relations. Nonetheless, they occur top-down from management to workers, or between colleagues, or from subordi-

nates to managers. The result is invariably a climate of fear. At the workplace, violence results from unbalanced power relations. It often goes along with the precarisation of jobs. Violence provoked by external people (customers, clients, etc.) also contributes to a fear climate.

Several CIH-LMU students have explored these matters in Latin America. One study showed that bullying was correlated with asthma symptoms among hospital cleaners in Peru. This association was more robust than with any other kind of psychosocial factors, such as low support or high demands for instance.

Another study proved that exposure to violence at work contributed significantly to mental-distress symptoms among miners in three different Andean countries. Such symptoms were similarly more pronounced among Guatemalan firefighters who had been exposed to violence than among colleagues without any such experience.

Musculoskeletal disorders have also been a focus in research. It is related not only to hard physical work (heavy weights, exhausting poses, repetitive movements et cetera), but often results from psychological pressure too. Long-lasting disabling pain is a big concern in different sectors and countries. It was frequently associated with mental stress.

To get their Master's degree, CIH-LMU students must do empirical research. This obligation helps to so prepare them properly for their future jobs and contributes to expanding the international body of OSH knowledge.

The Masters programme keeps providing new evidence-based insights into employment conditions, labour rights and workers' health in Latin America. By highlighting issues of workplace violence and of disabling pain, moreover, we are making these all-too-neglected workplace phenomena more visible. Preventive action is possible. It should be taken urgently. The 2019 ILO General Assembly is expected to approve a convention on eliminating violence and harassment in the world of work. Such a convention should help to motivate governments. However, a global approach is needed to coordinate efforts. Academic cooperation across borders can certainly help to make it happen.

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International network

Around the world, OHS specialists are needed. Therefore, the Center for International Health at Munich's Ludwig-Maximilians University (CIH-LMU) launched a Masters programme in 2012 in cooperation with Latin-American universities.

Participants must design and carry out a field research project. Students in different countries are advised to select a locally prevalent OSH problem. They assess workers' exposure to health hazards and identify related health problems. CIH-LMU tutors supervise the research. Some of the tutors are European, some are Latin American. The universities cooperate closely.

On the agenda of international development debate, occupational safety and health (OHS) is normally not a top item. Given that work-related accidents and illnesses affect masses of people, OHS is of great developmental relevance nonetheless. Future practitioners must be able to do academic research. Otherwise they will neither be able to judge the merit of new studies nor to apply their insights for practical purposes.

Apart from their Masters thesis, the CIH-LMU students are expected to produce three main outcomes:
- a report in plain language to inform the people they studied about what they found out,
- a teaching module for the same target group to tackle at least one of the identified health issues and
- a research paper they can submit to a peer-reviewed scientific journal.

The programme is supported by Germany's Federal Ministry for Economic Cooperation and Development (BMZ) and the DAAD, Germany's academic exchange service. The curriculum includes global occupational health topics, epidemiology, statistics, didactical methods, intercultural communication, scientific writing and scientific English.

The course goes on for two years and uses blended learning, relying on digital technology. During the first and second term, participants design and carry out their research project. In the third term, they start to analyse the data and implement the teaching intervention. In the 4th term, they write the thesis and the research paper.

So far, about 60 students have graduated. Almost all have implemented teaching interventions using participative and innovative didactics.

Eleven research papers have been accepted by scientific journals. Many graduates now teach OSH in their home countries.

Sectors covered in the projects include mining, agriculture, fishing, oil industry, construction, transport, health, education and others. Some students focus on informal businesses such as domestic work and garbage collection or on migrant workers. Topics include musculoskeletal disorders, mental health, cardiovascular, respiratory and auditive problems. Associations among these health problems and psychosocial working environment were often researched.

With a global perspective, a new cohort of OSH leaders is being empowered in Latin America by networking through social media, formal instances (alumni), periodical communication and mutual support.   (mp)

How addictive bahaviours are linked to inequality

Richard Wilkinson and Kate Pickett are British scholars who specialise in social inequality. Their latest book is "The inner level". It explores what impacts inequality has on people's mental well-being. The book is well argued and concludes that growing social divides not only harm those who are economically disadvantaged. Indeed, all members of the society concerned are affected negatively.

By Hans Dembowski

Wilkinson and Pickett point out that human beings can deal with one another in fundamentally different ways: cooperation or competition. As everyone knows from personal experience, successful cooperation generally boosts participants' mental health, whereas unrelenting competition leads to feelings of stress and unease.

Relying on data from Britain, the USA and other advanced nations, the authors show that levels of anxiety tend to increase as social gaps become wider. The reason is that, as people worry about their social status, self-doubt becomes ever more common. People think that they should be in control of their fate, but often face huge hurdles they struggle to overcome. Feelings of being inadequate or inefficient undermine their ability to share experiences without fear and to join forces in a sense of cooperation with others. The more unequal a society is, the less likely civic engagement becomes, while feelings of loneliness increase. Typical consequences include clinical depression and suicide.

As Wilkinson and Pickett elaborate, people find it easy to interact with others and trust others who they perceive to be their equals. Inequality, by contrast, means that evermore attention is paid to impressing others, for example by wearing fancy clothes or driving expensive cars. Such conspicuous consumption requires a lot of money, so financial concerns compound career pressures. Even people who are highly successful in their profession suffer considerable stress.

According to the book, it is therefore unsurprising that the abuse of alcohol and drugs tends to increase the more pronounced social inequality is in any given society. The same is true of excessive gambling and other addictive behaviours.

While widespread anxiety is typical of unequal societies, narcissistic delusions of personal grandeur are also common. Wilkinson and Pickett warn that it is often mistaken for healthy self-confidence, even though the people afflicted have no empathy and lack sane judgement. They are excessively self-centred. As the two professors from the University of York point out, today's leaders in business and politics are prone to promising spectacular results but often fail to deliver. The reason is that narcissistic visions tend to be unrealistic and related strategies are normally not well considered.

The book does an excellent job of spelling out why inequality does not simply reflect people's personal merit. The authors consider the idea of meritocracy a misconception because social status is inherited to a considerable extent, with a person's opportunities depending on his or her parents' wealth and education (see Cema Tork in D+C/E+Z e-Paper 2019/05, Focus section). As Wilkinson and Pickett elaborate, people thrive when they feel supported by strong networks of relatives, neighbours, colleagues and friends. Focusing on individual ambitions and achievements, by contrast, isolates people. Mental health thus benefits from strong communities, which are more likely in more equal societies.

The hypothesis spelled out in "The inner level" are plausible, and they are supported by solid statistical evidence. The weak point of the book is that it hardly considers developing countries and emerging markets. Its message is nonetheless applicable to those societies too. After all, it is well-known that community ties tend to be eroding in many countries and that growing inequality goes along with individualisation all over the world.

The final chapters of the book deal with what can be done to improve matters. They back off from psychological issues, focusing instead on economics and assessing policy options for improving social inclusion and social protection. Wilkinson and Pickett stress, moreover, that more equal societies are also more likely to make the transition to environmental sustainability. After all, they reduce the appeal of conspicuous consumption and allow people to focus on the common good rather than only their personal fortune.

BOOK
Wilkinson, R. and Pickett, K., 2018: The inner level. How more equal societies reduce stress, restore sanity and improve everyone's well-being. London: Allen Lane.

Gambling and other forms of addictive behaviour are particularly common in unequal societies – slot machines in Las Vegas.

Photo: Moritz Wolf/Lineair

Poverty causes depression, depression causes poverty

People who live in cities are more likely to become mentally ill than people in rural areas. This is the result of an evaluation of a number of related studies. The global trend towards urbanisation is increasing the risk of psychological distress: urbanisation is linked to mental-health hazards.

By Katja Dombrowski

More than half of the world's population lives in cities, and the share is rising. Urban dwellers are exposed to more stress factors than people in rural areas, which has negative impacts on mental health. Stress is caused, for example, by poverty and living in confined spaces. Traffic noise and environmental pollution matter too. On the other hand, access to health care, jobs and education is better in urban centres – and that has positive effects.

Ärzteblatt is the German Medical Association's science journal. It published a review of the scholarly literature on cities and mental health (Grübner et al, 2017). The article indicates that some of the most significant mental illnesses – including anxiety, psychotic episodes, mood or addictive disorders – are generally more common in cities. For example, anxiety disorders, including post-traumatic stress disorder, distress, anger and paranoia were more common in urban areas of various Asian and Latin American countries than in rural ones. The same was true for psychotic disorders – such as schizophrenia – in China, Germany and Denmark.

As the authors point out, however, correlation is not causation. Living in poverty can contribute to impairments associated with poor mental health – but can also be the result. With regard to how mental illness and city life are interrelated, the study states: "First, growing up in cities has an effect on illness risk, and second, higher amounts of people with health problems move to urban areas."

Social risk factors for mental health in cities include:
- pockets of people with low socio-economic status, for example in terms of education levels and income,
- low social capital, for example in terms of enjoying social support or being able to make an impact in social life, and
- social segregation, for example, when people belong to a minority or a particular ethnic group.

Because of poverty, diseases such as depression and schizophrenia occur more often in disadvantaged neighbourhoods than in privileged ones, as studies in India have shown. That social exclusion and discrimination can play important roles in the development of schizophrenia is evident in migrants being statistically more likely to be affected than other people. The rates are particularly high among immigrants who visibly belong to a minority, for example West Africans in London or Moroccans in The Hague. Urban people who belong to minorities, including those with a migrant background, are also at above-average risk of depression and psychosis, the review essay reports.

Not only social factors cause stress. The environment matters too. Relevant issues include:
- higher pollution rates of air, water et cetera,
- noise, for instance from traffic,
- specific urban designs such as tall buildings, which may be perceived as oppressive, and
- the physical dangers of accidents and violence.

Research indicates that living close to a major road or airport is associated with higher levels of stress and aggression. The reasons are exposure to noise and air pollution. On the other hand, greater access to green space and better walkability was associated with less prevalence of depression. Physical activity actually promotes mental health.

The authors call for further research to better understand the functional relationships between urban life-styles and mental-health problems. Deeper insights could lead to better urban planning and transport management and thus help to reduce the risks of mental illness.
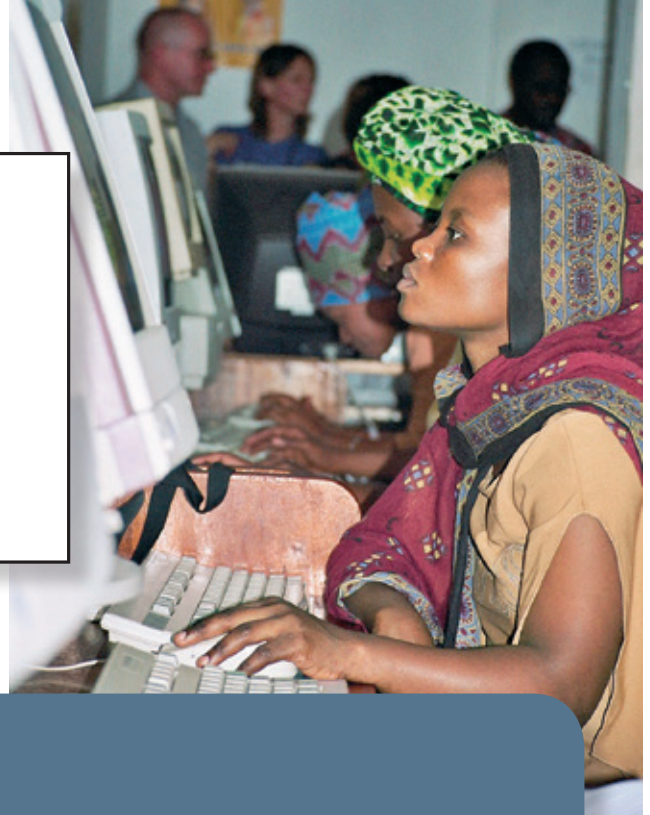

People who live in slums are more likely to develop mental disorders than other people. Favela in Rio de Janeiro.

LINK

Gruebner, O., Rapp, M.A., Adli, M., Kluge, U., Galea, S., Heinz, A., 2017: Cities and mental health. Dtsch Arztebl Int 2017; 114: 121-7. *https://www.aerzteblatt.de/int/archive/article?id=186433&src=search*

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