

## Introduction

The aim of the project 'Mental Health in conflict-affected Colombia' was to investigate, implement and evaluate effective ways to improve mental health conflict-affected parts of Colombia. A total of 15 municipalities in five post-conflict territories were selected for the project, based on the level of conflict and mental health challenges. The project's value added primarily consist of high-quality research to support the improvement of mental health by paving the way for effective evidence-based interventions responding to the needs and preferences of the populations in question.

The project had three main objectives: 1) To generate research-based knowledge about vulnerable populations including the dynamics between stigma, social capital and mental health in order to guide the design of focused interventions, 2) To implement, through the health care system, innovative and evidence-based outreach interventions which effectively strengthen mental health in vulnerable and stigmatized groups, and 3) To strengthen research capacity among project partners.

We used a multi-disciplinary research-based approach, which included extensive quantitative and qualitative surveys as well as desk studies and analysis of national data. Furthermore, local interventions were implemented and evaluated.

## Results

The studies conducted show that a range of factors affect mental health in conflict-affected populations.

The following three quantitative studies were all based on a household survey with 4480 final respondents. Its included extensive socio-demographic data and information about stigmatization, discrimination, social capital, victimization, trauma experience, resilience and mental health.

1) The study '*Mental Health Impact of Exposure to Armed Conflict in Colombia*' supported a strong association between exposure to armed conflict and health, incl. mental health conditions. There was a clear association between both higher numbers of traumatic events experienced and being a victim of the conflict on the one side, and symptoms of depression, anxiety and low self-rated health on the other side. Events targeted at the individual, such as sexual assault, had higher impact on mental health than 'non-personal' events, such as natural disasters and internal displacement.

2) The study '*Traumatic Exposure, Suicidal Behavior, and Social Capital in Conflict-Affected Communities in Colombia*' investigated whether exposure to interpersonal (directed at a specific person) vs non-personal traumatic events has different effects on suicidality. 4,5% of participants showed signs of suicidal behavior. Interpersonal traumatic events, such as rape or kidnapping, magnified the risk substantially when compared non-personal ones. It also found that higher levels of social capital was a protective factor.

3) The study '*Exposure to COVID-19 and its Impact on Mental Health in Conflict-Affected Colombia*' was conducted since the survey took place during the pandemic. It was therefore also highly relevant to investigate how covid could have affected mental health, and questions related to covid exposure and perceptions of related threats and insecurities were added to the questionnaire. The study investigated the association between covid, mental health and trauma. It found a clear association victimization and anxiety/depression (3 times as high among victims compared to non-victims) however, this association was not affected by covid-exposure.

After the quantitative survey was concluded, a qualitative study was performed in the same municipalities, consisting of 60 key informant interviews and 32 focus group discussions. This resulted in the article '*Reconfiguración de necesidades en salud mental, bienestar y reconstrucción socio-comunitaria en poblaciones víctimas del conflicto armado en Colombia*'. It explains how mental health is often described in a "top-down" manner based on the logic of health systems and institutions. However, people often consider their mental health in the light of other hidden factors. These "bottom-up" findings include perspectives related to collective approaches, social fabric and reconstruction of the family unit as priorities. A model for

understanding the individuals' needs was developed based on three categories: Vulnerability tensions, expressions of suffering and environmental triggers.

Apart from the quantitative and qualitative surveys, the three following desk studies were conducted:

1) The literature study '*Vulnerability factors in conflict-related mental health*' shows that violence and general hardship can affect mental health, both by causing new mental health conditions, and/or by exacerbating pre-existing mental health conditions. It also finds that vulnerability factors (such as stigmatization, social and physical capital, gender and access to health care are) can modify the association between conflict/trauma and mental health.

2) '*A Systematic Literature Review on interventions addressing mental health in (post-) conflict affected populations*' found that randomized clinical trials of this type are limited, and of those, only few show a high effect (PM+ and NET). It highlights the need for improved evaluation and research of such interventions, but also acknowledges the challenge of doing so in compromised contexts.

3) The systematic review '*Secondary Trauma in quantitative Research Personnel*' focuses on the research personnel engaged in work with vulnerable populations and finds it may affect them negatively. All symptoms can be related to secondary trauma, and they include sadness, helplessness, distress, anger, trouble sleeping, anxiety, trouble concentrating, and reexperiencing/nightmares.

The experiences of the project's 24 local interviewers were assessed in the study '*Secondary Trauma in Quantitative Research Personnel*' through a small additional survey based on the Professional Quality of Life Scale questionnaire (ProQOL). ProQOL measures secondary traumatic stress, burnout, and compassion satisfaction. None of the interviewers had a high level of neither secondary traumatic stress nor burnout, although few showed moderate level of secondary traumatic stress and burnout. Negative impacts can be mitigated by choosing interviewers carefully, preparing them properly, and making sure there is a setup in place for support when needed

Results from the studies were used to design the pilot interventions in 5 municipalities, one in each project department (Santa Rosa, Bolívar; Cajibío, Cauca; San Juan de Arama, Meta; Mocoa, Putumayo; Icononzo, Tolima). A total of 100 people working on mental health issues and empowerment participated in the interventions that were based on a participatory model was called "Solidarity groups for mental health and a culture of peace".

## **Conclusions**

The project explored a wide range of topics related to mental health in conflict affected populations through triangulation of methods, and researchers from various methodological traditions have contributed with their knowledge and contextual experience. The studies find strong associations between being a victim of armed conflict, having experienced severe traumatic events, facing general hardship, and suffering from mental disorders. Furthermore, it shows that only a fraction of those in need actually get the help they need.

## **Recommendations**

The project was a collaboration between DIGNITY (The Danich Institute Against Torture), University Externado of Colombia, and the Colombian Ministry of Health. Collaborating closely with state authorities in a politically unstable context poses considerable challenges, both in terms of project administration and execution. Research engagement with universities should also be considered carefully beforehand, focusing on assessing research approaches, academic methods and traditions, as well as their strengths and weaknesses. Results and reflections generated through this project should contribute to planning future interventions and mental health policies in areas affected by armed conflict. It is recommended that more action is taken to identify and reach those in need. Post-conflict societies often face the same challenges as those in acute conflict and the road to recovery can be long and needs ongoing attention.