

## Asking the right questions in research on psychosocial well-being

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**New research is attempting to address the lack of empirical grounding for much of the psychosocial programming in post-war trauma in the Western Balkans.**

Psychosocial work by local and international mental-health professionals became a standard and widespread dimension of the humanitarian response to war trauma in Bosnia and Herzegovina (BiH), Croatia and Kosovo during the 1990s. Generally, international programmes in the region promote the belief that all those displaced by war are traumatised and that external psychosocial interventions are essential. The efficacy of these interventions is taken for granted and yet empirical research on the subject is scarce.

During the war, shortage of research resources left little room for data collection or impact studies. In the aftermath of hostilities this trend mainly continued. In addition, attempts to conduct comprehensive research in the field of mental health often failed due to local people's increasing distrust, especially of foreign agencies and non-governmental organisations. Post-war treatment and mental health services in BiH therefore rarely focused on war-displaced and returnees as specific target groups. Rather, the whole civilian population was viewed as vulnerable, traumatised and incapacitated but without any systematic investigation into resilience and general well-being.

In the same way, studies addressing the mental health of people displaced by war in the region have mainly focused on whole populations, rather than sections of populations, and have ignored questions of resilience.

### **Mental health of war displaced and returnees**

Questions of mental health are still salient in BiH, Serbia and Kosovo. According to EU project UP.STREA.M<sup>1</sup>, the number of persons with mental health difficulties

is higher in these countries than the EU average, with the causes related to two decades of stresses such as war, ethnic tension and poverty – and the lack of organisation in the mental health sector.

Recognising this and the lack of scientific research into the current state of psychosocial well-being among marginalised social groups, a multidisciplinary research team of 18 scholars in three countries (Serbia, Kosovo, BiH) headed by the team at the University of Sarajevo<sup>2</sup> and funded by the University of Fribourg's Regional Research Promotion Programme (RRPP) is conducting a study on psychosocial health among women displaced by the war. The research aims to provide insights into the connections between migration and mental health in a post-war society also undergoing a broad socio-political transition.

On the whole, work on improving mental health in post-war BiH has been involving many different stakeholders at various levels and working with various target groups but it is not yet integrated with the state-run mechanisms of service provision. Specific groups like women raped during war, some of whom were displaced, have been targeted but the formal system largely ignores forced migrants. Added to that are the huge problems in funding and in conducting research and assessing evidence-based practice.

Following the ongoing reform of the mental health sector, new strategies of work aim to involve social services in protecting and promoting the mental health of citizens in general and of returnees and displaced persons in particular (as a marginalised, vulnerable group).<sup>3</sup> Improving social inclusion is one of the key requirements for harmonising the social development of

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BiH with EU standards. Social inclusion requires partnership at all levels between governments, public institutions and civil society but this is proving very challenging in a country which has a plethora of political and administrative decision-making centres (14 levels of national decision making which are subject to conditions imposed by external actors such as the World Bank, the International Monetary Fund and the EU). However, the new centres for mental health (resulting from the reform) have the potential to provide more adequate mental health services as they aim to work, more appropriately, through multidisciplinary teams and inter-sector cooperation.<sup>4</sup>

### The broader societal context

Bearing in mind the complexity of BiH's socio-economic situation, the RRPP-funded research<sup>5</sup> is shifting the emphasis from the individual clinical health perspective to the more complex social dimension of understanding the affected displaced persons' and returnees' reintegration process, in relation both to their war experiences and to the country's prevailing socio-economic situation. In this way important generational differences, gendered patterns and urban/rural discrepancies are emerging, and mental health assessments are being studied in the broader societal context that inevitably has an impact on a person's overall psychosocial well-being.

Through empirical cross-case analysis in BiH, Serbia and Kosovo, the project is addressing the following research questions: How does the experience of inter-ethnic violence, large-scale war displacement and protracted transition affect the psychosocial health of female forced migrants in each of the three environments? What is the state of their psychosocial well-being, including both distress and resilience factors, in these challenging social environments? What is the nature of psychosocial support, both public and non-governmental, formal and informal, provided to this population? What should be done to address the psychosocial needs identified and to fill gaps between existing policies and

programmes? Which good practices (if any) could the competent authorities and different national, regional and international stakeholders build on to improve the practice of and access to psychosocial services?

### Conclusion

Sound and effective policies require a strong evidential basis. Only with this, and the in-depth insights that will emerge from the evidence, does it become possible to: identify how government policies and programmes can best assist targeted populations; monitor how effectively resources are being used; foster learning and development in the area; and support stakeholders in their roles and responsibilities.

In addition, the network building that such research involves among stakeholders of different professional and academic backgrounds across the region and internationally helps establish and develop an inter- and trans-disciplinary platform for the long-term benefit of forced migration studies in the region.

Much of our experience from post-war BiH underlines how psychosocial service provision for displaced and returnee populations should always be based on extensive evidence-based research. Only then will it have a direct bearing on the quality of life for women returnees, internally displaced persons and refugees.

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1. 'Update of Socializing and TREATment in Mental health' – involving Caritas Italiana in Serbia and Association Fenix in BiH.
2. In partnership with Serbian and Kosovo research teams.
3. Social Inclusion Strategy of Bosnia and Herzegovina (2008-13). The Government of Bosnia and Herzegovina is currently working on two strategic documents: the Country Development Strategy and Mid-term Review of the Social Inclusion Strategy.
4. The Mental Health Project in Bosnia and Herzegovina, supported by the Swiss Agency for Development and Cooperation and the Swiss Cantons of Geneva, Jura, Bern and Fribourg has completed its first phase (2010-13) and has now entered its second phase.
5. Entitled 'Engendering Forced Migration, Socio-political Transition and Mental Health in BiH, Serbia and Kosovo'. For more information see [www.cesi.fpn.unsa.ba](http://www.cesi.fpn.unsa.ba)