So simple and so meaningful: An approach to mental health after violence

How to tackle mental health issues in communities affected by the brunt of 13 years of violence and displacement? How to manage cases where there is no resource availability? How to handle patients where there are no mental health professionals, either for diagnosis or follow up? These questions needed a response and action. Simple activities—but with an important impact—were developed for the recovery of self esteem in Peru. The Quechua communities organised some specific activities between communities such as singing, dancing, and customs presentations; soccer games; drawings, etc (see fig 1A and B). The testimony of a participant show it’s effect: “. . .I haven’t touched a ball for 10 years . . . we are forgetting to share with other communities what we used to do together [referring to celebration of festivities] . . . I’m so happy.” Figure 1C shows a community health promoter with the mental health balance, a dynamic used during their training to illustrate the mental health concept.

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APHORISM OF THE MONTH

“We’re doing it already.”

This is a very bad prognostic sign. When change is desperately needed, those who have been responsible for presiding over stagnation inevitably respond to outside diagnoses by saying: “We’re doing it already.”

This defensive response is infuriating. It is also a warning that what may be needed is a subtlety, maturity, and a willingness to let people, who may be quite narrow and small minded, take the credit for change and creativity when they have spent 20 years resisting it. It really is one of the most difficult challenges in public health. We need to give more attention to what to do when they say they’re doing it already, when it is blatantly obvious that they’re not.

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