Like fluoride in tap water

From cure to prevention

We are very pleased that Wietse Tol has recently been appointed *Professor of Global Mental Health and Social Justice* at Vrije Universiteit Amsterdam on behalf of the ARQ National Psychotrauma Centre and the Athena Institute. Having worked in many different countries including Nepal and Uganda, Wietse will now be in the Netherlands more frequently. In this article, we have a wide-ranging discussion – talking together about his new chair and about global inequalities in mental healthcare and reflecting on the current situation in Ukraine. 'Mental healthcare in the Netherlands can learn a lot from the approach used in low and middle-income countries', he says.

by David Nieuwe Weme

Refugeecamp in Juba, South-Sudan.

'I'll be at the office at ARQ on Friday, so maybe we can do the interview in person', Wietse writes to me a few weeks before this interview. Meeting in person is a relief since the corona pandemic forced everyone to work from home, but this is extra special because Wietse mainly lives in Denmark. Unfortunately, I have to let this opportunity to speak to Wietse in the Netherlands slide, as I am working from Nairobi, Kenya. However, the difference in context in which we find ourselves appears to be fertile ground for discussion.

Wietse's career has provided many opportunities for research in low and middle-income countries in the field of global mental health. He was latterly affiliated with the John Hopkins Bloomberg School of Public Health and is now a professor at the University of Copenhagen and at the Vrije Universiteit Amsterdam. We begin our conversation with how he got into psychology and how his career developed, and talk about his views on national and international mental healthcare.

Working with people and community

In his first year of studying anthropology, Wietse felt it was mainly about people, but he realised his passion was about working with people. This realisation resulted in a switch to studying clinical psychology. However, this training did not immediately lead him to into a career as a psychologist. 'Initially, I wanted to become a clinical psychologist, but I went into research and that is where it went wrong', he laughs. 'I became captivated by doing research, because I discovered you can answer clinical questions with it', Wietse explains.

> 'The provision of care is largely determined by the available resources in a country or region'

He did his doctorate in Nepal on how trauma expresses itself in different cultures and focused again more on the clinical aspect of psychology. During this period of time, he developed his own vision when it came to treatment: 'I saw in Nepal how culture and context influence clinical practice and because of that, I found it difficult to simply return to a Dutch mental healthcare project. I wanted to shift my focus from specialised treatment in mental healthcare to public health and prevention on a broader level. It's about a focus on public health, a broader focus, not only concerning a person or a small group.' This vision is at the root of all the work Wietse does today.

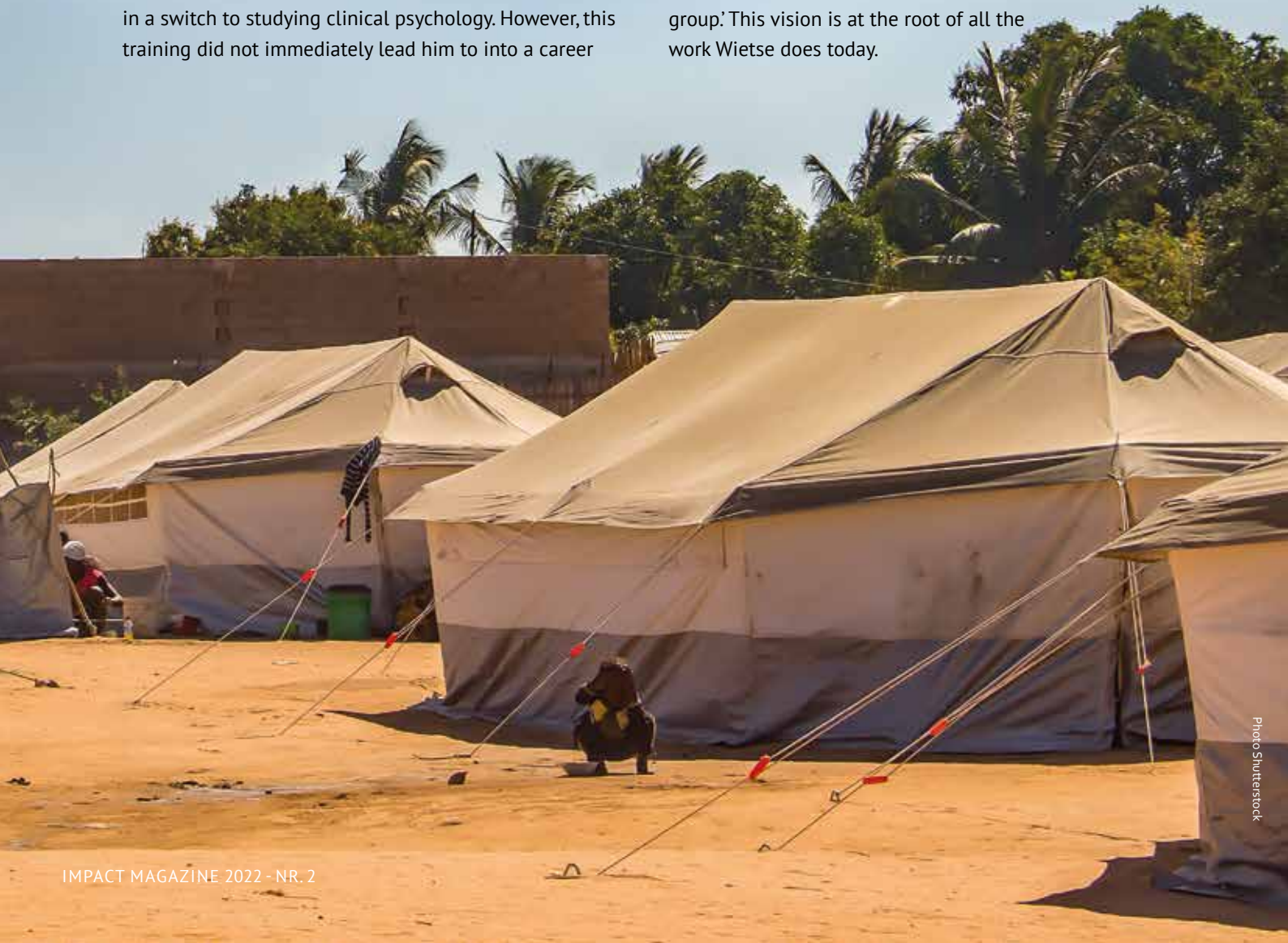

Photo Shutterstock

Wietse Tol

Now, as a professor at two universities, a career as a specialist clinical practitioner seems far away. This doesn't alter the fact that Wietse is still closely involved with practice through the projects and appointments he holds. Influencing practice through research is essential for him in improving care. Wietse sees a role for ARQ International at this interface: 'Local context is very important. How you present existing knowledge in an accessible way, how you bring together local expertise - ARQ could be of great help in these things', says Wietse.

'You have to work with a layered system, so people at different levels can receive help and support'

Social and collective wellbeing

The wellbeing of the community, the public, the shared, - this is what Wietse's work is all about. Questions like how the community relates to one another and which physical, emotional, economic, cultural and social factors influence the wellbeing of people as part of society are central to his approach. Research into the influence of these factors on mental health helps to develop interventions or improve existing therapies. Wietse points out that in low and middle-income countries, the focus is mainly on non-specialised psychological care, as there are often hardly any specialists available, while in high-income countries the emphasis is often on specialised care.

The provision of care is largely determined by the available resources in a country or region. The difference in care which results creates an opportunity for learning. Currently, the learning mainly goes in one direction - from high-income countries to low-income countries, but Wietse emphasises the major benefits of making this learning process mutual. 'For example, we're not unduly surprised when we use mindfulness techniques in order to cope with stress. But in fact these techniques originate in other countries. So interaction already exists, but it could certainly be expanded further.'

In the field of global mental health, discussions about the choice between specialised and non-specialised mental healthcare have been had for many years. But according to Wietse, one does not have to exclude the other: 'Mental health versus psychosocial wellbeing. Clinical versus social context. I don't think it's either/or, but both/and. People have different needs at different times. You have to work with a layered system, so people at different levels can receive help and support.'

Breaking the vicious cycle

The question is whether mental health conditions can be cured with treatment alone. In areas of low social security, gender inequality and imminent or ongoing conflict, additional support is needed: 'I was talking to people in a clinic in northern Uganda. They told me a woman with depression had come to the clinic. This was a good clinic which provided evidence-based care for depression. However, at the same time they knew that after treatment, this woman would go back to a home where she would experience domestic violence, back to

a husband who is traumatised and drinks to deal with his trauma. They know it is a patriarchal society, so there are areas where domestic violence takes place on a structural basis. I find it difficult to send someone back to an environment that makes them sick. You can heal someone from depression, but if you send them back to such an environment, the gains you get from the therapy are not sustainable. This issue intrigues me a lot', says Wietse.

This example illustrates the vicious cycle of domestic violence and depression. Both reinforce each other, which means tackling one of these problems will never lead to a sustainable solution. By looking at mental wellbeing from a broader perspective, prevention is possible. 'I'm trying to think of it as the equivalent of fluoride in tap water for mental healthcare. What can you do on a broader level to prevent public health from deteriorating, and sometimes even improving it?' Wietse asks. Previously, global mental health was about scaling up treatment, specifically aimed at disease. By adding the term 'social justice' to his new chair at Vrije Universiteit Amsterdam, Wietse is seeking to broaden the perspective on mental health, suggesting an integrated approach in including social risk factors for physical and psychological conditions.

The art of helping

For some time now, there has been discussion about aid from the 'West' to less wealthy areas. Is it always necessary to import 'expertise' from areas such as Europe and America to support, for example, mental healthcare in Burundi, Afghanistan or Ukraine? Too often, there is an unequal relationship between the 'helping' and the 'helped', when really the aim should be on finding sustainable, local solutions. Why not make better use of existing systems in the region? Wietse notes that currently a huge amount of aid is being offered to Ukraine, but local expertise needs to be included in these humanitarian efforts: 'You must have a clear picture of what exactly is needed before offering help. There is so much expertise available in Ukraine that has to be used first.'

> 'There is so much expertise available in Ukraine, that has to be used first'

'Them' versus 'us'

The last question I ask Wietse is about his view on the different ways in which Ukrainian refugees and, for example, refugees from Afghanistan or Sudan are received in the Netherlands. People often share similar motivations for seeking refuge, including armed conflict, torture, sexual violence, political oppression, etc. The difference is that Ukrainian refugees find shelter relatively easily within Dutch society, while refugees from other states wait for a residence permit for years, often in vain, in asylum seekers centres. These differences are also highlighted by Dutch mental healthcare providers. 'I can feel that pain', says Wietse. 'One of the biggest refugee crises is the one in Africa, South Sudan, which you never see in the news. Africa can be very much 'out of sight, out of mind'. There is always that same request for aid from a distant area. "What can you do about it?" many people ask. The crisis in Ukraine is so close, geographically and culturally, which makes it easier for people to empathise with and offer help to refugees from that area', reflects Wietse.

Although there are enormous differences between people and communities, for example, on a cultural and social level, there are groups of people all over the world who are systematically excluded from good mental healthcare. For many people, access to mental healthcare alone is not enough. It is essential to also look at the context in which people are living and the factors affecting their physical and psychological health. This is an extremely complex puzzle which Wietse is keen to tackle in the coming years.

David Nieuwe Weme - Researcher/policy advisor at ARQ International