

Mental health components addressed in peace agreements for armed conflicts completions in the world

Componentes de la salud mental abordados en acuerdos de paz para la finalización de conflictos armados en el mundo

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SUMMARY

It is known that there have been armed conflicts around the world that ended through a negotiated exit but ¿Have the mental health has been a central component in peace agreements for the termination of armed conflicts in different geographical areas around the world? This question will try to answered through a systematic review of representative conflicts around the world with a qualitative methodology. Finally, it is proposed that the concept of mental health encompass more dimensions that influence the welfare state of the person other than those mentioned by WHO.

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RESUMEN

Se sabe que ha habido conflictos armados en todo el mundo que terminaron con una salida negociada pero ¿la salud mental ha sido un componente central en los acuerdos de paz para la terminación de los conflictos armados en diferentes áreas geográficas del mundo? Esta pregunta se intentará responder a través de una revisión sistemática de los conflictos representativos alrededor del mundo con una metodología cualitativa. Finalmente, se propone que el concepto de salud mental englobe más dimensiones que influyen en el estado de bienestar de la persona distintas de las mencionadas por la OMS.

Palabras clave: *Proceso de paz, conflicto armado, salud mental y posacuerdo.*

INTRODUCTION

The World Health Organization (WHO) argues that mental health is “a state of well-being in which the individual is aware of his or her abilities, can cope with normal life tensions, can

work productively and fruitfully, and can make a contribution to his community” (1).

With the updates of the Mental Health Atlas of 2014 and 2017, made by the Pan American Health Organization (PAHO), was obtained that the 10 participating countries of South America, Argentina, Chile, Bolivia, Ecuador, Paraguay, Peru, Uruguay, Brazil, Venezuela, and Colombia, demonstrate that they are carrying out progressive development in relation to mental health policies, laws, programs, and services (2). However, great efforts, commitments, and resources are needed at the global and national levels to achieve the global goals for economic-social development, as these advances show that although 90 % have a mental health policy or plan, only 30 % have said they have updated their policy or plan since 2013, and yet, and with the information provided by more than 50 % of the participating countries there is a surprising contribution of very inefficient resources according to PAHO for 2018, where mental health spending in South America is 2.3 % (3).

What makes it clear that mental health remains the Cinderella of the fairy tale, being so close to economic issues, governments and nations do not allocate the resources, nor the studies that would result in full developments of citizens as political subjects. Mental health, as a human right, must be the task of all political, social, economic sectors, as well as being part of strong and coherent public policies.

But the readers may ask ¿What this has to do with armed conflicts in the world? To answer this question it is necessary to make a breave contextualization. The conflicts armed conflicts have arisen around the world according to the publication of the conflict barometer between 2018 and 2019, were it shows 196 violent conflictos of the 358 total conflicts studied (4). Despite a slight decrease compared to 2018, this year was marked by the continuation of most highly violent conflicts. In sub-Saharan Africa, the Americas, and the Middle East and Maghreb (MENA) region, 15 war-level conflicts were fought. Of these, two intra-State conflicts in the northeastern provinces of the Democratic Republic of the Congo, the drug conflict in Brazil, as well as the conflict caused by Islamist groups in the Sahel area, intensified into large-scale wars.

The global trend towards increased nonviolent conflicts continued in 2019.

These, and others, long-term armed conflicts refered affects in diferent ways large groups of populations, commonly knows as "victims of violence". The comunity displacements, the increase of the refugees numbers and among other humanitarian consequences are only few aspects of the psychosocial aftermath of traumatic events of different kinds that are common in these contexts. Addition to that, many psychopathological disorders can appear as an effect of trauma caused by this type of events, making necessary consider phenomenas such as fear, affliction, social disorder, violence, and the use of psychoactive substances (5) as a symptom of a problem of high relevance in mental health matter.

Denying the existence of an internal armed conflict is also denying the victims, which also means taking responsibility away from their perpetrators, and the State or country concerned, to care for the victim population and ensure their comprehensive reparation that includes not only physical losses but also symbolic repairs and attention to employment needs, education and health. It is important that this latter need cannot be understood only as of the balance that exists, or should exist, between a person’s physical organism and its environment and within this balance, the psychological state of people is equally important and especially if it is a person who recognizes himself as a victim. Therefore, the approach to mental health during the negotiations for the termination of various armed conflicts in the world, which is the main theme of this article, is an element to be considered within the various comprehensive redress measures proposed for victims during peace negotiations for the termination of armed conflicts.

Mental health has a fundamental role in the specific context of post-conflict since the aftermath of the violence of the armed conflict in the population has been evidenced. About the Colombian case in armed conflicts terms in the National Mental Health Survey (ENSM, by its achronym in spanish), states that “the most dramatic thing about mental health in relation to armed conflict is the psychological violation of victims and victims who encounter a pschically

indivisible horror". These negative consequences are observed in the communities victims of war, as war drives a process of dehumanization that impoverishes the capacities of thinking lucidly; will, and capacity.

To this, it is added that only in Colombia according to the ENSM (6), the displaced population has a high prevalence of mental problems and disorders (5), the disadvantage situation in which they find themselves is characterized by problems such as:

- Symptoms of mental health impairment at 16.4 %
- The prevalence of once-in-a-lifetime mental disorders is 15.9 %
- Suicidal ideation is 12.5 %
- Excessive alcohol consumption of 10.1 %
- 35.6 % of people report that they have lived or witnessed or told them that someone close to them has had a traumatic event related to armed conflict
- Family dysfunction in displaced persons is absent by 74.8 %.

Mental health in times of war cannot be set aside when the parts in dispute are negotiating the peaceful termination of the conflict, whether internal or external, precisely because the violence exercised by the actors of the conflict, categorized as illegal armed groups, is aimed to break the relations and social constructions of the populations to change the reality of their territories, process that fragment and reducing the possibilities for community development and evolution. Thus, armed conflict affects the population's mental health as it exerts a cycle of violent events, causing pain and destruction in all social areas of the affected communities.

And is that the forms of violence by illegal armed groups characterized by razing and stripping the land and provoke terror, successive imposition of orders with various modalities to exercise violence, use of sexual violence as a weapon of war and the stigma suffered by the population victims of war crimes generates, from a psychosocial point of view,

reactions such as loss of trust in the community, tearing of the social tissue, decreased empathy, difficulties at an emotional level and perpetuation of violence through justification for the use of these methods (5).

It is also known that populations that the victims of armed conflict not express their mental health concerns in the same way and therefore such a differential approach should always be considered when it comes to ending a conflict through a negotiated exit between the parts. For example:

- It should always be remembered that the "descampesinacion" (an Colombian word to refer the violent takes of farms by the guerrillas) (7) of the territories generates in farmers feelings of sadness, helplessness, nervousness, stress, anxiety, and other signs that may be rates of alteration of mental health.
- In the case of indigenous territories that suffered the onslaught of an armed conflict, it should be transcended in the traditional way in which the relationship between conflict and mental health is understood to determine how these facts change, modify or regulate the lives of these populations after suffering for years the violent events and, therefore, when negotiating the peaceful termination of a conflict, the worldview of indigenous peoples must be understood to establish measures to redress and overcome conflict appropriate to their traditions and customs (7,11).
- Another group to consider for the approach to mental health when negotiating peace agreements between the State representatives and illegal armed groups are children and adolescents. It them can identify ruptures in affective bonds, loss of trust, fears, anxieties, grudges, duels, identity disorders because they cannot resist actions against their integrity when they are immersed in the dynamics of an armed conflict, whether this one of internal or external characteristics (8). Children and adolescents in these war contexts present psychosocial risk factors for post-traumatic stress and other mental health problems that can lead to lasting neurocognitive, psychosocial, and psychiatric consequences due to a constant harmful exposure (9).

- Other authors (10) recognize that in the negotiation processes as well as in the peace agreements the systemic point of view should be consider as a core theme in any accords since the first socializing agent in society is the family, but if a community is in the middle of a armed conflict all of this social dynamics changes for bad, meaning many tipos of disintegration, unemployment and uprooting cases among the people.

METHODS

Systematic reviews require a rigorous and explicit method for the identification, critical evaluation, and synthesis of the evidence obtained, through this proces it can identify discrepancies between the different investigation, which prompts redesign studies. Systematic reviews can be done using 2 approaches: quantitative or “meta-analysis” and qualitative or “overview” (12). The used approach to create this paper is qualitative, where the goal is to be more descriptive to discover patterns, barriers, and facilitators from participant perspective (9). However, by not working with human participants to carry out the review, the method to use is the "interpretative synthesis" seeking to generate a higher level of interpretation to go beyond the findings.

However, specifically for the health sciences field the systematic review has a characteristic and is that a clinical question (13,14) must be answered and from there a specific structure is followed. Therefore, the question is ¿Have the mental health has been a central component in peace agreements for the termination of armed conflicts in different geographical areas around the world? Documents such as scientific articles, research products, undergraduate and doctoral thesis, and yearbooks were studied to begin answering this question, as well as databases where the following keywords were used: peace process, armed conflict, mental health, and post-agreement.

58 documents were found distributed in journals such as Scielo, Dialnet, Researchgate, and digital databases such as the District University of Colombia repository, Universidad

San Ignacio de Loyola Peru, University of the Republic of Cyprus, University of the Basque Country, Pontifical University of Comillas, Madrid, Autonomous University of Barcelona, information from the National Center for Historical Memory, World Health Organization, Pan American Health Organization, Spanish Institute of Strategic Studies, University of Antioquia Magazine, Konrad Lorenz University Magazine, Ministry of Health and Protection and the Peace Agreement Implementation Database.

For the final selection of the material analyzed in the results, comprising 11 investigations of all kinds, the following criteria were considered:

- The investigations must be from 2015 to 2020
- It must describe the historical process of the conflict being studied
- It should mention the background to peace agreements
- It must specify the characteristics of peace negotiations
- It must contain information about the post-agreement scenario

RESULTS

In the process of analyzing the information, an initial conclusion was first reached and that is that despite the existence of armed conflicts around the world the information about them can be considered limited, and in some cases outdated, documents were obtained with information relevant to this investigation that comes from research pieces ranging from undergraduate thesis to yearbooks in which it was possible to determine, based on existing and relevant information, the following cases around the world.

Table 1 shows that the number of armed conflicts varies depending on the geographical area, as well as its origins and characteristics:

- Of the 7-armed conflicts analyzed in Africa, 4 can be understood as civil war (Liberia, Mali, Sierra Leone, and Somalia), 1 is by the conflict between the central government and another territory of the country itself (South

Table 1

Table of characteristics of armed conflicts studied around the world, located by countries

Affected country	Armed conflict	Characteristics of armed conflict
Liberia	Liberian Civil War (1989-2003)	The conflict began with ethnic divisions, abuse of power by squeezing elites, a corrupt political system, and economic disparities (15).
Democratic Republic of Congo	War in response to despotism, absence, and disintegration of the state and expropriation of natural resources	In 1996, the Alliance of Democratic Forces for the Liberation of Congo (ADFL), with the support of Burundi, Rwanda, and Uganda, began the rebellion against Mobutu that ended with its release from power in 1997. As a result of instability, they were invaded by neighboring countries on the excuse of ensuring the security of their borders, leading to another war that led to some 3 million people killed by combat, disease, or hunger (16).
South Sudan	Armed conflict between Sudan's central government and the south of the country	The IGAD guerrillas called for a referendum on South Sudan's independence, which was supported by the vast majority being approved in 2011 without diminishing disputes over control of territory, livestock, and political power (16).
South Africa	Time of violence experienced by the country due to co-racial grounds of discrimination and segregation from the state	South Africa's black people organized themselves politically to seek change in the laws of segregation, at first the struggle was peaceful but when they encountered rejection and violence on the part of the government revolutionary revolutionaries began to appear and peaceful protests turned into massacres like Shaperville's. The African National Congress (ANC) adopted armed struggle as part of the movement and prepared for war where violence escalating after the murder of 566 children after a school protest (17).
Mali	Civil War	In Mali there is a confederation of several rebel groups called MNLA (National Movement for the Liberation of Azawad), this confederation has as its main mission the division of the Republic of Mali where the north is sought to be independent of the rest of the surface (18).
Sierra Leone	A civil war over the unequal distribution of resources	In 1991, Liberian and Burkinabe rebels, led by Foday Sankok, formed the United Revolutionary Front (RUF) in response to government corruption that led to social inequalities in much of the country (19).
Somalia	Civil War	After the end of the dictatorship of Siad Barre in 1991, a time of progress was expected, however, what followed was a civil war with a balance of death and destruction still incalculable. There has been a struggle for power, infrastructure, control of resources, and humanitarian aid between different factions leading to Igdiscio, its capital, splitting, and fighting has spread from north to south (20).
Cyprus	Conflict of political origin	At the end of World War II, Cyprus was a British colony. By this time the British Empire wanted to continue to maintain its dominance and similarly strengthened the communist movement on this island, giving a typical atmosphere of the cold war by the disputes between the right-wing government and the growing communist or left-wing grouping generated institutional crises that led to a coup by Greek Cypriots and Greeks seeking accession to Greece leading to a political division of the island (21).

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...continuation Table 1.

Affected country	Armed conflict	Characteristics of armed conflict
Kosovo	National ethnic conflict	The conflict has been characterized by important but disparate issues such as religion, history, or demographics. Kosovo is a region historically linked to the Serbian nation, and with great religious ties to it, but different historical circumstances have ended up reversing the situation, currently being the ethnic majority Albanian community in the territory. This creates a complex situation, which is compounded by the course of the Balkan War (1991-1999), the international administration of the territory, and the subsequent Declaration of Independence adopted by the Kosovo Assembly — then still Serbian province — in February 2008 supported by the United States and part of the European Union (22).
Ukraine	Conflicts over domestic political and economic power	After its dissolution in 1991, Ukraine gained its independence but its limited military alliance with Russia and other eastern European countries and with international bodies such as NATO-led to a critical situation between government and protesters in 2012 that did not accept the results of the elections of recent years and which have since consistently formed public protests. As of 2014, some clashes and riots destabilized the country (16).
Armenia-Azerbaijan	Internal armed conflict over the territory	In 1988 the conflict broke out in Nagorno-Karabakh after the local assembly voted to be administered by Armenia, a decision to which Azerbaijan refused. Between 1991-1994 the war left 30 000 dead and 1 million people displaced (16).
El Salvador	Civil War – in the context of the Cold War.	The armed confrontation took place between the Farabundo Marti Front guerrilla group (FMLN), established in 1980, following an alliance of five insurgent groups from the country and the Armed Forces of El Salvador, between 1981 and 1992, this war claims around 75 000 lives (23).
Guatemala	Internal armed conflict	Between 1960 and 1996, struggles of middle- and university-educated students appeared, with the first Rebel Armed Forces (FAR), formed and supported by middle-class sectors, peasants, and young army officers. Later different guerrillas emerged, although by 1982 they had been heavily beaten by military repression and in turn, the peasants and indigenous communities of the rural highlands were the main targets of the military counterinsurgency. The death and missing exceeded 200 000 people and most human rights violations occurred between 1981 and 1983 when collective massacre policies were implemented (23).
Perú	Internal armed conflict	Between 1980 and 2000, Peru, there was an armed internal conflict between the state, the Communist Party of Peru - Shining Path, and the Tupac Amaru Revolutionary Movement. The conflict from 1980 to 2000 had at least three characteristics that warn of its magnitude: the long duration, the extensive impact on the national territory, and the high costs in human and economic terms (Commission on Truth and Reconciliation of Peru, 2003) (23).
Colombia	Internal armed conflict	From 1958 to 2003 onwards, the internal conflict in Colombia persists, the different causes that caused the conflict range from land tenure, bipartisan violence, social inequalities, the presence of different armed groups, and drug trafficking (23).

Source: self-made

Sudan), 1 is an armed conflict characterized by a time of violence (South Africa) and 1 is a war for the absence of state and expropriation of resources. (the Democratic Republic of the Congo) Speaking of armed conflicts over resource disputes, another conflict armed with this type of origin (Somalia), 3 conflicts arising from economic or political causes (Liberia, the Democratic Republic of the Congo, and South Sudan) were identified, 1 with a fundamental racial problem (South Africa) and 1 that originated from the search for the independence of the territory to form a new state (Mali).

- The 4 conflicts discussed in Europe all fall into the category of armed conflict, 2 of these armed conflicts have economic or political origins (Cyprus and Ukraine), 1 has an ethnic or racial origin (Kosovo) and 1 began with the dispute over the territory (Armenia-Azerbaijan).
- The 4 conflicts discussed in Latin America 1 had the status of civil war, which originates from the total political closure, and the deep internal crisis affecting the government of the Democratic-Christian military junta. 3 of these armed conflicts have economic, political origins (in the case of Colombia, partisan to subversive violence).

The following aspects can be described in the analysis in Table 2:

Africa:

- Based on the information recorded, during the negotiation of the peaceful termination of armed conflicts in the 7 African countries studied in none, the mental health of the population affected by the violence or the members of the groups that served as actors of the conflict was considered. However, it can be noted that in the post-agreement scenario of Liberia, South Africa, and Sierra Leone, if variables or characteristics related to the mental health of both victims and perpetrators were taken care of, categorized as follows:
- In South Africa, mental health was addressed from the work of the creation of the Truth and Reconciliation Commission, which,

among other functions, sought the treatment, support, and guidance of people traumatized by violence based on recognition of the suffering and pain of the population affected by racism and racial segregation.

- A Truth and Reconciliation Commission (CVR) was established in Sierra Leone to provide physical and psychological security to affected population groups by giving them access to psychosocial guidance and support.

Europe:

- Based on the information recorded, during the negotiation of the peaceful termination of armed conflicts in the 4 countries of Europe studied in none, the mental health of the population affected by the violence or the members of the groups that served as actors of the conflict considered.
- In post-agreement scenarios only Kosovo, it managed to articulate with WHO to meet the mental health needs of the affected population during the armed conflict.

America:

The information collected comes from the document that is gendered by the Colombian Ministry of Health and Protection, where country experiences are presented following the signing of the agreement and peace and mental health care. It is clear that in the post-agreement process, the violence continues to increase since the origin of conflicts is of various political, economic, social inequality. It powerfully draws attention to cases of suicide in the indigenous population. In the case of care, health teams are reduced, It is also important that care for victims, as in the case of Guatemala and Colombia, Peru, where commissions are generated for the clarification of the truth, as a form of collective reparation.

DISCUSSION

For purposes of understanding specifically what the concept of mental health includes, apart from what WHO expresses (1), this article also considers the definition provided by the American Association of Psychology (APA, by its acronym in Spanish) (26) on mental health where the

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Table 2

Table of mental health aspects addressed during negotiations

Armed conflict studied	Title of the material studied	¿Were mental health issues addressed during peace agreements?	¿Were mental health issues addressed in the post-agreement scenario?
South Africa	<i>Peace processes, political participation and transitional justice in Africa</i> William Yefer Vivas Lloreda (17) <i>Annualized implementation data on comprehensive intrastate peace accords</i> Joshi M, Quinn JM, Regan PM (24)	No	According to the material studied, no evidence was found to address the mental health of the affected population and/or actors of the conflict during the post-agreement scenario following the peaceful termination of the armed conflict (17). However, as stated by the PAM (24) evidence of this was found that in 1995 people who would be part of the Truth and Reconciliation Commission were appointed, among them Hlengiwe Mkhize was found to be the national director of Mental Health and Substance Abuse. A psychologist by profession, she specialized in the treatment of people traumatized by violence. This commission was also composed of Dr. Faizel Randera, who was responsible for reporting on people who suffered physical and psychological abuse.
Sierra Leona	<i>Conflict, post-conflict and experiences in peace education in Africa</i> Bibiana Gómez Barahona – Carolina Agudelo Garzón (19) <i>Annualized implementation data on comprehensive intrastate peace accords</i> Joshi M, Quinn JM, Regan PM (24)	No	It was found that there were some elements related to the mental health of the population that was addressed by the Truth and Reconciliation Commission from 2002 when they were in a post-agreement scenario. This committee paid particular attention to population groups that suffered sexual abuse, as well as to children who were combatants; these groups were given physical and psychological security. The Transitional Justice process envisaged restorative measures that took into account the mental health of the victims of this conflict; as were the war wounded and their immediate family, victims of sexual violence, children and adolescents, who had access to psychosocial counseling and support (19).
Kosovo	<i>A state under construction at the gates of Europe: multidisciplinary analysis of the secession and the state of Kosovo</i> Peio Nikasi Yoldi Zaitegi (22) <i>Yearbook of Peace Processes</i> Vicenc Fisas (16) <i>Ministry of Health and Social Protection. (2016)</i> <i>Mental health guidelines - post-conflict</i> <i>Colombian Ministry of Health (23)</i>	No	According to the material studied (16,22), no evidence was found to address the mental health of the affected population and/or actors of the conflict during the post-agreement scenario following the peaceful termination of the armed conflict. However, WHO considers mental health intervention for the conflict-affected population and the socio-political context where activities such as promoting community health services were carried out, working together with local professionals to develop a strategic plan for mental health reform and coordination of mental health activities by NGOs (23).

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Armed conflict studied	Title of the material studied	¿Were mental health issues addressed during peace agreements?	¿Were mental health issues addressed in the post-agreement scenario?
El Salvador	<i>Ministry of Health and Social Protection. (2016) Mental health guidelines - post-conflict Colombian Ministry of Health (23) Baro, I. The Civil War. Martin Baro (25)</i>	No	In the scenario of the agreement, strategies were developed to care for and address mental health impacts, however, these efforts were overshadowed by the psychosocial impact on the population generated during the war, creating a culture of violence, and that rates related to problems associated with the use of psychoactive substances increased (23,25).
Guatemala	<i>Ministry of Health and Social Protection. (2016) Mental health guidelines - post-conflict Colombian Ministry of Health (23)</i>	No	Since 1997, the Ministry of Health, with the support of the Pan American Health Organization and other agencies, has developed psychosocial care actions for indigenous peoples affected by armed conflict. One of the proposals to work with victims on the impacts left by internal armed conflict was the formation of mental health advocates. This process was promoted by the National Peace and Conciliation Process Support Programme under an agreement with Germany. The decline in rates of violence following the signing of peace agreements was not evident. It is clear that political violence subsided, but violence as a phenomenon continues to present itself in the country (23).
Perú	<i>Ministry of Health and Social Protection. (2016) Mental health guidelines - post-conflict Colombian Ministry of Health (23)</i>	No	To provide mental health care and contribute to the reparation of victims of armed conflict, the Peruvian Ministry of Health (MINSA) conducted different agreements with international cooperation, local actors such as local universities and NGOs to advance actions that contribute to the well-being of victims and the community at large. In 2004, the Ministry of Health, through the Directorate General for Health Promotion, established the Mental Health Reparation Plan (23).
Colombia	<i>Ministry of Health and Social Protection. (2016) Mental health guidelines - post-conflict Colombian Ministry of Health (23)</i>	No	At this time Colombia is living the moment of post-agreement and continued armed conflict, in rural terms and moves to the cities, accompanied by high rates of corruption. The media also exerts great influence by keeping the war in the imaginary and legitimizing some violent acts (23).

Source: self-made

emphasis is placed on thoughts, feelings, and behaviors that affect life and that a positive state of it leads to a positive image of oneself and to have satisfactory relationships with friends and other people. Given the information previously collected, this well-being to face life which leads the person to its development does not seem to

be a central theme of peace agreements for the termination of conflicts around the world.

Starting with Africa where they highlight the social needs of the population historically affected by conflicts of all kinds starting from the consequences of the interference of European countries following the United States that created

and perpetuated slave practices, the emergence of illegal guerrillas seeking the independence of their territories but ultimately focused their violent acts against innocent people, whether for these reasons of territoriality, race, creed, etc. and all that is commonly known to plague this continent, it is striking that the welfare state referred to by WHO (1) and the APA (25) has not been a central part of the peace agreements in this part of the world.

By comparing what was found about the characteristics of the conflict in Liberia (15) and the Democratic Republic of the Congo (16) the authors do not refer to the mental health elements described above being considered, as well as what was found in South Sudan (16) and Mali (18). However, concerning the post-agreement scenario, evidence was found on ways to address these concerns in 2 African countries (17,19,24) where it is known that the Truth Commission created after the end of both conflicts if they made efforts to address the psychological impacts of different population groups. So, what's the difference? The authors' interpretation of this article is that it was in this scenario that the problems arising from the mental health disturbances of people who were part of these conflicts or were direct victims became more noticeable and therefore all the strategies used, mostly by the Truth and Reparation Commissions created from transitional justice mechanisms responded to an emergency that was not previously contemplated.

It is also the case in Europe, where ethnic, political, or territory control conflicts took place in Cyprus (21), Ukraine, and Armenia-Azerbaijan (16). On the internal armed conflicts studied on this continent, the only evidence of mental health approach was found in the post-agreement scenario for the affected population in Kosovo (16) (22,23) by WHO; What explanation can exist in this regard for countries on the same continent? Again, the above hypothesis based what was found about internal armed conflicts and their various dynamics, that do not allow the mental health concerns immediately set out, perhaps there are more urgent aspects to be taken into account such as the economic and social redress measures needed by the affected people. However after the conflict, when the rifle's noises quiets and the desperates cries for

help of the communities ends, resonates stronger the psychological care needs.

Continuing the differences found in European countries that claimed to have internal armed conflicts resolved peacefully through peace agreements it is also important to add that the actions are taken in Cyprus (21), Ukraine, and Armenia-Azerbaijan (16) compared to Kosovo (16,22,23) also follow the situation during the post-agreement scenarios where while there is a peace agreement signed, some countries are still in a kind of "cold war" because the conflict is not finished at all or the peace agreements signed have been constantly renegotiated, so we cannot speak yet of post-agreement scenario.

Specifically, in what was found and analyzed on mental health and internal armed conflicts in America (23,25), violent acts that were escalating in terms of the rawness, magnitude, and temporality of these events can also be identified and yet, within the mechanisms used for the peaceful and negotiated termination of conflicts, the recovery and psychological rehabilitation of populations was also not taken into account.

This article highlights the efforts made in Colombia (23) in terms of policies and guidelines in mental health in post-conflict (post-agreement scenario) for different communities based on a differential approach. For example, for children and adolescents (8) armed conflict not only limits and interrupts the enjoyment of the rights of children and adolescents, but also generates consequences manifested through the alteration of the psyche of this population group, as well as its emotional states and within the guidelines and lines of work in mental health in the post-agreement scenario this constitutes the work of central state institutions, such as the Colombian Institute of Family Welfare (ICBF, by its acronym in Spanish) in articulated work with different Non Government Organizations (NGO) and institutions that seek not only the restoration of violated rights of children and adolescents, also their physical and mental rehabilitation in order to achieve a development that allows him to reach a level of stability equal or similar to before the presentations of traumatic events which the communities was subjected; the importance of this work becomes more relevant when it is known that more than half of the estimates (3.9 – 5.3

million internally displaced people) in Colombia are under the age of 18.

The difference between the African and European continents with what was found in America is that in this part of the world the role of WHO (1) and the Pan American Health Organization (2) was very important in terms of mental health considerations for the conflict-affected population in the various territories and made them a central part of the peace agreements established in the different areas.

For this point, it is necessary to clarify that the reflection so far on the results found was based on the search for a key concept directly related to mental health during the peace agreements specified in Table 2. However, as health is much more than the absence of disease and mental health is much more than the absence of madness (10) the health needs presented by victims of armed conflict around the world must be addressed from different perspectives to ensure comprehensive attention to the vulnerabilities and risks they present without leaving aside the approach of mental health.

Therefore, if it takes into account aspects that are indirectly related to this welfare state (1-2) (26) to define what mental health envisages, such as what happened in Africa, Europe and America in terms of actions like the disarmament of armed groups, implementation of dispute resolution mechanisms, routes of care for human rights violations victims, return to territories that were abandoned during the time of violence, etc. So, if one can talk about that during the peaceful negotiation of the armed conflicts analyzed they positively influenced the mental health of the affected and/or involved populations.

The basis for these claims lies in the problems that exist around the concept of "mental health" first coined in 1948, starting with the idea that it is a term "negligent" because it refers to dimensions of a state and not to a specific domain or discipline and therefore some authors suggest the use of the term welfare. Also, that the same term follows an institutionalist view of the concept of "quality of life" which involved the inclusion in the political agenda of actions that channeled the responsibility of states in the pursuit of the well-being of people. From these considerations, it can be seen that the concept

is more related to legal, political, and economic aspects that can set aside psychological elements relevant to its definition.

To affirm the previous postulate, biomedical, behavioral, and socioeconomic approaches to mental health are brought up. This is important because they were conceptions about the health-disease process at certain historical times with specific social, economic, and political characteristics. However, they cannot be understood as linear stages or that one approach replaces the other, but as approaches that overlap and overlap, blend and can become confused. The problem lies when the conception of mental health includes political and economic well-being depends on more general conditions of society. These conditions are the economic condition, the environment in which you live, and the resources available.

If these outdated and problematic conceptions surrounding the concept of mental health are set aside and variables, conditions, situations that directly or indirectly positively influence the sense of well-being (2,26) can be considered to be within the peace processes studied above if it was achieved, albeit indirectly, an approach to the mental health of affected communities in most of the countries covered by the results through political, economic, social and cultural measures implemented during negotiations and in post-agreement scenarios such as what is found in scientific research on processes in Africa and Europe.

CONCLUSION

Finally, mental health must be placed in the historical context in which each individual carries out his or her existence, that is, in the web of social relationships, he builds from his or her life experience (25). There is a reductionist conception of the human being, considering it as an individual organism and not as a historical being determined by social relations that allow him to build particular ways of being in the world. As a result, it would be about seeing health or mental disorder "not from the inside out, but the outside inside; not as the emanation of an internal individual functioning, but as the materialization

in a person or group of the humanized or alienating character of a web of historical relations” (page 27). The precaution of course is to avoid falling into individual or social reductions to explain the phenomenon.

Thus, from this writing, there is a need to expand the concept of mental health to disassociate it from bureaucratic and economic aspects and to consider more human central elements that help avoid falling into reductionism on what truly comprises the concept of mental health to take into account the historical, political, social and cultural elements of individuals and communities (25). It is necessary to expand its scope to understand that recovering and having the freedom and security of, for example, publicly manifesting the traditions, customs, rites of a religion or even being able to speak the native language without fear of persecution or murder, influences the mental health of communities and it is these freedoms that lose when it comes to an armed conflict.

Other elements such as economic and political measures in post-agreement scenarios to help a country’s population overcome conflict are also actions that indirectly influence people’s mental health due to the need to find a daily livelihood for the individual, their family, and their community considering that they possibly lost or had to put aside their economic activities because of the urgency of leaving their territory because the war and armed actors lurked.

To cope with the stress and emotions generated by the complications of daily life during the negotiated and peaceful termination of a conflict to fully develop an adequate relationship with the environment, it is necessary to have the security or at least the hope, that difficult times are about to come to an end, which undoubtedly improves the mental image that the person makes about his context thus influencing his or her state of encouraging and therefore in your mental health by finding the right balance with your environment based on the positive interpretation that is performed of the circumstances.

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