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Poor mental health of victims and former FARC members represents a significant challenge for peace process in Colombia

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The peace accord between the FARC (Revolutionary Armed Forces of Colombia) and the Colombian government has been widely lauded by the international community, and rightly so. Yet, there remain formidable challenges to its implementation.¹ One significant challenge is the high percentage of former guerillas as well as victims of the conflict in need mental health care.²

The peace treaty, under its specific psychosocial rehabilitation clauses, mandates the Colombian government to secure access to mental health services of former FARC members and victims, while the Agency for Reincorporation and Normalization (ARN) is tasked to create a program to address mental health problems among former combatants. Although the details of this program remain to be determined, it is likely to be modeled after previous programs for demobilized paramilitary and guerilla groups. It is very positive that there will be a specific program to address mental health needs of former combatants building upon knowledge already available. Yet, existing programs have not been evaluated through rigorous research, and plans for implementation do not include concrete plans to do so.

For Colombia to progress to an era of durable peace and reconciliation, it is of utmost importance that victims and former combatants have adequate access to mental health treatment services and interventions for war-related psychological conditions that are evidence-based.³ Moreover, this will require overcoming barriers to deliver these services and to have their need accepted by victims and former combatants. If evidence is unavailable, interventions should be accompanied by careful evaluation of impact on the mental health of ex-combatants and victims. As the Working Group on Mental Health and Psychosocial Support (WGMHPS) suggests, research without ensuring access to services is unethical, but the absence of research on mental health in emergency settings is also unethical.⁴

While there exists an urgent need to provide an immediate mental health response to support coping and re-integration of former combatants, the most significant challenge lies in transitioning from emergency care to post-conflict community mental health programmes. To be sustainable, programmes need to take a close look at the system as a whole: develop or revise government policy, train human resources, programme services and ensure their funding; and, critically, carry out research and monitoring. It is only through a comprehensive strategy that

interventions will lead to long-term, sustainable benefits to mental health and social inclusion. Failure to do so will likely produce future generations of “Victims of the Peace”.

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Conflicts of interest:

None declared.