



Review

Mental health in Aceh – Indonesia: A decade after the devastating tsunami 2004

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ABSTRACT

The province of Aceh has suffered enormously from the perennial armed conflict and the devastating Tsunami in 2004. Despite the waves of external aid and national concern geared toward improving healthcare services as part of the reconstruction and rehabilitation efforts after the Tsunami, mental health services still require much attention. This paper aims to understand the mental healthcare system in Aceh Province, Indonesia; its main focus is on the burden, on the healthcare system, its development, service delivery and cultural issues from the devastating Tsunami in 2004 until the present. We reviewed those published and unpublished reports from the local and national government, from international instances (UN bodies, NGOs) and from the academic literature pertaining to mental health related programs conducted in Aceh. To some extent, mental health services in Aceh have been improved compared to their condition before the Tsunami. The development programs have focused on procurement of policy, improvement of human resources, and enhancing service delivery. Culture and religious beliefs shape the pathways by which people seek mental health treatment. The political system also determines the development of the mental health service in the province. The case of Aceh is a unique example where conflict and disaster serve as the catalysts toward the development of a mental healthcare system. Several factors contribute to the improvement of the mental health system, but security is a must. Whilst the Acehnese enjoy the improvements, some issues such as stigma, access to care and political fluctuations remain challenging.

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1. Introduction

Aceh is a province of Indonesia that is situated at the northern end of Sumatra Island. The province consists of five autonomous cities and 18 districts. Banda Aceh is the capital and is the largest city in the province. According to the central bureau of statistics, it had a population of around 4.7 million in 2013. Around 17.72% of the population was under the poverty line, which is significantly higher than the national average (11.47%). The Human Development Index in Aceh was marked at 73.05, which was slightly lower than the measurement of the national index (73.81). The average life expectancy in Aceh was 69 years, slightly lower than the national average of 70 years (BPS, 2014). As health issues were evolving among the population of Aceh, problems relating to the burden of mental disorders and the limited availability of healthcare services also emerged.

The people of Aceh had suffered enormously from a series of unfortunate events; while perennial armed conflict already proved destructive, the Tsunami on Boxing Day 2004 brought previously unimagined devastation. The armed conflict between the Indonesian Military (TNI) and the Free Aceh Movement (GAM) lasted more than 28 years (1976–2005) and saw the killing of over 15,000 civilians, displacing over 30,000 households and impairing public and healthcare services. The earthquakes and the Tsunami in 2004 killed approximately 129,775 people and displaced around 504,518. Moreover, around 38,786 people were missing and more than a thousand children lost their parents (Doocy et al., 2007; UNDP, 2010). The total losses from the disaster in all sectors were estimated at around 44 trillion Rupiah (UNDP, 2010).

Before the Tsunami, several efforts had been established to diminish the conflict between the TNI and GAM. Among the earlier efforts was the introduction of the “humanitarian pause” between both sides. The Switzerland-based Henry Dunant Centre (HDC) facilitated this approach. The agreement was reached in 2000 and showed promising signs initially, but officially collapsed in April 2001. Another peace effort, the Cessation of Hostilities Agreement (COHA), was signed on December 2002, but lasted only for four months (Sukma, 2004). From then on, the Acehnese lived in uncertainty; gun shots were heard almost every day, and news about missing people, the finding of dead bodies and mass evacuation due to security threats were the subjects of daily headlines in the local newspaper until the massive earthquake and tsunami demolished the coastal region of the province on the 26th December 2004. The disaster hit not only the community, but also both of the military actors, TNI and GAM. Realizing the enormous loss from the disaster and the need to reconstruct Aceh after the disaster, another peace agreement was initiated and the Crisis Management Initiative (CMI) of the former Finnish President Martti Ahtisaari mediated this time. After a long negotiation between both sides, the agreement was reached on August 15th, 2005 and signed in Helsinki. The Helsinki Memorandum of

Understanding (MOU) was a promising new start and a turning point for the Acehnese to rebuild their lives and to catch up with other provinces of Indonesia which had left Aceh far behind in most sectors (Aspinall, 2005).

2. Methods

We reviewed published and unpublished reports from the local and national government, and international bodies (UN, NGOs) that described studies or programs related to mental health in Aceh province. We also reviewed the published academic literature in Medline (PubMed) searching with the keywords “mental health, psychiatry, Aceh, and Tsunami”. Unfortunately, the number of academic studies was very limited and we therefore broadened our search to include the mass media using search engines and Google scholar. Additionally, several interviews with stakeholders and mental health practitioners were conducted to obtain information on service provision in Aceh.

3. Burden mental disorders in Aceh

According to the National Institute of Health Research and Development (NIHRD), in 2007, the rate in Aceh of severe mental disorders such as schizophrenia was around 1.9%, and the rate of mental emotional disorders was around 14.1%. These rates were higher than the national averages of 0.46% and 11.6% respectively (NIHRD, 2007). A follow up survey conducted in 2013 in Aceh found the rate of 0.24% of severe mental disorders and 6.6% of mental emotional disorders (Ridwan et al., 2013), lower than the rates reported in the earlier survey. Furthermore, schizophrenia was among the most commonly reported severe mental disorder. More than 92% of psychiatric patients in Aceh psychiatric hospital were diagnosed with schizophrenia (Marthoenis et al., 2014). The rate of other mental disorders such as major depression, bipolar disorder, personality disorders or anxiety disorders were rarely studied.

3.1. Tsunami and mental illness

Prior to 2004, research on mental health in Aceh was scarce, and evidence on the burden of mental illness thus also lacking. Conversely, the Tsunami disaster boosted the opportunity for researchers to conduct and publish their work on mental health and illness in Aceh. A study conducted two months after the Tsunami 2004 found that around 24% of the Tsunami survivors in a field hospital had at least four out of seven symptoms of Post Traumatic Stress Disorder (PTSD) (Redwood-Campbell and Riddez, 2006). Post-traumatic stress was also found to be more severe in heavily damaged areas, loss of kin, property damage and exposure to traumatic events being associated with post-traumatic stress

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