

EDITORIAL

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Violence has touched us in various ways during the last two years. Russia's war of aggression against Ukraine shocked the world in February 2022. Since the war's onset, it has caused constant suffering and anger. The terror and hardship in Ukraine, the distress of refugees arriving all over Europe, including Finland, and the expanding menace of Russia have all overshadowed our lives. Although all of this has received special attention, we must not forget the other wars and crises going on in the world; bringing misery and exile, and the need for a cure.

Violence, as such, does not threaten us solely from the outside. We all are at least to some extent capable of violent acts. During the last year, there has been increasing news about violence involving street gangs and organized criminals in Finland. Furthermore, we have encountered unbelievable violence and humiliation among youths, and several most sad and devastating acts of domestic abuse. Overall, experiencing violence is still common in Finland (Statistics Finland's survey on gender-based violence and intimate partner violence in Finland 2021). Over 50% of women and nearly 50% of men have experienced physical violence, threats or sexual violence, and of them, over 34% of women and nearly 20% of men from their current or former partner.

The philosopher Bernard-Henri Lévy, who has filmed a documentary in Ukraine about Russia's war of aggression against Ukraine, commented on the process in a recent interview (Helsingin Sanomat 15.7.2023). He points out that now it is time for philosophy to offer analysis. At the same time, he remarks that a philosopher travelling in a war zone offering comments on the situation is like a doctor, who only is treating the symptoms, but not curing the actual disorder. In psychiatry, we know that, in clinical practice, although sometimes treating the symptoms corresponds to the healing of the disorder, we also need a more profound and at least theoretical understanding of the origins and development of symptoms. For that, we need research and scientific discussion. Violence is a much wider concept than a psychiatric issue, but there are parts, in both the origins and effects of violence, that beyond doubt belong in the field of psychiatry.

In this volume, we publish an excellent conceptual overview of violence, especially the viewpoint about war, with a fascinating historical review by Professor Jyrki Korkeila, as an invited editor. The overview also illuminates the complexity of the ways humans justify violence. A violent and threatening environment can induce violence, but it also is possible that psychiatric problems lead to violent attacks. However, as Korkeila points out, it is more common that persons with psychiatric disorders are themselves victims of violence. Furthermore, besides the spectre of violence, especially persons with severe psychiatric disorders still face, in their everyday life, the stigmatization and discrimination that exacerbates marginalization and suffering.

Wars and other crises may force people to leave their home country and apply for safety in a foreign state. We need to increase our knowledge of the needs and appropriate care of refugees. In the current volume, we publish a review describing the needs and use of mental health and child protection services among children and youth with a refugee and migrant background (Kraav et al.). The authors identify obstacles in receiving suitable services, and point out the need for culturally competent service providers. As a solution, among others, an original study of Porta et al. highlights the importance of the inclusion of linguistic and cultural minorities in developmental projects related to services for immigrants. Castaneda et al. offers us a delightful and unique case study of an equine-facilitated therapy for a young, asylum-seeking girl with background of domestic violence.

In addition to articles on violence or trauma, we publish in this volume two inspiring studies of novel and promising treatment methods in psychiatry. One describes the method of using a virtual reality intervention among psychotic patients

(Mikkonen et al.), and the other reports the results of the observational pilot study of the Bergen 4-Day treatment for obsessive-compulsive disorder patients (Silver et al.). It is of utmost importance that we get knowledge of new methods in the Finnish context, and that we are able to share these experiences across the country and between different areas. Psychiatria Fennica offers a channel for that communication.

Finally, I return to the remark of Lévy that just curing the symptoms might not be enough. Psychiatry, operating in the areas of brain, mind and behaviour of humans, is located at the edge, where, among others, biology, sociology and philosophy meet. I am especially delighted that in many of the articles published in this volume the scope is larger than just medicine including, for example, child foster care, housing services and economic challenges. Although psychiatry cannot and should not take care of all aspects related to mental health, we must acknowledge them, and we should be able to give enlightened advice when needed.

Although our mini theme was gloomy, our warm editorial society, including Erika Jääskeläinen and Max Karukivi, made this process pleasant and inspiring. This is just a small example of how important social relationships are for our welfare. Everybody needs to belong to a society. For that, we should take care, not as psychiatric professionals, but as humans and citizens. Finally, I thank all the writers and referees for the excellent work you have done, for only with you, has this publication again been possible.

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