PUBLIC MANAGEMENT IN THE FACE OF THE CONSEQUENCES OF MENTAL HEALTH AS AN EFFECT OF POLITICAL VIOLENCE IN PERU 1980 - 2000

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Abstract: The purpose was to analyze the political response of state agencies to the mental health consequences of the different levels of political violence in Peru during the period 1980-2000. developed a qualitative study, through interviews, testimonies, documentary analysis, on the political violence that occurred in the mentioned period, elements considered for the methodological triangulation. Valuable information was also collected from those responsible for mental health in the prioritized regions. In the interviews, the affected population was analyzed from the individual, family and community perspective, with a low level of self-esteem. The results of the documentary analysis were 0.9%, and that showed a non-existent political will of the State in the planned execution. The results indicated the need for coordinated work between health personnel and the victims of political violence in developing life projects and successfully facing this adverse and complex situation.

Keywords: management, mental health, political violence, human rights, post-traumatic stress.

INTRODUCTION

Mental health is not illness, it is the reciprocity between our internal and external world. When one is dissatisfied with life and its relation to one's response to it, one can feel distressed, with sleep disturbances, ineptitude, distrust, discrepancy, intolerance, neglect, lack of concentration, and these are not precisely signs or symptoms of a mental illness; they can be negative sequels of some episode that the person or a group of

people experienced, and these were not adequately resolved. A traumatic incident during our lives does not necessarily trigger mental illness; people respond differently to the same event, some respond appropriately despite being in hostile settings, depending on their level of resilience (Maslach, Schaufeli, & Leiter, 2001; Marenco Escuderos, Suárez Colorado, & Palacio Sañudo, 2017).

Under the presidency of Valentín Paniagua Corazao (2000), the Truth and Reconciliation Commission was created, made up of twelve delegates, whose mission was to collect testimonies in the communities where violence occurred, to find those responsible for committing the crimes or ordering them, and to prepare a report with proposals to promote peace and reconciliation among Peruvians (Cueva Guevara, 2005). In the final report, it proposes to implement a comprehensive reparations plan for the benefit of the victims and their families and considers the possibility of working on the psychosocial consequences on the victims and the population in general.

It is difficult to conceive the concept of the victim: who was the victim? The subversives, for the most part, were made up of young people and children who were submitted and prepared to fight for "their" rights and ideals, implanted by the leaders; the forces of law and order, made up mostly of the children of peasants, who performed their compulsory military service, facing subversion or the non-violent citizen, who received all the aggression by being between two fronts, where entire communities in the regions of Ayacucho, Apurímac, Huancavelica, Junín and Cusco disappeared, first and then throughout the country to a lesser or greater degree. The victims were all Peruvians who clashed with one another, and these events left after-effects on their mental health. In 2006, President Alejandro Toledo approved Law No. 28592, which established seven reparations programs. For some, it was considered a traumatic experience, where their lives began to change with the emergence of fear, insecurity, and sadness at having lost their loved ones; mistrust, abandonment, and loneliness dissipated, and their life projects became destabilized.

These effects of violence can be present in more than three generations. The Council for Reparations was created, which was responsible for drawing up the Single Registry of Victims and Communities (RUV), which during the government of Pedro Pablo Kuczynski was considered part of the government plan and, consequently, reopened the registry in the RUV, to credit the benefits of the seven reparations programs and access to mental health reparations. A person who suffers a traumatic event that marks his life will present a harmful emotional state, will feel that he is being observed, that he is being persecuted, and will have permanent fear and anxiety (Marenco Escuderos & Ávila Toscano, 2016). If these are not treated in time, they will become accentuated and ingrained (Pepe-Nakamura, Míguez, & Arce, 2014). The human being must enjoy good health within the framework of the fundamental rights of every person (Moreno Mendez, Rozo, Cantor Nieto, & Toro, 2012); he must prepare himself to positively face the challenges of the context, health is a dynamic process, in all that process throughout our lives we are in continuous learning with successes and failures that help us to mature (Estrada Mesa, Ripoll Nunez, & Rodriguez Charry, 2010).

After the process of political violence, there are consequences in people's mental health, because they present changes in the collectivity, which is reflected in the interviews applied to the victims of political violence registered in the unique registry of victims; the testimonies demonstrate that a metamorphosis in mental health is produced at a personal level, and a break in the family and community environment (Cardona, Sepúlveda Ruiz, Angarita Varela, & Parada Baños, 2012). The person who

enjoys good mental health does not present mental disorders, there is an absence of illness, a population with positive mental health generates optimal social capital for the development of the country. Political violence leaves consequences, not only at the individual level, but also at the collective level and has significantly transformed the life of communities, producing an intergenerational change where violence has been legitimized in daily life, power through intimidation and fear; people do not respect each other, they are afraid, and this is used for personal benefit (Slipak & Giménez, 2018).

Colombian studies on mental health and political violence conclude that violence not only has an immediate effect on mental health, but is also affected by the absence of attention after the violent event (Mogollón Pérez, Vazquez Navarrete, & García Gil, 2003; Sánchez & Jaramillo, 1999). In addition, political violence influences mental health. The experience of extreme human rights violations transforms the organization of communities, illusions, ideals and the lives of people; it puts the mental health of the community in a fragile state, transferring hatred, bitterness and pain from generation to generation (Abello Llanos, et al., 2009). In view of this, reparations must be immediate so that the population feels that the state is watching over the restitution of the violated rights, where the recovery of mental health must take place through the promotion of well-being, preventing mental disorders, treating and rehabilitating the affected people (World Health Organization, 2007). Social support networks, community well-being, psychoeducation, and the promotion of healthy environments should be strengthened through multisectoral work and community intervention.

Mental health reparation should be comprehensive, where people must cover their basic needs, to respond clearly to the events of daily life, strengthening their capacities and stabilizing their emotional state. Therefore, this process of reparations should not only be for those directly affected, but also for the next generations, because the effects of political violence are replicated to their descendants. According to the report of the Ministry of Justice and Human Rights, issued in June 2015, the people affected by political violence and subject to reparations are expressed in the following table:

Table 1. Type of Affected by Political Violence

Type	Victims	Family members	Total
Forced displacement	51 730	0	51 730
Torture	33 330	0	33 330
Death	23 661	63,764	87 425
Enforced disappearance	8661	18 000	26 661
Rape	3,534	142	3676
Kidnapping	2,999	0	2999
Injured victims	2,135	0	2135
Arbitrary detention	1213	0	1213
Victims with disabilities	1040	0	1040
Prison Being Innocent	724	0	724
Forced recruitment	577	0	577
Minor member of CAD	373	0	373
Sexual violence	75	0	75
Undocumented	28	0	28
Improperly requisitioned	13	0	13
Total	130 093	81 906	211 999

Source: Minjus, Perú, 2015

One of the first actions taken by the Ministry of Health to comply with the provisions of Law n. º 28592 (Integral Plan of Reparations) was the conformation of itinerant multidisciplinary teams with the personnel of the specialized institutions of mental health of Peru, to attend the victims of the prioritized regions: Ayacucho, Apurímac, Cusco, Junín, Huancavelica, San Martín, Ucayali, Puno, Cusco, Huánuco and Pasco by means of campaigns of mental health in vulnerable populations; the specialists found in the population sequels at individual, familiar and communal level (Kendall, Matos, & Cabra, 2006). In effect, the scenarios of political violence at world-wide level leave near 10% of the individuals with problems of mental health, to appreciate traumatic events, and the other 10%, behaviors that problematize the optimal work. The most frequent disorders are depression, anxiety, alcohol consumption and psychosomatic problems. The sequels of political violence were manifested:

INDIVIDUAL LEVEL
Post-Traumatic Stress Disorder

Considered a mood disorder, it manifests itself when a person has experienced a painful emotional episode with imminent danger of death during the development of his or her life (Corzo P., 2009; Moreno Jimenez, Carmona Cobo, Blanco Donoso, & Meda Lara, 2013; Escuela Superior de Guerra, 2016). Heredity, family and social environments are important in triggering or counteracting the presence of post-traumatic stress; the body responds to a stressful event and then must recover, but not all bodies respond in the same way. There are others who, in spite of the time that has passed, have oppressions, horrible memories with the fear that they will happen again; they live the painful events of the past as if they were present, they move away from the things or places that remind them of the event, they present restlessness, despondency, they feel isolated, they cannot sleep peacefully, they have no impulse control, sometimes they present anger, they want to hurt themselves and others. We can find this disorder in the survivors of war or terrorism, when they have suffered isolation, sexual assault, torment, forced eviction; their life changes; they are discreet, have convulsions, cannot stand up, impaired cognition, physical pain related to tachycardia, chest pain, numbness of the extremities, constant headaches, paralysis, gastrointestinal problems, choking sensation. These symptoms also occur in child sexual abuse (Ventura Velázquez, Bravo Collazo, & Hernández Tápanes, 2005).

Alcohol and drug use

During the Second World War, as part of a strategic plan, millions of pervert tablets and the massive application of drugs were encouraged to always fight against exhaustion and the troops were alert and suspicious, to face any attack, as well as the consumption of alcohol and opiates to have a supernatural performance. The amphetamines helped to optimize the response of the soldiers, the lack of vigilance triggered the abuse and addiction (Corrêa de Carvalho, 2007). The person begins to consume alcohol and drugs because of social pressure, culture, family life history, sometimes to forget their sadness or pain, to escape from the problems of daily life and easily this consumption becomes abuse, when they do not realize at what time they use it, the amounts they ingest and how these make their body react unfavorably; the consequences of this lack of control make the person become irresponsible, disorganize

their lifestyle, respond with violence, for not controlling the anger, is unwise; they do not recognize that the consumption affects them and may lose their family and job. Many times, alcohol consumption becomes a learning experience from generation to generation; it is accentuated if you lose hope of changing your life (Abello Llanos, et al., 2009).

Victims of violence increased alcohol consumption to forget the memories of having faced difficult situations, during their lives, either because of guilt or resentment of situations they could not face, such as abuse, torture, displacement, sexual violence, and the loss of loved ones. In recent years there has been an increase in the consumption of alcoholic beverages in adolescents over 15 years, which significantly increases health and social complications developing greater overall burden of disease, such as unintentional injuries in accidents and intentional injuries caused by violence. Inappropriate alcohol use alters attention, obscures proper decision-making, and increases risk-taking behavior, which can result in harm to oneself or others. The person cannot live without consuming and each time the consumption is greater, he feels desperation, irresistible anxiety, generating dependence, but if he does not consume, he becomes ill and loses all sense of reality.

Violence

Violence is the intentional use or abuse of power whether physical or psychological, it can be directed at oneself, as well as at other people or communities, its magnitude can be measured from injury to death. In the vulnerable populations of Peru, violence is a cultural pattern from generation to generation. It can be seen in the typical dances of the communities, in their songs and in their ways of acting, they practice violence in the family, work and social spaces, to gain the respect of others, through fear and dread. Violence today has become a legal way to claim a right or an injustice through slogans in public spaces, sometimes it is uncontrolled and does not measure the consequences and can become vandalism. In Latin America, trade unions are accustomed to bringing people together to make demands and protests to the authorities and the supporters to demand bad arbitration (Slipak & Giménez, 2018).

Family violence

Among family members, submitted to physical and emotional authority for their own interests. It can also be given through verbal language that emotionally punishes the victim, without using physical force it is submitted, diminishing their self-esteem and security. Sexual violence can be perpetrated by a family member or a person in their environment, forcing the person to have sexual intercourse with penetration without their consent. During the period of political violence in Peru, atrocious acts of sexual violence in all its forms were committed by the forces of law and order and by armed groups to intimidate the population (Gamboa Tapias, 2010).

Political Violence

Political violence is the route used by a group of people who want to make the government feel its discontent, causing panic, and destabilizing the population, to reach their goals, they wipe out the most vulnerable populations they find in their path

(Venegas Luque, Gutiérrez Velasco, & Caicedo Cardeñosa, 2017; Sabucedo, Rodríguez, & López López, 2000; Jaef, 2014). The man is, by nature, violent, retains his animal instinct and is reactive to any stimulus, are lerdos to delimit their aggressiveness is homo homini lupus (Thomas Hobbes, 1588-1679). The State must be responsible and have the concession to lead and monitor violence, know how to drain aggression, and manage strategies of pacification to be closer to civilization (Jaef, 2014; Wieviorka, 2016). After the Second World War, the conduct of violence left the vigilance of the States for good or bad, appeals were made to higher instances, such as the Inter-American Court of Human Rights, and to instances inferior to the laws of each State, Justice became corrupt and manipulable to individual interests.

In the 1980s many subversive groups in Latin America were legitimized, groups that rebelled against the States, with the aim of destabilizing, creating disorder and chaos, massively annihilating the populations, the most vulnerable and helpless communities suffered the ravages of political violence. Political violence has always been present in the transition from an authoritarian government to a democratic one, leaving damage in society at the individual and family levels and in the social fabric, affecting the social determinants of health such as traumatic war neurosis (Jiménez López, 2016); currently it is impossible to separate organized crime from political violence. To obtain strength and to equip themselves with weapons of war, they have joined the drug trade, and criminal businesses of all kinds such as trafficking, kidnapping, hit men, robbery, and others. To re-establish democracy in a state, it goes through a period of transition, with a referendum, a peace treaty or negotiation in a context of civil war.

The results can be seen in mental health through symptoms associated with post-traumatic stress after living or witnessing a violent event (Abello Llanos, et al., 2009; Posada Gilède & Parales Quenza, 2012; Hewitt Ramírez, et al., 2014) When we use aggression to solve problems we get involved in the cycle of violence, this space must be controlled by the State, with strategies that help to break this link with social work, the promotion of values and solidarity among the inhabitants, likewise controlling the corruption of authorities that have legitimized violence, transforming it into criminal violence, of those who execute it and those who do not apply the law, and become accomplices (Posada Gilède & Parales Quenza, 2012).

Depression

Victims of terrorism are more vulnerable to developing a mental health disorder throughout their lives, with a tendency to suffer from depression or anxiety. When a person suffers an episode of violence in any of its forms presents an emotional break in his life, he begins to present acute suffering, discouragement, disorder, unreality, disturbance, ineptitude, guilt, which becomes more and more prolonged, and can be manifested through crying, desolation, distrust and anxiety, other times physiological pain, lack or increase of appetite, much sleep, listlessness and muscular pain are manifested (Díaz, Quintana & Vogel 2012).

Family level

The political violence that the country suffered, mourned thousands of families from the most vulnerable populations and the poorest regions of Peru, the subversive groups and the forces of law and order tortured and killed mostly the men who were the

communal authorities, the violations were carried out in full view of all members of the community, to instill fear, bringing more poverty to the country, leaving many children orphaned, roles within the family system were changed and dreams were shattered, they had to struggle to survive, they fled their homelands to save their lives, families were destroyed, women became stronger to raise their children.

Community Level

Entire communities were destroyed, losing their cultural identity, mistrust, insecurity, fear and dread were established, solidarity work was lost, social support networks were destroyed, for years no one in the community wanted to represent it as an authority because of intimidation, forced displacements took place leaving their properties abandoned, families already destroyed moved to the big cities like Lima to live in the cones and start rebuilding their lives. At the beginning they endured the contempt and discrimination of the Limeños, little by little they adapted, and some began to become micro entrepreneurs. Now these communities are claiming the right to hand over the remains of their loved ones, to close the morning and sad episode they lived through during the period of violence (Wieviorka, 2016).

METHODOLOGY

The research carried out is framed within the qualitative approach, which is characterized by describing - events and/or people - in detail, highlighting their relevant actions in the natural context, whose data allow the researcher to interpret and reflect on what has been observed (Briones, 1996). Likewise, multi-case studies describe behaviors whose emphasis is to understand the why of this behavior, where the researcher selects the relevant experiences of the individual, relating them to various factors that influenced the social fact or phenomenon of study (Ary, Jacobs, Sorensen, & Razavieh, 2010). For this purpose, interviews, testimonies, and documentary analysis were carried out on the political violence that occurred from 1980 to 2000 in the prioritized regions, in accordance with the legal provisions where mental health reparations are implemented.

For the methodological triangulation, a multi-case study was considered that allows for the crossing of information, emphasizing behavioral change in the face of the events that occurred so that the researcher can observe and compile the information provided by the subject, as well as relate past experiences to the present (Yin, 2003; Ary, Jacobs, Sorensen, & Razavieh, 2010); the second part of the methodology refers to the documentary analysis that consists of the collection, organization and analysis of the data and information obtained, which is in the documentary mode of the research product (Valles, 1997). Information has been collected from those responsible for mental health (Minsa Region) in the prioritized regions to explore the assumptions related to the essence of the research, and disagrees with the analysis of legal norms in favor of victims of political violence; from the results obtained constructs will be developed.
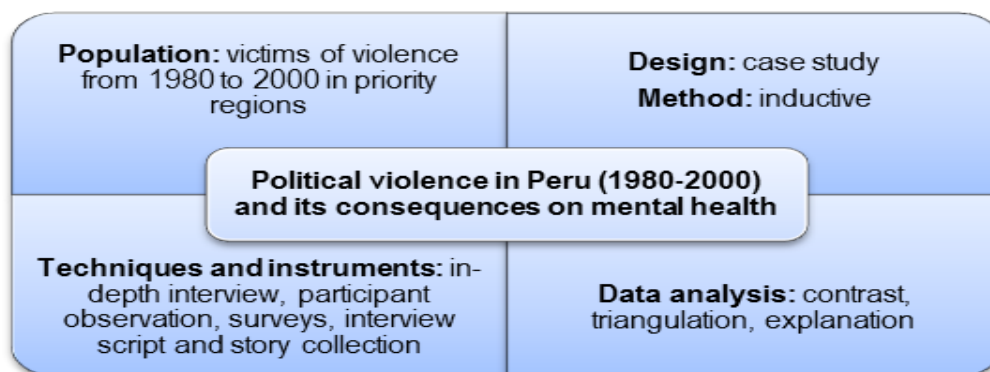
Figure 1: Methodological framework

Study Scenario

Regions prioritized by the period of political violence in Peru 1980 to 2000 (Ayacucho, Apurímac, Cusco, Huancavelica, Junín, Cajamarca, Huánuco, Pasco); the victim may or may not be registered in the single registry of victims.

Methodological procedure

Information has been collected from victims of political violence from 1980 to 2000 in the regions of Apurímac and Ayacucho, which tells the story of what they experienced and how it has affected them throughout their lives. The information will be analyzed to determine the mental health consequences, at different levels of affectation, and will be contrasted with the regulations that exist in Peru to implement the comprehensive plan for reparations in health - mental health component. At first, we tried to develop a script of questions to be applied to the victims; but in the field work we found that the victims wanted to be interested in their case and to be listened to carefully, the narrative flowed freely, and the questions were linked together.
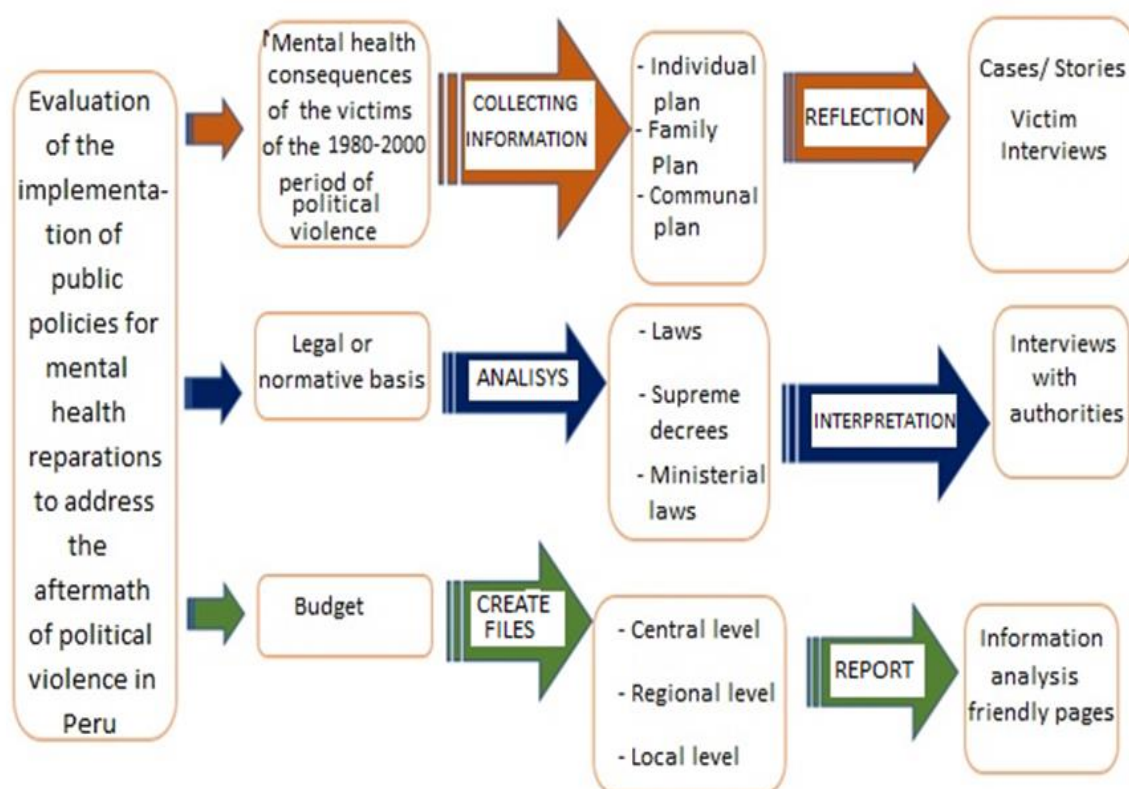
Figure 2: Methodological procedure

Information analysis and processing

Case information was collected through audio recording of the material, using a voice recorder, and taking notes of informal conversations, which were transcribed through the Dragon Naturally Speaking 13-word processor, the application of unstructured interviews and active listening. Three fundamental criteria were considered: credibility, the victim may be registered in the Unique Registry of Victims, in the community where the events took place, the oldest inhabitants corroborate the narrative, and there is also consistency in the stories (Pistrang & Barker, 2012); transparency will inform the victim about all the processes and what the investigation is about, in order to keep him/her informed and establish a relationship of trust and respect; the authenticity of the sources of information will be done through dialogue and rational analysis, no presumptions will be made, and the cultural context will be respected in its natural state (Noreña, Alcaraz Moreno, Rojas, & Rebolledo Malpica, 2012).

The analysis will be inductive and will order and balance the usual themes of the information gathered, in qualities related to the mental health consequences of political violence: individual, family and social (Clarke & Braun, 2014). Then the triangulation of the different sources will be carried out, according to Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville (2014), establishing them by applied interviews, textual quotations and regulations.

RESULTS AND CONCLUSIONS

During the period of violence in Peru, the region that was most affected was Ayacucho; the news at that time reported constant massive terrorist attacks on the most distant communities and ambushes of the forces of law and order, but in the city of Lima the situation went unnoticed. To the people who gave their testimony, through informed consent, the subject matter of the investigation and the importance of their story were explained, where the interviews were applied to the displaced victims who had to flee their homeland to save their lives. With the information obtained from the interviews, evidence is presented that as a result of the political violence that Peru experienced from 1980 to 2000, the populations of the most affected regions present mental health consequences in three dimensions: individual, family and social. Therefore, it was difficult for the victims to develop in hostile environments, with a strong burden of violence, for many years, these events have involved the bio psychosocial welfare of community members, transforming them, understanding these changes does not mean denying what happened. The massacres, persecutions, threats and massive trials experienced by the populations of the prioritized regions: Ayacucho, Junín, Cusco, Apurímac, Ucayali, San Martin, Huancavelica, Huánuco, Puno and Pasco altered the harmony of the families and the communities, created a climate of mistrust, insecurity, fear, lived for years in constant anxiety, this situation brought as a consequence that the victims do not let their abilities unfold and their personal evolution diminished.

When people live exposed to constant stress, this is reflected in dissatisfaction in their personal, family and social lives, and thus it is much more difficult to adapt to other environments. A repair represents that these events do not appear again and it is important the quality of attention in health, to make a differentiated service, with true procedures of support, that allows the violent generations to receive communitarian attention to redesign the contents and negative symbolisms of the community that harm our children and young people, strengthening the affective familiar support, the victims in the eagerness to protect themselves keep silent, give themselves to the spirituality and try to forget.

It is important that health personnel work with victims of political violence to rebuild the social bond, to restore life projects and to face adverse and complex situations, not all victims have mental health disorders, many of them are resilient and they have been forced to protect themselves from pain to move on. Now there are different budgets for these interventions, it must be fully assumed and in a decentralized way, a repair in mental health has to do with social determinants, such as education, housing, work, health, to compensate their fundamental rights, and find their beings dear disappeared, only in this way will the victims feel that the State has fully repaired them. The following table shows the cases seen in the research, from the individual, family and community perspective.

Table 2: Cases analyzed in the research.

Sequels	Indicators	Sources of information	Collection of information
Individual	Depression Postraumatic Stress Adicctions Ansiety Family Violence Agression	Reports Lows Decrees Ministerial Resolutions Unique registry of victims	Interviews Observation Friendly page analysis Informed interpretation
Family	Family breakdown Loss of loved ones Persecution of authorities Displacements Family violence	Register of communities Budgets	
Comunal	Mistrust Fear and insecurity Poverty Internal conflicts Links Cultural Identity		

During the personal or group interviews it was possible to observe their socioeconomic situation, reflecting a level of poverty, in some cases extreme poverty, with a low level of self-esteem and the conservation of customs and myths in their social experience. But the distrustful attitude during the interview was also observed, with little hope that the State could make reparation, knowing that this was part of the violence suffered and this was evident from the tone of his words. During the accounts of what he experienced, one could observe the pain, the fear that was shown through the crying, long pauses of silence, or forced smiles. On the other hand, with respect to the documentary analysis carried out, the various norms issued by the State through the Ministry of Health since 2000 were reviewed, but which in practice were not implemented by the operating bodies, as confirmed by various testimonies.

Table 3: Budget and budgetary execution

Year	PIA	PIM	Execution			
			Commitment	Earned	Turned	Advance
2010	1 066 040	193 407	193 367	186 685	186 598	96,5
2011	915 000	915 000	305 532	273 137	271 225	29,9
2012 - 15	Sd	Sd	sd	sd	sd	sd
2016*	10 000 000	0	0	0	0	0
2017**	14 792 922	2 428 602	2 384 158	2 359 345	2 352 551	97,1
2018**	14 770 718	2 152 066	2 149 729	2 149 729	2 140 156	99,9
2019***	44 470 718	13 328 108	728 091	114 164	114 164	0,9

As can be seen in the table above, and even though the corresponding laws have been passed to carry out the reparations (Law No. 28592, Comprehensive Plan of Reparations), the process of execution and, most importantly, reparation to the victims, shows the lack of political will on the part of the State to resolve the problem posed, with only 0.9% of the planned execution taking place in 2019 (July). In addition, in the

diverse campaigns carried out by the Minsap, through multidisciplinary teams, whose findings indicated, for example, in the region of Ayacucho "41% of the general population, frequently present sadness, rigidity, anxiety, irritation, and listlessness". Other findings made by the Hermilio Valdizán hospital "found that more than half of the population suffered from a mental disorder". What did the State and in particular the Minsap do to reduce these gaps in mental health?

It should be noted that the reparations to victims of terrorism include seven programs (health-education-housing) where mental health is transversal to all of them, under the responsibility of the sector that executes them, but that, due to lack of political will, there was not a full realization. Likewise, the victims of mental health, even though the health facilities have a budget allocation for these cases, are not included in the respective attention, due to the fact that there have been "budgetary modifications" by the executing units, without prioritizing according to the specific norms for the case.

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