

# What does it provide to patients that others do not?

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**Sir,**

I wish to add a few comments to the article “Prospective one-year treatment outcomes of tortured refugees: a psychiatric approach” by J David Kinzie et al., published in the latest issue of TORTURE.

The article covers a worthwhile subject in need of attention. The theme is significant with regards to refugee community health and the development of resiliency in torture survivors. As the authors argue, research on effective treatment for refugee torture survivors is not exhaustive; therefore, the importance of such examination is warranted and critical in terms of improving the well-being of individuals and communities.

The appeal of the paper for a multi-faceted approach to the treatment of tortured refugees emphasizes the need for innovative clinical approaches that press

beyond the conventional practices of mental health diagnosis and psychopharmacology. However, the paper does not adequately address the uniqueness of their particular treatment program. In other words, the question remaining to be answered — that would serve the credibility of the argument — is what does the treatment program in consideration provide patients that others do not? Why is this effective (or not)?

In my opinion, the readers of TORTURE would have benefitted if the treatment program had been considered in relation to others who have attempted a multidisciplinary approach (for instance, Carlson JM, Mortensen EL, Kastrup M., no. 14 in the article’s reference list) as well as from a detailed description of the development of the program and its empirical or theoretical basis.

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