Supplementary file

Qualitative data

Based on our consultations with four experienced local psychiatrists, commonly reported symptoms of traumatic stress included flashbacks, nightmares, avoidance, hypervigilance, fear, emotional numbing, anger, substance abuse issues. Symptoms such as anhedonia, sadness, somatization, and suicidal ideation were judged to be equivalent to depressive symptoms in the Melanesian context. Common precipitants included loss of family members, conflict in the community, domestic disputes, and interpersonal issues. Physical symptoms such as sweaty palms, heart palpitations, shortness of breath, and fear of losing control and dying were judged to be core features of what would be regarded as panic in the Melanesian setting. Violent and chaotic behaviour accompanied by delusions and hallucinatory experiences were identified as key components of psychosis, although some of these behaviours might be considered to be culturally sanctioned, depending on the context.

For PTSD, focus group participants acknowledged widespread experiences of cognitive intrusions, nightmares, insomnia, startle responses, and reduced emotional responsiveness; for generalized anxiety disorder, participants recognized physiological symptoms, acute bodily discomfort; excessive worries about living situation; for depression, sadness, anhedonia, insomnia, suicidal ideation, reduced appetite, feelings of guilt and worthlessness. In addition, we identified several indigenously recognized syndromal terms commensurate with the core mental health constructs under study. For instance, the widely reported syndromes for PTSD included: “waspada” (hypervigilance) (in the lingua franca, Bahasa Indonesian), “menghindari” (avoidance), “kehilangan minat” (loss of interest), “dijaga” (startle response); for depression: “sedih/susah hati” (intense sadness); for panic attacks: “serangan panik” (sudden jittery); for prolonged grief: “duka cita” (“pain in the heart”); for intermittent explosive disorder: “naik darah/sakit hati” (“blood boiling” or anger outbursts). Terms associated with ASAD commonly referred to specifically related to separation were “pikaran banyak” (“thinking too much/worries”); “mimpi buruk” (distressing dreams); “panik” (panic attacks); for panic disorder: “keringat” (sweating profusely), “gemetar” (shaking), “gila” (going crazy) “histeris” (hysteria); for depressive symptoms, “sedih/susah hati” (low mood), “kurang minat” (anhedonia or loss of interest). The constituent symptoms of persistent complex bereavement and prolonged grief disorder were well recognized within the culture, corresponding closely to reactions associated with the indigenous construct of loss referred to as “*Duka Cita*” in the West Papuan context.