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Long-term impact of war and crisis on mental health

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Who is concerned?

- Veterans of war
- Refugees or asylum seekers in host countries
- Refugees in refugee camps
- Internally displaced persons
- General civilian populations

Disaster psychiatry

- Natural disasters
- Non-intentional human made disasters
- Intentional human made disasters
(terrorism, war)
- Mixed natural and human disasters (e.g. earthquake + poor constructions + high density population)

Disaster responses



Time frame

- Immediate & short-term consequences of disaster (hours, days & weeks)
- Long-term consequences of disaster (months & years)
- Long-lasting situations (war) as opposed to sporadic events (flood, explosion, earthquake)

Time frame (2)

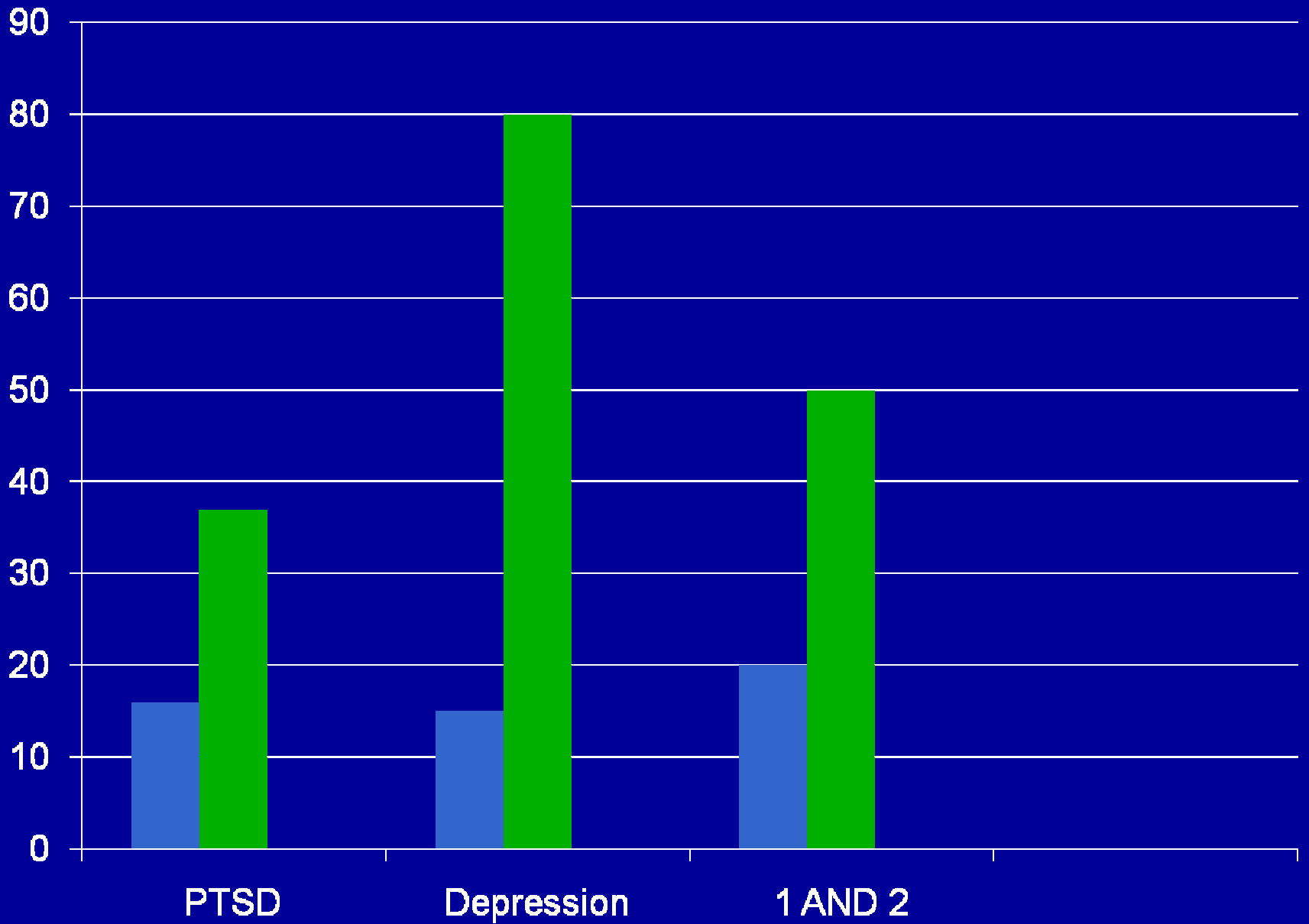
Both sporadic events and long-lasting situations may have long lasting consequences on mental health!

Focus on:

- Mental disorders
- Long-lasting, intentional human made situations (war)
- Internally displaced persons and general civilian populations

Depression & PTSD

- Several epidemiological studies indicating that:
 - PTSD rates in post-war settings are high (16 to 37%), (de Jong 2001)
 - Id. for depression rates, (15 to 80%), (Silove 1997)
 - High co-morbidity rates (20 to 50%), (Weine 2000; Smith Fawzi 1997)



PTSD symptoms

- Exposure to a potentially traumatic event
- Persistent remembering / re-experiencing
- Avoidance of reminders of the stressor
- Poor recall for events at time of stressor
- Persistent symptoms of increased psychological sensitivity and arousal (i.e. insomnia, exaggerated startle response)

Depression symptoms

- Low mood (feeling low, unhappy, sad or miserable)
- Fatigue (feeling tired or having little energy)
- Anhedonia (lack of interest or enjoyment in things)
- Other symptoms (pessimistic and suicidal thoughts, somatic anxiety, sleep, appetite)

Risk factors for the mental health of civilians in war (1)

- Pre-war / conflict factors:
 - Familial and social factors
 - Pre existing symptoms
 - Personality traits

Risk factors for the mental health of civilians in war (2)

- During the war / conflict factors:
 - Severity and duration of conflict
 - Personal loss or bereavement
 - Life threat or physical injury
 - Separation from friends or relatives
 - Loss of property, internal displacement
 - Neighborhood level security

Risk factors for the mental health of civilians in war (3)

- Post-conflict factors:
 - Various personal, familial and social stressors such as:
 - Forced displacement
 - Loss of financial support, unemployment
 - Lack of infrastructures
 - Poverty at individual / social / national levels
 - Persisting interethnic tensions

Cultural differences (1)

- The problem of “**Category Fallacy**” :

“The reification of a nosological category developed for a particular cultural population and the application of that category to members of another culture without establishing its validity to that culture”

(Kleinman, 1977).

Cultural differences (2)

Tensions

MEDICAL



SOCIAL

Western psychiatric model
Diagnostic categories
Standardized questionnaires
Psychopharmacology
Psychotherapy

Social / institutional
cohesion and
reconstruction
Justice
Reconciliation, revenge
Healing, spiritual support

Interventions

- Increasing resilience (psychological and social resources)
- Supporting not only the individual but also the family
- Encouraging community solidarity
- Maintaining and encouraging traditional methods of support
- Integrating mental health skills of caring for the population with general services
- Focusing on long- rather than short-term measures.

Conclusion: to avoid!:

- Imposing medical models if inappropriate
- Disregarding local resources
- Competition among well intentioned International and / or non-governmental Organizations
- Massive support on the short-term, disengagement on the medium and long term