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Mental Illness among Trauma-Affected Populations

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Section A

*The Nature of Mental Illness
after Trauma*

Leading Causes of Disability in the World

1990

1. Lower resp. infections
2. Diarrhoeal diseases
3. Perinatal conditions
4. Unipolar major depression
5. Ischaemic heart disease
6. Cerebrovascular disease
7. TB
8. Measles
9. Road traffic accidents
10. Congenital abnormalities

2020

1. Ischaemic heart disease
2. Unipolar major depression
3. Road traffic accidents
4. Cerebrovascular disease
5. COPD
6. Lower resp infections
7. TB
8. War injuries
9. Diarrhoeal diseases
10. HIV

Conflict and Population Displacement

- ◆ Global mental health issues receiving most attention are those due to conflict and population displacement

War Has Changed for Civilians

- ◆ Battle of Gettysburg—one civilian casualty
- ◆ WW I—18% casualties civilian
- ◆ WW II—60% casualties civilian
- ◆ Currently—90% casualties civilian

Psychological Trauma

- ◆ Civilians now commonly experience psychological trauma

Mental Results of Psychological Trauma

- ◆ No effect
- ◆ Sorrow, anger, hopeless, etc., but no illness
- ◆ Mental illness
 - Directly caused by trauma
 - Increased incidence of other mental illnesses

What to Assess?

Issues

- ◆ Importance
 - Numbers affected
 - Severity (suffering and dysfunction)
 - Impact on community
- ◆ Measurability
- ◆ Assess problems requiring mental health expertise

Advantages of Assessing Mental Illness

- ◆ Trauma-induced mental disorders are known to be common among refugees
- ◆ Cause intense suffering and dysfunction resulting in effects beyond individual
- ◆ Have well-defined diagnostic criteria
- ◆ Lessons learned in one population may be applicable to others
- ◆ Require specific mental health interventions

Disadvantages of Assessing Mental Illness

- ◆ Do these mental illnesses occur across most cultures?
 - Evidence for some cultures
 - Others?
- ◆ If so, are there differences?
- ◆ May require focus on selected individuals
- ◆ Lack of evidence for effective interventions

How Does Trauma Cause Mental Illness?

- ◆ Severe challenge to a person's world view
- ◆ Failure to adapt → mental illness

Why Does Trauma Cause Mental Illness?

- ◆ Loss of normal coping mechanisms → loss of sense of security/safety
- ◆ Unless effective coping mechanisms/sense of security is restored, the following are permanently heightened:
 - Vigilance (anxiety disorders)
 - Despair (mood disorders)
 - Previous mental illnesses

Why Does Trauma Cause Mental Illness?

- ◆ Capricious trauma increases likelihood of mental illness

Causes of Psychological Trauma

Violence

- ◆ Injury/disability/disfigurement
- ◆ Torture/imprisonment/deprivation
- ◆ Witnessing atrocities and destruction
- ◆ Living in contact with perpetrators
- ◆ Living in contact with victims

Causes of Psychological Trauma

Violence

Sexual Violence

- ◆ Common element of ethnic violence
- ◆ Women and children
- ◆ Used as a weapon/strategy
 - Humiliates
 - Bearing enemy children
 - Destabilizes families and communities

Causes of Psychological Trauma

Violence

- ◆ Domestic violence
- ◆ Secondary to drug and alcohol abuse

Causes of Psychological Trauma

Losses

- ◆ Loved ones and friends
- ◆ Physical capacity
- ◆ Home and social institutions/support
- ◆ Education, job, career, finances
- ◆ Independence, identity
- ◆ Loss of sense of security
- ◆ Loss of a future

Causes of Psychological Trauma

Threats

- ◆ Threaten with violence or loss
- ◆ Threat can be as damaging as the actuality

Mental Illnesses Resulting from War and Displacement

- ◆ Anxiety disorders—especially Post Traumatic Stress Disorder (PTSD)
- ◆ Mood disorders—especially depression
- ◆ Socialization to violence
- ◆ Exacerbation of pre-existing disorders
 - Psychoses
 - Personality disorders

Post Traumatic Stress Disorder (PTSD)

- ◆ Result of traumatic event
- ◆ Disorder of heightened vigilance
- ◆ Re-experience traumatic event
- ◆ Increased arousal
- ◆ Avoidance behavior
- ◆ Numbing
- ◆ Function affected
- ◆ Lasts more than one month

Depression

- ◆ Disorder of despair
- ◆ Mood depressed
- ◆ Loss of interest/pleasure (tired of life)
- ◆ Change in appetite/weight
- ◆ Problems sleeping
- ◆ Psychomotor agitation/retardation and fatigue

Depression

- ◆ Feeling worthless or guilty
- ◆ Difficulty thinking
- ◆ Recurrent thoughts of death or suicide
- ◆ Function affected
- ◆ Not due to bereavement or lasts more than two months

Socialization to Violence

- ◆ Disorder of abnormal coping mechanisms
- ◆ Especially child soldiers
 - Amoral behavior
 - Loss of empathy, sympathy
 - Dehumanized social relationships

Which Disorder?

- ◆ Nature of trauma
 - Violence and threats → PTSD
 - Losses → depression
 - Chronic violence from childhood → socialization



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Section B

Interventions

“Non-Psychological” Interventions

- ◆ Reunification and family tracing
- ◆ Work
- ◆ Recreation
- ◆ Build/rebuild infrastructure
- ◆ Security
- ◆ Reintegration (soldiers)

“Non-Psychological” Interventions

- ◆ Spiritual support of religious leaders, elders
- ◆ Physical health services
- ◆ Justice and accountability
- ◆ Self-determination
- ◆ Decent environment

Psychological Interventions

- ◆ Psycho-education and psychotherapy
- ◆ “Work through” experiences
- ◆ Assist local people to conduct their own healing processes
- ◆ Drugs

Psycho-Education and Psychotherapy

- ◆ Not much used (yet)
- ◆ Need to adapt to local understanding of illness
- ◆ Discussion of triggering events (debriefing)
- ◆ Normalization of illness
- ◆ Reinterpretation of events

Psycho-Education and Psychotherapy

- ◆ Individual or group/family therapy or activities
 - Cognitive behavioral therapy
 - Interpersonal psychotherapy
 - Eye movement desensitization and reprocessing

Working through Experiences

- ◆ Talking therapies
 - Story telling
- ◆ Creative therapies
 - Drawing, collage
- ◆ Play therapies
 - Drama, dance, play

Facilitate Local Approaches

- ◆ Healing treatments
- ◆ Healing ceremonies
- ◆ Acceptance procedures

Drugs

- ◆ Not currently used
- ◆ Currently no long term role
- ◆ Short term anxiolytics/sedatives may be beneficial



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Section C

Issues

Issues

- ◆ Psychosocial vs. psychiatric
- ◆ Wellbeing model vs. disease model

Evidence for Mental Illness

- ◆ Most is based on Western instruments
- ◆ Are Western concepts of illness applicable across cultures?
- ◆ How to assess function?

Guhahamuka

- ◆ Failure to sleep †
- ◆ Despair, hopelessness †
- ◆ Anger
- ◆ Failure to eat †
- ◆ Failure to talk
- ◆ Loss of intelligence
- ◆ Attempting suicide †
- ◆ Confusion
- ◆ Acting crazy
- ◆ Easily startled
- ◆ Mixed feelings and thoughts in your head at the same time †
- ◆ Feeling extremely weak †
- ◆ Absentmindedness
- ◆ Too many thoughts †
- ◆ Feeling worthless †
- ◆ Feeling you would be better dead †
- ◆ Lack of concentration †

Guhahamuka

- ◆ Feel you have a “cloud” within
- ◆ Feeling disconnected
- ◆ Often falling sick
- ◆ Keep dreaming of bad experiences
- ◆ Fleeing from people and hiding
- ◆ Lack of trust
- ◆ Feeling like fighting
- ◆ Being quarrelsome
- ◆ Excessive crying †
- ◆ Talking to anybody who comes by about your pain
- ◆ Chaos in the mind (flashback)
- ◆ Instability of the mind.
- ◆ Feeling like you are having an epileptic episode (collapse).
- ◆ Acting without thinking
- ◆ Having nightmares about fighting.
- ◆ Deep sadness that can lead to death †

Agahinda

- ◆ Isolation
- ◆ Lack of self care †
- ◆ Loss of mind
- ◆ Being very talkative
- ◆ Not caring to work †
- ◆ Drunkenness
- ◆ Feeling life is meaningless †
- ◆ Committing suicide
- ◆ Don't feel like talking
- ◆ Excessive alcohol drinking causing crazy behavior
- ◆ Sadness †
- ◆ Being displeased with your living conditions/ situation
- ◆ Not pleased by anything †
- ◆ Inability to withstand whatever happens to you
- ◆ Burying one's cheek in his/her palm (hopeless) †
- ◆ Difficulty interacting with others (poor relationships)

Important Tasks in Rural Rwanda

Men

- ◆ Wash
- ◆ Dress
- ◆ Advise the family
- ◆ Attend meetings
- ◆ Socialize
- ◆ Manual labor
- ◆ Earn money

Women

- ◆ Wash
- ◆ Dress
- ◆ Cook
- ◆ Wash clothes
- ◆ Clean house
- ◆ Care for children
- ◆ Attend meetings
- ◆ Socialize
- ◆ Transmit culture



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How to Distinguish Mental Illness from a Poor Environment

Little Evidence for Effectiveness

- ◆ Impact of all post-disaster interventions unproven
- ◆ Impact of most disease-specific interventions unknown in most developing countries

Recommendations

1. First focus on “non-psychological” interventions while studying the community (ethnographics)
2. Delay psych interventions until non-psych interventions have been implemented
 - Adapt psych instruments and interventions to local situation
3. Assess for common major illness

Recommendations

4. Specific treatment with adapted psych interventions
5. Assess impact of psych interventions

Non-Mental Health Workers

- ◆ What can a non-mental health person do about trauma if they are working in an area where this is happening?