Mental Illness among Trauma-Affected Populations

Paul Bolton, MBBS, DTMH, MPH, MS
Bloomberg School of Public Health
Section A

The Nature of Mental Illness after Trauma
# Leading Causes of Disability in the World

<table>
<thead>
<tr>
<th>1990</th>
<th>2020</th>
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<tbody>
<tr>
<td>1. Lower resp. infections</td>
<td>1. Ischaemic heart disease</td>
</tr>
<tr>
<td>2. Diarrhoeal diseases</td>
<td>2. Unipolar major depression</td>
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<td>3. Perinatal conditions</td>
<td>3. Road traffic accidents</td>
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<tr>
<td>4. Unipolar major depression</td>
<td>4. Cerebrovascular disease</td>
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<td>5. Ischaemic heart disease</td>
<td>5. COPD</td>
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<td>7. TB</td>
<td>7. TB</td>
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<tr>
<td>8. Measles</td>
<td>8. War injuries</td>
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<tr>
<td>9. Road traffic accidents</td>
<td>9. Diarrhoeal diseases</td>
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<tr>
<td>10. Congenital abnormalities</td>
<td>10. HIV</td>
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</tbody>
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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 $\rightarrow$ PTSD
  - Losses $\rightarrow$ depression
  - Chronic violence from childhood $\rightarrow$ socialization
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
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
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

Continued
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?