

## 8.I. Workshop: War and Mental Health

Organised by: EUPHA section on Public mental health  
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Chairperson(s): Jutta Lindert - Germany, Johan Bilsen - Belgium

War and genocide destroy communities and families and have severe consequences on health and mental health and on the well-being of survivors. Among the consequences of war and genocide, the impact on the mental health of survivors is significant. Such impact on mental health can be short or long term. The importance that the World Health Organization (WHO) attributes to dealing with the mental health impact of war was highlighted by the resolution of the WHO Executive Board in January 2005, which urged 'support for implementation of programs to repair the psychological damage of war, conflict and natural disasters.' This workshop reviews the evidence from studies about the impact of war on the mental health of war-affected communities in Rwanda, Israel, and Cambodia. The first talk by Gunilla Krantz (Professor of Public Health and Community Medicine, Gothenburg University, Sweden) will outline the mental health effects of the genocide in Rwanda; the second talk by Haim Knobler (Professor of Psychiatry, Hebrew University-Hadassah Medical School, Jerusalem, Israel) suggests interventions to improve mental health of people affected by wars individuals and the third delivered by Moshe Z. Abramowitz (Clinical Senior Lecturer, Hebrew University-Hadassah Medical School, Jerusalem,

Israel) will discuss the lessons to be learned for interventions in war affected communities and the fourth by Jutta Lindert (Professor of Public Health, University of Emden, and Brandeis University, USA) will investigate the long term effects of genocides on mental health of affected populations.

### Key messages:

- wars and genocide have Impact on health and mental health of survivors; - effects on mental health vary widely
- further longitudinal studies on the effects of wars and genocides are required; - methods to prevent wars and genocides are serious political and Public Health challenge

### Trauma experienced in the genocide period in Rwanda, its mental health effects and barriers to care 17 years later: a study among men and women in Rwanda, 20-35 years of age

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## Background

In 1994, Rwanda experienced genocide and an estimated 800,000 people lost their lives. People lived through mass killings, witnessed family members and near relatives being murdered, women and young girls were exposed to sexual violence and millions of people fled to neighbouring countries. This study investigated mental health effects of genocide trauma 17 years later in men and women, aged 20-35 years. Health care seeking behaviour and barriers to care related to mental problems were further investigated.

## Methods

A population based prevalence study was performed in the Southern province, including 440 men and 477 women. Barriers to care were investigated by use of focus group discussions with mental health professionals. Content analysis, manifest and latent, were used for analysis.

## Results

Prevalence of depression, anxiety disorders, PTSD and suicide risk, were almost twice as high in women as in men. A clear association was found for both men and women between exposure to a summary index of traumatic episodes in 1994 and mental disorders. Barriers identified by health professionals in mental health services included poverty and lack of family support, fear of stigmatization, poor community awareness of mental disorders and beliefs in traditional healers and prayers. Further were gender differences pronounced, with women being “weaker” and more willing to seek help and men seen as “stronger”, able to solve problems on their own.

## Conclusions

Experience of trauma during the genocide is associated with mental disorders 17 years later, and the productive generation is seriously affected. Mental health care services should be integrated into primary health care to reduce barriers and improve accessibility and quality of care. To achieve this, considerably more psychiatrists, psychologist and mental health nurses are needed. Further should the stigma related to mental disorders be reduced and mental health literacy in the population improved.

## Lessons to be learned from the resilience and post traumatic growth of Holocaust survivors

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## Background

Research on Holocaust survivors in Israel has revealed that the common result of massive psychological trauma on the victims was not necessarily post-traumatic stress disorder, but more often better mental health and resilience. Survivors, including those who overcame long-standing continuous atrocities, presented evidence of post-traumatic growth. The aim of this talk is to describe the lessons learned from the survivors' experiences for current and future prevention and treatment of victims of war and genocide.

## Methods

A systematic review of the literature, reports on Holocaust survivors experiences, and current programs for prevention of post traumatic stress disorders in Israel, in defense and rescue organizations, and in the community.

## Results

The resilience and the post-traumatic growth of Holocaust survivors in Israel was well described in the last 5 decades. Lessons learned from their experience were found in all major current PTSD prevention programs: in the recommendations for community resilience programs, in the Israeli Defense Forces' programs, and in the Magen David Adom ('the Israeli Red

Cross') program. They include an emphasis on creating social cohesion, and of reforming family-unit-community connections. Moreover, survivors of massive trauma must be regarded not only as victims, but as heroes, who overcame atrocities.

## Conclusions

Skills and practices that were helpful for the rehabilitation of Holocaust survivors were identified and adapted to create programs for mental preparedness and resilience. Research-based findings must be considered when planning future PTSD prevention and treatment of survivors of massive psychological trauma. Such current prevention programs in Israel may serve as models for other countries and societies. Experience shows that these attitudes are far more promising than standard psychotherapy or psychomedication – that have proven only limited effects on the recovery of the survivors.

## The limits of psychological and psychiatric interventions in the prevention and the treatment of PTSD

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Since the First World War the main treatment of acute and chronic stress disorders was aimed at the pathological post traumatic symptoms. It is still assumed by many that a prompt early diagnosis of acute stress reaction, or subsequently of acute stress disorder, and prompt early treatment, will eventually prevent or cure the post traumatic syndrome. The aim of this talk is to portray the evidence-based state of these assumptions.

A systematic review of the literature on randomized clinical trials of individual and group psychotherapies and other treatments of PTSD, combined with the authors field experience.

Several areas of the limitations of the current therapies need to be confronted, including: 1. PTSD is not the only possible psychiatric outcome of a trauma. Many survivors may be anxious, depressed, and even psychotic. 2. Some post traumatic survivors do not want to be re-exposed by standard psychotherapy. They may be 'over-sensitized' and not desensitized. Such patients may resent treatment and regard it as harmful. 3. All individual and group psychotherapies studied do not comprise a complete cure for more than 50% of chronic PTSD patients. Non-response rates are still high, even though 49-70% of participants in validated randomized clinical trials attained some meaningful symptom improvement. 4. Even though some cognitive-behavioral therapies promise cure, no advantage was found for chronic PTSD patients by any form of psychotherapy. 5. Although exposure therapy is still the cornerstone of PTSD psychotherapy, lately it has been proven that it does not have an advantage over interpersonal psychotherapy, and it did not differ from placebo – or no treatment at all – 3 years following the trauma.

Better psychological and psychiatric treatment of post traumatic patients is an urgent need, and in the absence of such a treatment, the best preventive and curative measures may still be social interventions.

## The long term mental health consequences of genocides on survivors' offspring

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### **Background**

The long term mental health consequences of genocides on survivors' offspring are increasingly discussed but conclusions have been conflicting.

### **Methods**

We systematically reviewed studies from five electronic databases (EMBASE, PILOTS, PUBMED, PsycINFO, Web of Science) that used a quantitative study design and included: (i) exposure to the genocides of Armenians, in Nazi-Germany, Cambodia, Rwanda, and Bosnia); (ii) mental health outcomes; (iii) validated instruments; (iv) statistical tests of associations.

Study quality was appraised using a quality assessment tool for genocide studies. PRISMA reporting guidelines were followed.

### **Results**

From 3352 retrieved records, 20 studies with a total of 4793 participants involving 2431 children of survivors and 2362 controls met the eligibility criteria. Studies were conducted in seven countries: Australia, Canada, Italy, Israel, Norway, Rwanda, and the United States over the past seven decades. Data provide no consistent evidence that survivors offspring are more likely to have mental health problems than comparators who were not children of genocide survivors.

### **Conclusions**

Future studies of the long term impact of genocides on mental health should report using a standardized structure.