

8.M. Workshop: Terrorist attacks and mental healthcare

Chairs: Johan Bilsen, Belgium, Jutta Lindert, Germany

Organised by: EUPHA (PMH)

Contact: johan.bilsen@vub.ac.be

In some conflicting areas worldwide, terrorism has been already a daily reality for many years. Last decades however several terrorist attacks have also brought about much physical casualty and death in countries previously rather exceptionally confronted with these violent actions. There is a body of scientific evidence that not only survivors, rescue workers or other direct witnesses of these actions are heavily affected by this cruelty, but also the population in general. While the directly involved are often confronted with severe physical and acute traumatic stress symptoms, longitudinal studies increasingly show that a much larger group is affected by persistent mental health problems, such as posttraumatic stress disorders, depression, or a general undermining of their mental and physical wellbeing, sometimes seriously impairing their personal and social functioning in society. Therefore, terrorist attacks can be regarded as a current major public health issue, confronting not only political leaders with adequate answers to these threats, but also the public healthcare, and especially the public mental healthcare. Until now there is not so much known about the current state of utilization of healthcare by this affected population, their satisfaction with the available care, the accessibility, vulnerability of specific subgroups, specific needs, etc. One can also question whether the usual care methods and organization are suitable to address these rather new and unusual health problems.

In this workshop we will look at longitudinal mental health effects of terroristic attacks, characterize populations at high risk, and establish the psychosocial needs. We will investigate the current post-terror healthcare utilization, the healthcare needs and degree of the population's satisfaction with the received healthcare. Finally we will propose and discuss adequate public healthcare proposals, including findings about new ways of coping strategies.

C. Vuillermoz will present longitudinal findings about the prevalence of mental health disorders and problems in social functioning of victims and first rescue workers of the January attacks in Paris, and will assess the care and support these victims received. P. Pirard will elaborate on the psychosocial impact among civilians in the general population, exposed to the terroristic attacks of November in Paris in relation to the use of medical services and healthcare, and will propose recommendations for management of these problems. L. Stene will specifically assess the post-terror healthcare of survivors of the Utoya 2011 shooting and will discuss useful models of healthcare for the future. Prof. Y. Gidron finally will argue that healthcare can be more effective by recent finding of using new ways of coping strategies.

Key messages:

- We need more longitudinal studies and monitoring systems to continuously assess the long-term burden of psychological consequences of terrorist attacks.
- There is an urgent need for more scientific evidence to assess and ameliorate the effectiveness and efficiency of post-terror short and long-term public mental healthcare.

18 months impacts of January 2015 terrorist attacks in Paris on victims and first rescue' mental health and social functioning

Cécile Vuillermoz

C Vuillermoz

INSERM, Paris, France

Contact: cecile.vuillermoz@inserm.fr

Background

A terrorist attack occurred in Paris in Jan. 2015 against the staffs of the Charlie Hebdo magazine and a kosher grocery. Santé Publique France, the Regional Health Agency and INSERM has set up a cohort 6 months after events both in civilians and first rescue and reinterviewed 18 months later in order to estimate the prevalence of mental health disorders, to assess care and support they received, and to evaluate the long term consequences in social functioning.

Methods

The study population was interviewed for the first time between June and Sept. 2015 and then one year later, between June and Sept. 2016. The study population included victims and witnesses in the general population (VW) and security forces, police, rescue and medical staffs (SPRM). A questionnaire was used to collect data on socio-demographic characteristics, exposition level, PCL, PDEQ and STRS scales, MINI international neuropsychiatric interview on PTSD, anxiety disorders and depression, and access to care. Interviews were conducted face-to-face with those who consented to the study by trained psychologists.

Results

Of the 190 VW interviewed in 2015, 129 have participated in 2016 (68%) when 80% of PRM were reinterviewed (n = 186). In 2016, 32% of VW suffered from depression, 43% from anxiety disorders, 24% reported symptoms of PTSD. Among SPRM, 24% suffered from depression, 26% from anxiety disorders and 3% reported symptoms of PTSD. Half of VW reported that these events have impacted their family relationships and a third their relationships with friends. In SPRM, these proportions were a third and a fifth, resp. Also, between 16% and 33% of VW reported that their experiences were somehow difficult to share with their entourage.

Conclusions

18 months after the January 2015 attacks, mental health problem are still frequent in the exposed populations, particularly among victims and witnesses in the general population, with notable consequences in their social functioning.

Psychosocial impact among civilians exposed to the terrorist attacks of November 2015 in Paris

Philippe Pirard

P Pirard

Santé Publique France, Saint Maurice, France
Contact: Philippe.PIRARD@santepubliquefrance.fr

Background

On Friday 13 November 2015, terror attacks occurred in Paris targeting public areas. One hundred and thirty persons were killed and nearly four hundred injured, more than a thousand were directly threatened or eye witnesses. The objective of the study was to assess the prevalence of the psychosocial impact and use of psychosocial supports (outreach systems proposed in emergency and permanent ones).

Methods

An epidemiological study by web-questionnaire was launched 7 to 11 months after the event among the persons answering to Criterion "A" of PTSD definition in DSM5. The targeted population was informed by victim's associations, media and mailing to close residents and participation was voluntary.

Results

575 civilians answered to the questionnaire. Exposures were multiple: 169 persons were directly threatened, 42 wounded, 141 direct eye witnesses, 74 residents having heard the terrorist attacks, 132 bereaved and 246 having had a close one directly threatened. There was a gradient of symptom manifestations compatible with a possible full PTSD (PCL-5) ranged from 22 to 50% according to the level of exposure. In the multivariate analysis, peritraumatic reactions (Acute Autonomic Activation Indicators of the STRS, and PDEQ), perceived social support, gender, educational level were significantly associated to PTSD.

Conclusions

These first analyses characterize the population at risk and propose first recommendations for management of these psychosocial consequences. Further analysis will concern the use of medical services and specificities and motivations linked to health care

Healthcare utilization in young survivors of a terrorist attack: lessons learned from the Utøya 2011 shooting

Lise Stene

L Stene

Norwegian Center for Violence and Traumatic Stress Studies, Oslo, Norway
Contact: lise.stene@nkvts.no

Background

Unmet healthcare needs have been uncovered in the aftermath of terrorist attacks. Better insight into post-terror healthcare utilization is essential to promote public health preparedness. Young survivors may be particularly impacted, as posttraumatic distress may perturb their psychosocial development. We investigated the healthcare needs, utilization and satisfaction of the survivors of the Utøya 2011 youth camp attack in Norway.

Methods

Three waves of face-to-face interviews were performed 4-5, 14-15 and 31-32 months after the attack and linked with register-based data on the survivors' healthcare utilization from 3,5 years before to 3,5 years after the attack. The current study

includes the 261 (53%) survivors who participated in the third survey wave.

Results

Overall 127 (49%) survivors reported very high/high help needs for psychological reactions, and 43 (17%) for attack-related physical health problems. Self-perceived unmet healthcare needs were associated with higher levels of posttraumatic stress, psychological distress, somatic symptoms and less social support. Survivors with immigrant backgrounds and injured survivors who were not admitted to hospital more often reported unmet needs for physical health problems. After adjustments for socio-demographic characteristics, immigrant origin was associated with dissatisfaction with post-terror healthcare. After additionally adjusting for healthcare experiences, poor rating of the overall organization and accessibility of healthcare remained significantly associated with dissatisfaction. The presentation will provide further results on the acute and long-term utilization of different types of health services.

Conclusions

Most survivors were satisfied with the post-terror healthcare they received, yet unmet needs and dissatisfaction were uncovered in an important minority. Further improvement in outreach models will be discussed during the presentation.

The relationship between perceived trauma, coping and health outcomes after the Brussels bombing

Yori Gidron

Y Gidron

Free University Brussels, Brussels, Belgium
Contact: Yori.Gidron@vub.ac.be

Background

On March 22, 2016, Brussels ceased to be a naïve city, and joined other cities afflicted by terrorism such as Jerusalem, Bagdad and Paris. A key for providing help to people, in a scientifically rather than dogma based manner, is to identify factors which are related to better and worse clinical outcomes following such atrocities. This study examined the relationship between perceived threat and the outcomes of mental and physical symptoms, and the role of coping strategies in these associations.

Methods

A total of N = 3,623 respondents completed an online survey between 29/03 and 2/04 2016, of which 70.4% were female, whose mean age was 42.9 years. A single-item on perceived stress was used, together with the 15-item physical health questionnaire (PHQ-15) and a 4-item mental health questionnaire. Using Carver's brief COPE, problem focused coping (PFC) and emotion focused coping (EFC; acceptance, emotional expression; reappraisal, distraction) strategies were assessed as well.

Results

Perceived threat was significantly and positively correlated with mental symptoms ($r=0.571$, $p<0.001$) and physical symptoms ($r=0.454$, $p<0.001$). PFC, distraction and emotional expression were all significantly and positively correlated with these symptoms, while only acceptance was significantly and inversely correlated with such symptoms. Importantly, PFC and acceptance each partially mediated the association between perceived threat and symptoms.

Conclusions

Abnormal events may call for rethinking old, mostly untested paradigms. Rather than encouraging emotional expression or active coping, such uncontrollable stressors from the citizens' perspective may require acceptance and minimal PFC, to achieve emotional regulation and possibly well-being.