

Strengthening psychosocial interventions for children in areas of armed conflict and disaster

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Outline

- Shortcomings of common treatment models in times of PV, HRV and disaster
- Interventions for children
- Some research findings

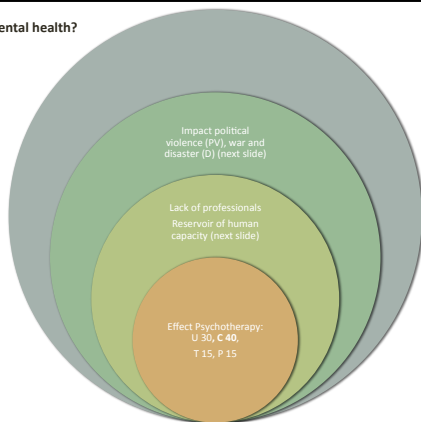
Psychosocial and Mental Health programs among adults and children

- | | |
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| <input type="checkbox"/> Algeria | <input type="checkbox"/> Indonesia |
| <input type="checkbox"/> Angola | <input type="checkbox"/> Kosova |
| <input type="checkbox"/> Bangla Desh | <input type="checkbox"/> Mozambique |
| <input type="checkbox"/> Bosnia | <input type="checkbox"/> Namibia |
| <input type="checkbox"/> Burundi | <input type="checkbox"/> Nepal |
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| <input type="checkbox"/> Gaza | <input type="checkbox"/> Sudan |
| <input type="checkbox"/> Guinea Bissau | <input type="checkbox"/> Surinam |
| | <input type="checkbox"/> Uganda |



But...

Why public mental health?



Human resources for mental health

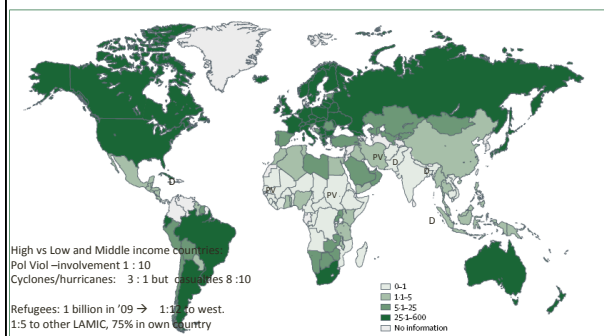
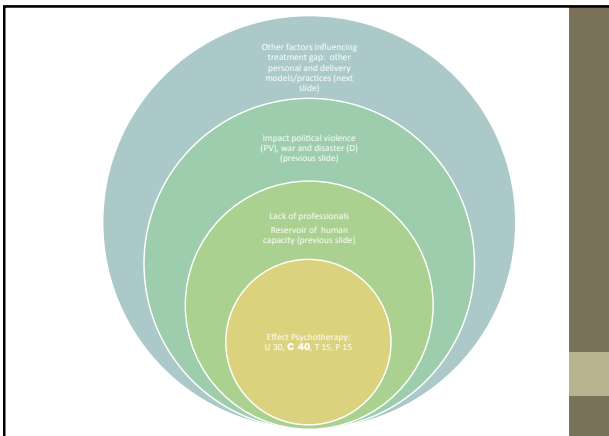


Figure 2: Human resources for mental health (psychiatrists, psychologists, nurses, and social workers) per 100 000 population. Redrawn from WHO Mental Health Atlas, with permission of WHO.



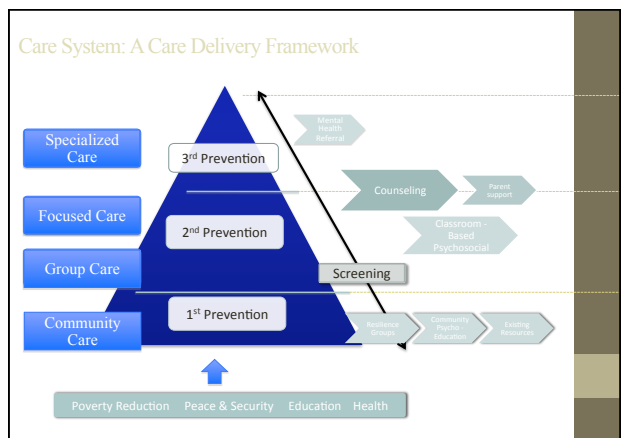
Factors increasing treatment gap in war and disaster

Situation in times of peace	Post-disaster: treatment gap larger	Post-disaster: treatment gap larger
<ul style="list-style-type: none"> Burden of MH Disease in LAMIC (11%) larger than the combined contribution of tuberculosis, HIV/ AIDS and malaria 35.5% to 50.3% of cases in developed countries and 76.3% to 85.4% in LAMIC no treatment Same for child and adolescent mental health 	<p>Service delivery factors</p> <ul style="list-style-type: none"> Few resources (infrastructure, hr, policies) Countries less professionals: exodus (AI, Ir, AI), or genocide (C,Rw) Delivery models not prepared for mass stress, due to social or colonial history (e.g. influence Soviet approach: medical authority/hospital-based care) Psychologists little training in (trauma-focused)therapy (e.g. Chin, AI) Survivors in peripheral rural areas, not the preferred sites for urban intellectuals to work State mental health care sector often weak: private practice in cities at the expense of the public sector and the rural areas 	<p>Beneficiary factors</p> <ul style="list-style-type: none"> Expression psychopathology (depression, anxiety, ptsd, idioms of distress) Different explanatory models Suffering experienced in spiritual, religious, family, community or in magic-religious terms Survivors belong to different ethnic group than providers

One question out of many in our field

Is there a fundamental difference in public mental health interventions between High and LAMIC?

The nature of violence, human rights violations and disaster may be different, the impact is similar



MENTAL HEALTH AND PSYCHO-SOCIAL SERVICES

TERMINOLOGY:

- Definition of Psycho-Social:** Psychological and/or social needs or problems are included in term psycho-social. Usually referring to:
 - Psycho** = psychological and refers to problems or needs of emotion, thoughts, feelings and behavior.
 - Social** = refers to social interaction between family, friends, community and the interaction with the environment
- Psychosocial interventions can be treatment or prevention and range from recreational or sport activities to individual, family and group counselling and are done by (para)professionals
- Definition of Mental Health:** Mental health problems: more serious bio-physiological disturbance diagnosed and treated as a psychiatric condition or disorder
- Often we separate psycho-social and mental health when referring to interventions (but we shouldn't)
- Definition of Public Mental Health:**
 - The discipline, the practice and the systematic social actions that protect, promote and restore mental health of a population

Disaster Public Mental Health

- Phase 1 Assessment: pre-program and cyclical**



Disaster Public Mental Health

- Phase 2. Selection criteria to define priorities for mental health and psychosocial interventions

10 criteria: complementary

1. Community concern
2. Prevalence & DALYs
3. Seriousness
4. Treatability or feasibility
5. Sustainability

10 criteria: complementary

6. Knowledge, skills, availability of (mental) health care professionals
7. Political acceptability
8. Ethical acceptability
9. Cultural sensitivity
10. (Cost-)effectiveness



Presentation Content

- Interventions for children affected by political violence
- Brief Review of treatment outcome studies 3 countries

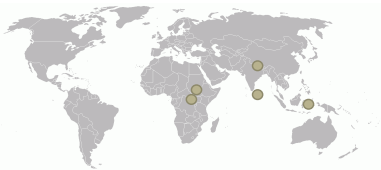
Current Interventions

- Wide range of interventions reported
- Popular: creative-expressive, recreational, and psycho-educational activities
- Five trials
- Generally encouraging results, but;
 - only on subset of outcome measures or for specific sub-groups




UNICEF ePT, 2010

- As part of a larger public health project for children in war-affected settings www.psychosocialcarechildren.org
- School-aged children in Burundi, Indonesia, Nepal, Sri Lanka, and Sudan



Intervention: the Classroom-Based Intervention (CBI)

- Secondary prevention
- Aimed at symptom reduction and strengths
- Trained paraprofessionals
- 15 sessions over 5 weeks, groups
- Combining *cognitive-behavioral techniques* with *creative-expressive therapy techniques*



Macy et al, 2004; Center for Trauma Psychology

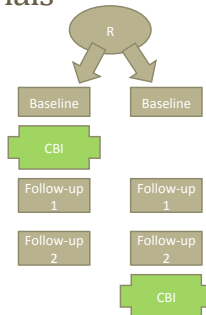
Communal violence Indonesia

- Started in 1997
- Against backdrop of:
 - Economic changes
 - Migration
 - Decentralization
 - Political changes
- Different phases, heaviest violence in 2002
- Over 1,000 killed, 100,000 displaced



Cluster Randomized Trials

- Randomization of schools, subsequent screening
- Instruments consisting of locally constructed and standardized rating scales
- Sample sizes:
 - Burundi N=329
 - Indonesia N=403
 - Sri Lanka N=399




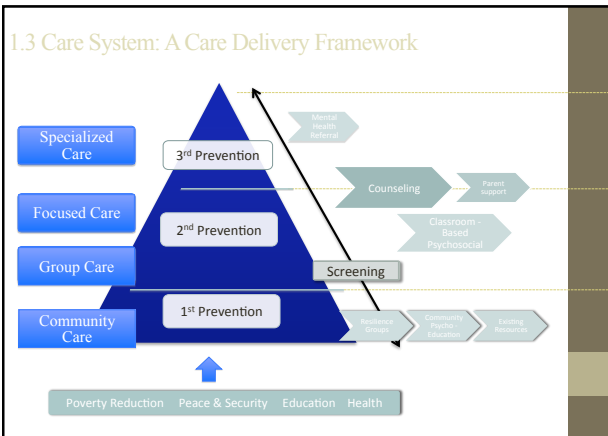
Tol et al (2008) JAMA; Jordans et al (2010) JCPP

	Burundi	Indonesia	Sri Lanka
PTSD symptoms	- CPSS*	- CPSS* ♀	- CPSS
Depressive symptoms	- DSRs*	- DSRs*	- DSRs ♂
Anxiety	- SCARED-5	- SCARED-5	- SCARED-5
Locally relevant constructs	- Supernatural - Grief	- Somatic	- Supernatural - Moral ♀
Other			- SDQ*
Function Impairment	- Locally constructed	- Locally constructed ♀	- Locally constructed
Strengths	- Hope - Coping - Social Support - Family Connectedness - Social Capital	- Hope ♂ - Coping ♀ - Social Support - Family Connectedness	- Coping

* Locally validated instruments

Treatment processes of counseling for children in Burundi and Sudan: Multiple n=1 studies





2.1 Intervention: Counselling

- Non-specialized intervention for children with moderate to severe mental health complaints
- A supportive and problem-specific process between para-professional and client
 - reducing distress
 - re-moralization
 - increased resources to cope
- Counsellors receive a practice-oriented training course of approximately 3 months, emphasizing skills building
- For the purpose of the study the planned duration of counselling was 8 sessions

2.2 Setting: Complex Emergencies

Burundi

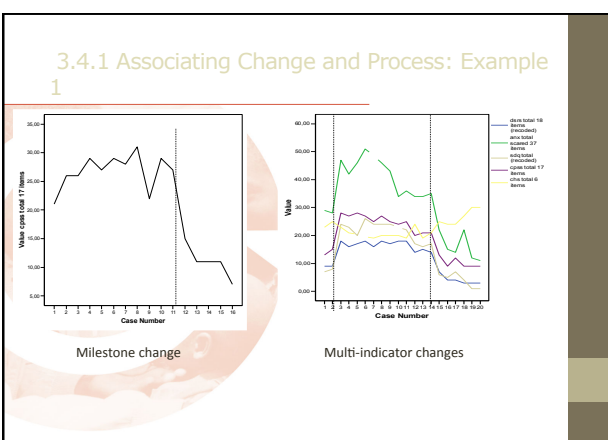
- Repeated cycles of killings and violence along ethnic lines since independence (250,000 to 300,000 killed, 880,000 displaced)
- High levels of poverty and damaged social fabric due to the violence are central risk factors for psychosocial problems (Ito et al, 2010)
- Data collection in rural areas in two Northwestern provinces, heavily affected by violence

Southern Sudan

- More than 36 years of armed conflicts caused by competition over meager resources and power positions
- Several studies demonstrating the negative impact of armed conflict on the children, with PTSD prevalence rates up to 75% (Raudekoper et al, 1999; Murgos et al, 2007).
- Data collection in rural areas of Central Equatoria (Yei county)

2.5 Research design

- ABA design
 - Pre- (A), during- (B) and post-intervention (A)
- Repeated measurements
 - Weekly; before and after every session
 - Child, counsellor and care-taker interviews
 - Approximately 16 measurements (4, 8, 4)
- Multiple $n=1$ studies
 - 11 respondents (Burundi)/ 6 respondents (Sudan)
 - Age 11-14
 - 13 Female/ 4 Male
 - Inclusion based on screening for depression, anxiety & PTSD and indication for treatment



Conclusion

- **Who provides counselling?**
 - Therapist qualities appear most strongly associated to client change; positively (alliance, trust) and negatively (moralistic, inappropriate)
- **What strategies are employed?**
 - Specific therapeutic elements that jump out as predictors of positive change; (i) problem-solving and (ii) structured exposure
- **How are the strategies used?**
 - Suitable selection and active/ combined use of strategies

- A public mental health approach is feasible and useful
- Interventions have to be culturally appropriate
- There is a large treatment gap, especially for children with more serious child psychiatric problems

Thank you for your attention

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