Lessons From The 2006 War: Developing Networks & Intervention Trauma Research

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Research Trajectory

Group & crisis intervention studies (AUB students)

Family stress research

PTSD & depression research in hostages of war & civilian populations

Mental health tool validation

Intervention studies

- Mental health training in Lebanon
- Intervention studies in schools

History

* In 1998, Dr. Laila Farhood, president of the Nurses Chapter of the AUB Alumni association

* Experiences during war were employed to draft a resolution that was accepted by the then Federation of Lebanese Nurses, & adopted in 1999 by the International Council of Nurses

* The resolution entitled "**Restructuring the nursing profession in a country that has been traumatized by war: the Lebanese experience,** calls for the national nursing associations to take a public stand in their country's health & other socio-political issues

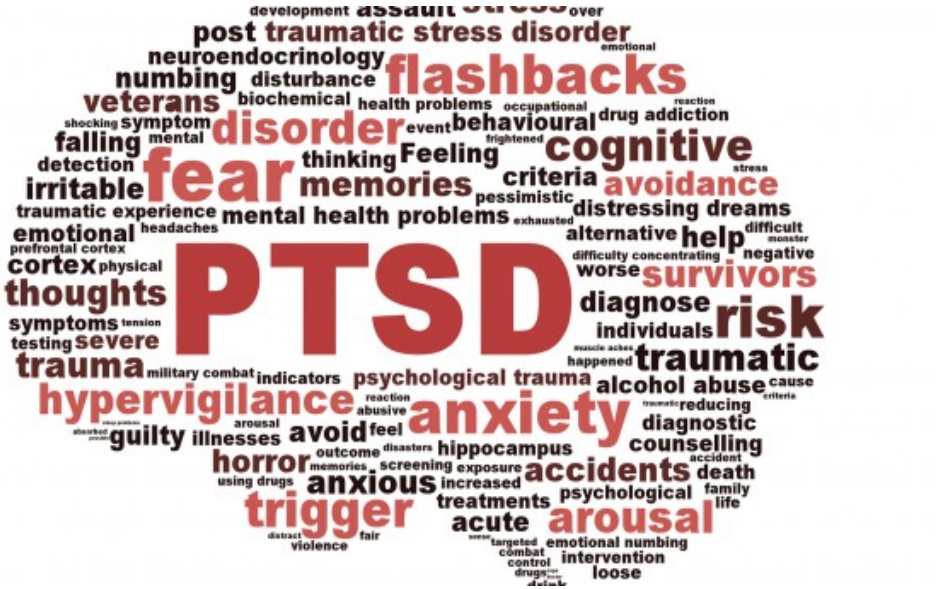
(Source: History in the Making; MainGate – Vol 3, No 2; Winter 2005)

PTSD, Depression, and Health Status in Lebanese Civilians Exposed to a Church Explosion

- **Sample:** 33 victims, 30 family members, 30 neighbors
  - 15 months after church explosion:
    - **PTSD:** 17% (mostly in victims & family)
    - **Depression:** 42% (no difference b/w groups)

- **Risk factors for PTSD included:**
  - Severity of injury
  - Female gender
  - Financial problems
  - Low levels of social support

- **Risk factor for depression:**
  - Female gender



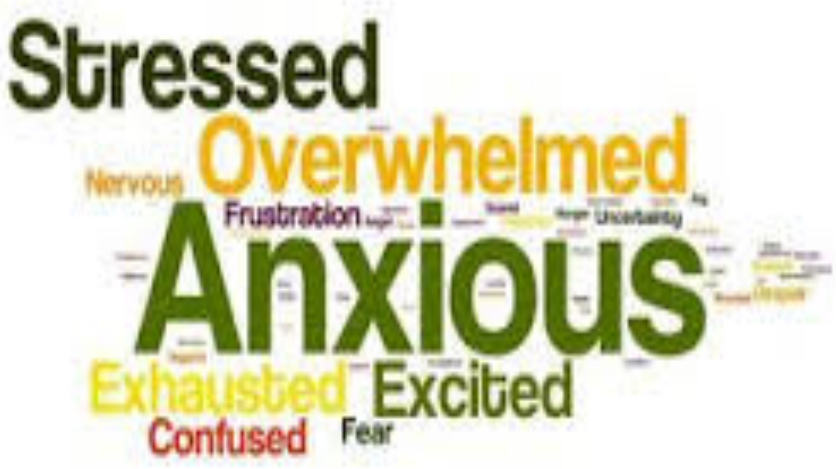
Farhood, L. F., & Noureddine, S. N. (2003). PTSD, depression, and health status in Lebanese civilians exposed to a church explosion. ***The International Journal of Psychiatry in Medicine*****, 33(1), 39-53.**

Predictors of Psychological Distress in Lebanese Hostages of War

* **Sample:** 118 Lebanese hostages from the Khiam prison (1990-1996)
- 50% experienced ≥ 6 types of traumas
  - Lack of food & water (76%)
  - Forced separation from family (74%)
  - Solitary confinement (67%)
  - Denied medical care (46%)

- 42% were psychologically distressed
  - Ever-married
  - Fewer years of education
  - Change in social status
  - Change in health status

Sig. more distressed



Saab, B. R., Chaaya, M., Doumit, M., & Farhood, L. (2003). Predictors of psychological distress in Lebanese hostages of war. *Social Science & Medicine*, 57(7), 1249-1257.

Exposure to War-Related Traumatic Events, Prevalence of PTSD, and General Psychiatric Morbidity in a Civilian Population from Southern Lebanon

- **Sample:** 256 civilians from 2 towns in South Lebanon
- PTSD prevalence: 29.3%
  - Low level of education
  - Exposure to more traumatic events

  Sig. higher
- Mean GHQ score:
  - **Total:** 10.46 / 28
  - **Somatization:** 2.19 / 7
  - **Anxiety:** 2.16 / 7
  - **Social dysfunction:** 4.36 / 7
  - **Severe depression:** 1.75 / 7

(**Note:** Total scores that exceed 4 suggest probable distress)

Farhood, L., Dimassi, H., & Lehtinen, T. (2006). Exposure to war-related traumatic events, prevalence of PTSD, and general psychiatric morbidity in a civilian population from Southern Lebanon. *Journal of transcultural nursing*, 17(4), 333-340.

Mental Health and Psychosocial care for citizens affected by the war

Dr. Laila Farhood

Lebanon
2006

Project initiated by WHO in collaboration with the Lebanese Ministry of Health

July – Oct 2006

Abstract

* Project initiated in response to ***arising needs*** in the mental health sector, due to the ***attack on Lebanon*** in July 2006, through which WHO and MOH responded to the disorganization in all levels & suffering of the civilian population.
* Mental health for displaced individuals was initiated to reduce traumatic effects of war on the population. The project was conducted to ***train the PHC health care professionals*** who have direct contact with the affected civilians on ***basic mental health and psychosocial care and services***

Introduction/Background

Introduction/Background

* Lebanon was subjected to a violent attack that lasted for 33 days & resulted in:

- Displacement of more than 1 million civilian from areas affected namely South, Bekaa, & Baalbeck region
- Civilians: 1184 dead; 4059 wounded
- 35000 houses & apartments destroyed
- Massive destruction of infrastructure

Introduction/Background (Cont'd)

War effects on civilian population

* Most trauma survivors display a range of psychological reactions in the initial weeks after a traumatic event
* Most survivors adapt effectively within approximately three months - resiliency
* Those who fail to recover by this time are at risk for chronic psychological disorders

Introduction/Background (Cont'd)

* Research has been conducted to study mental & psychological consequences of war & its effects on the Lebanese population, focusing on the most vulnerable groups

* Although exact rates of disorders vary from study to study, research studies agree that **war puts Lebanese citizens at risk of elevated rates of a range of disorders;** mood & anxiety disorders, including PTSD

(Farhood, Dimassi, & Lehtinen, 2006; Karam et al., 1998, Karam et al., 2006; Saab et al. 2003)

Situation Analysis

- **Problems**
- **Resources**

Problems

- Affected groups who require mental health & psychosocial support would include:

* People with pre-existing mental disorders

* People with pre-existing disorders whose illness was aggravated by war

* People with no pre-existing disorder – war was a major stressor & precipitated the disorder e.g. depression, anxiety, psychosis

* People with no pre-existing disorder, particularly the vulnerable groups – in whom war precipitated high levels of stress - women, children elderly & disabled

Resources

* 7.5 psychiatry beds/ 100 000 population
* 2 psychiatrists/100 000 population
* 0.6 psychologists/100 000 population
* 5 nurses (working in psychiatric units)/100 000 population
* 1.5 social workers/ 100 000 population
* 2 psychiatric hospitals in Beirut & 1 in the south

- Lebanon has been subjected to many wars, which raises needs in the psychosocial & mental health sector

- The latest attack on Lebanon augmented the needs for mental health services & urged the development of a national plan for psychosocial & mental health projects

- Such projects fulfill the needs in the aftermath of a war & prepares the grounds for a national mental health program to provide long term services

Aim

Promoting the quality of life and healing of the mental and psychosocial well-being of the children, women, and men of Lebanon following the recent attack on July 2006

Objectives

Short Term Objectives

* Develop the capacity of Primary Health Care professionals to identify, manage & refer common psychological & mental health problems
* Provide psychological first aid, focusing on vulnerable groups (women, children, elderly & disabled)
* Identify individuals with serious mental illness & ensure provision of appropriate services including essential psychotropic medication
* Promote positive mental health & psychosocial well being through public education & awareness rising of the communities through involvement of the communal institutions

Proposed Long-Term Objectives

* Promote mental health & prevent mental ill health with collaborative action across sectors (Education, NGO's, social & religious groups)
* Integrate services into the general health system of the country
* Coordinate & collaborate with existing mental health centers to develop mental health services accessible for mentally ill in the country
* Promote indigenous research & build in evaluation component to ensure evidence based planning & implementation of mental health programs
* Develop & organize specialized mental health services for vulnerable groups including rehabilitation services for the mentally ill
* Develop Mental Health Legislation

Implementation Strategies

* *Organizational Strategies*

* **Service Delivery Strategies**

Organizational Strategies

Coordination & Supervision

- Meetings on the level of the national mental health steering group comprising of professionals from mental health related disciplines (psychology, nursing, Ministry of Health…)
- The main activities of the group were to provide direction and coordination
- The group was also responsible for setting a plan of action for the project that is agreeable among the mental health experts

Organizational Strategies (Cont'd)

* Mental health professional organizations were contacted to recommend psychiatrists, psychologists, psychiatric nurses & social workers to compose the training groups for the training phase

* 29 mental health care professional met for assigning groups; each group was composed of one psychiatrist & at least one psychologist, & one psychiatric nurse or social worker

* Five teams were composed & they were acquainted with the training material & notified about the workshop organization and dates

Service Delivery Strategies

Training package - 5 modules:

- **Introduction** (Normal stress response, differentiation between stress and distress, differentiation between distress and disorder, grief and bereavement)
- **Individual psychosocial interventions** (Relaxation, problem solving, grief counseling, and non-pharmacological interventions for pain and sleep disturbances, PFA)
- **Care of Special Groups** (Children, adolescents, women, old people, and amputees)
- **Care for emotional well-being of relief workers**
- **Common mental health disorders** (description and management)

Service Delivery Strategies (cont'd)

Training workshops

* Training workshops were over two days, where the first three modules were presented in the first day (session 1) & the other two modules in the second day (session 2)

* Preparing pre and post training questionnaires for PHC physicians & personnel & an overall workshop questionnaire for evaluation purposes

Service Delivery Strategies (cont'd)

Training workshops

* Three hubs were identified as centers for training to cover all the districts in the south:

  - **Sidon** (covering Sidon & its surroundings)

  - **Nabatieh** (covering Marjayoun, Hasbaya, Jezzine, Nabatieh, & Bent Jbeil)

  - **Tyre** (covering Tyre region & its surroundings)

Service Delivery Strategies (cont'd)

Training workshops

* The number of workshops for physicians & personnel per each center was related to the number of PHC physicians & personnel in each district

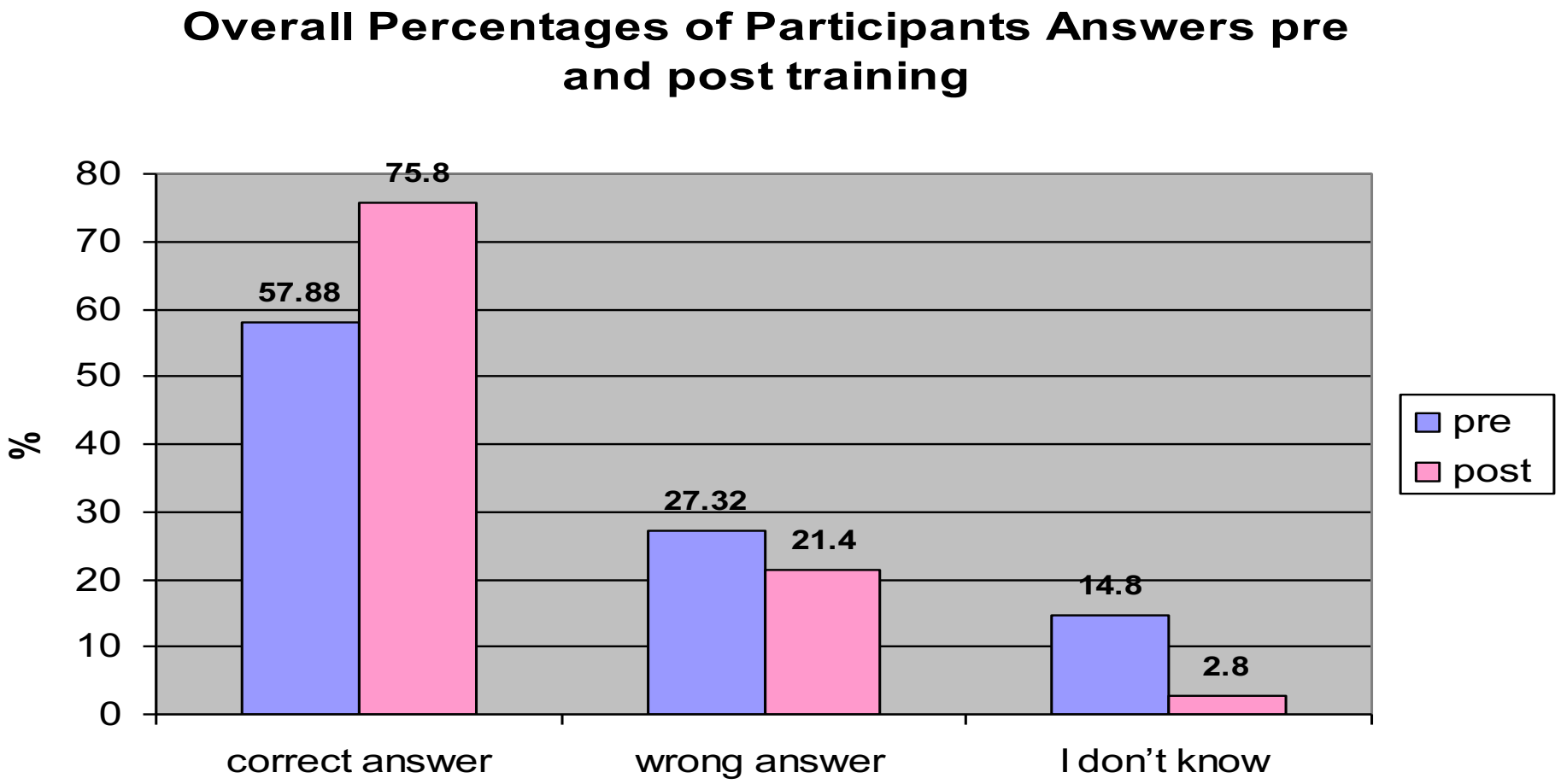
* A total of 11 workshops in the 3 centers:
  - 4 in Sidon (2 for physicians & 2 for personnel),
  - 4 in Nabatieh (2 for physicians & 2 for personnel)
  - 3 in Tyre (2 for physicians & 1 for personnel).

→ **Eventually, the number of workshops implemented was 5 due to some constraints & limitations**

Achievements

* Providing standardized mental & psychosocial health training to PHC who interface with individuals, families & communities stricken by war & who are the gate keepers for referrals & follow- ups
* Providing PHC providers in the front lines with knowledge & skills in self-help
* Establishing rapport with many health care centers in the south.
* Initiating a national psychosocial & mental health program that involves local & international professionals & experts, & collaborating with other health clusters
* Setting the stage for long-term & future mental health comprehensive national program

Evaluation of Training



Recommendations

Short term

* Extend training to other care settings (school teachers, NGO's…)
* Generalize the workshops to include all affected areas in Lebanon (Beirut, Bekaa, North…)
* Public education about the need for information about normal vs. abnormal reactions to stress
* Education about the need for early treatment/identification of the vulnerable groups (children, women, elderly, and amputees)
* Provide specific intervention to increase resilience in children and adolescents through early interventions
* Set public campaigns targeting vulnerable populations to decrease stressors and enhance resilience (use of media: TV, brochures…)

Recommendations

Long term

* Establish guidelines for early intervention and make them accessible for professionals and the public
* Establish programs for children at risk for mental disorders such as those who have mentally ill parents or have suffered from parental loss or family disruption
* Provide interventions for the adult population through inclusion of macro-policy strategies
* Exercise social support through community participation to improve mental health
* Translate the evidence into sustainable policy and practice through capacity building, advocacy, integrating mental health into primary health care setting
* Engage governmental organizations and NGO's in developing preventive programs for the promotion of mental health strategies
* Encourage mental health professionals to play a constructive role in prevention strategies to be an integral part of public health and health promotion polices at the national level
* Provide evaluation methods for the programs suggested through evidence based research

Post-War Studies

Understanding post-conflict mental health: Assessment of PTSD, Depression, General health & life events in civilian population one year after the 2006 War in South Lebanon

* **Sample:** 991 adults from 10 villages from South Lebanon
* **PTSD:** 17%
* **Depression:** 14.7%

* **Predictors of PTSD & Depression:**

Experienced & witnessed traumatic events, low social support, financial problems, higher scores on GHQ subscales, substance use, cigarette smoking, tranquilizer use, physical health problems, housewives

Farhood, L., Dimassi, H., & Strauss, N., (2013). Understanding post-conflict mental health: assessment of PTSD, depression, general heath and life events in civilian population one year after the 2006 War in South Lebanon. Journal of Traumatic Stress Disorders & Treatment, 2(2), 1-8.

Patterns of Psychiatric Morbidity Before and After a War in Lebanon at Twelve Months Following Cessation of Hostilities

* **Sample:** 681 citizens from 6 villages in South Lebanon (1 year post July 2006 war) compared to 632 citizens (pre-war)

* **PTSD:** 24.1% (2005) – 17.9% (2007)
* **Depression:** no sig. change, except increase in ages 60+
* **GHQ-28:** 6.7(2005) – 4.2(2007)

Farhood, L. (2014). Patterns of Psychiatric Morbidity Before and After a War in Lebanon at Twelve Months Following Cessation of Hostilities. *The Open Psychiatry Journal*, 8(1).

Prevalence and Predictors for Post-Traumatic Stress Disorder, Depression, and General Health in a Population from Six Villages in South Lebanon

- **Sample:** 625 citizens in 6 villages in South Lebanon.

- **5 years after the Israeli withdrawal:**
  - **PTSD:** 24%
  - **Depression:** 14%
  - **Co-occurrence:** 59.6%

- Female gender, smoking cigarettes, tranquilizer use, financial problems, no exercise ⟶ **PTSD**
- Female gender, unemployment, smoking cigarettes, tranquilizer use, financial problems ⟶ **Depression**
- Low social support, poor general health ⟶ **Co-occurrence**

Farhood, L. F., & Dimassi, H. (2012). Prevalence and predictors for post-traumatic stress disorder, depression and general health in a population from six villages in South Lebanon. *Social psychiatry and psychiatric epidemiology*, 47(4), 639-649.

Intervention

Efficacy of Mental Health Community-Based Educational Workshops for Teachers and Parents: Follow-Up

General Outline of this Project

- **Two Phases:**

1. Audio taped focus groups with (1) teachers and (2) parents
   - To identify levels of mental health knowledge, beliefs & attitudes

2. Mental health education workshops
   - To provide psychoeducation & psychosocial resources
   - To promote effective communication, recognition, & support to children & adolescents with mental health concerns in both their home & school environment
   - To test the efficacy of the intervention (pre/post), & long-term benefits (follow-up)
   - To promote self-care & social support

(Reference)

Focus Groups Investigating Mental Health Attitudes and Beliefs of Parents and Teachers in South Lebanon: Are They Culturally Determined?

Journal of Transcultural Nursing
1–9

DOI: 10.1177/1043659617700958
journals.sagepub.com/home/tcn

Table 1. Focus Group Questions and Probes (English Version).

Questions
1. What is your opinion about mental health?
2. Describe a child/student whom you think is facing a mental health issue.
3. How do you deal with him or her?
4. Why do you think people become mentally ill?
5. What measures can be taken to become mentally healthy?
6. What does it mean to you to suffer from a mental disorder?
7. What behavior(s) indicate a mental issue/concern?
8. What are the available mental health services for your child/student? Are they accessible?
9. How do you cope with life stressors?
10. How do you deal with issues/concerns in the classroom/home environment?
11. What are the challenges or threats to your well-being and that of your child/student?
Probes
1. Tell me more about that.
2. Could you please give example(s)?
3. Could you explain that?

Description of the subject sample Phase 2 - Workshops

	Pre-Intervention (*N*)	Post-Intervention (*N*)
Teachers	45	36
Parents	24	15
Both (Teacher + Parent)	31	25

General outline of the mental health education programs

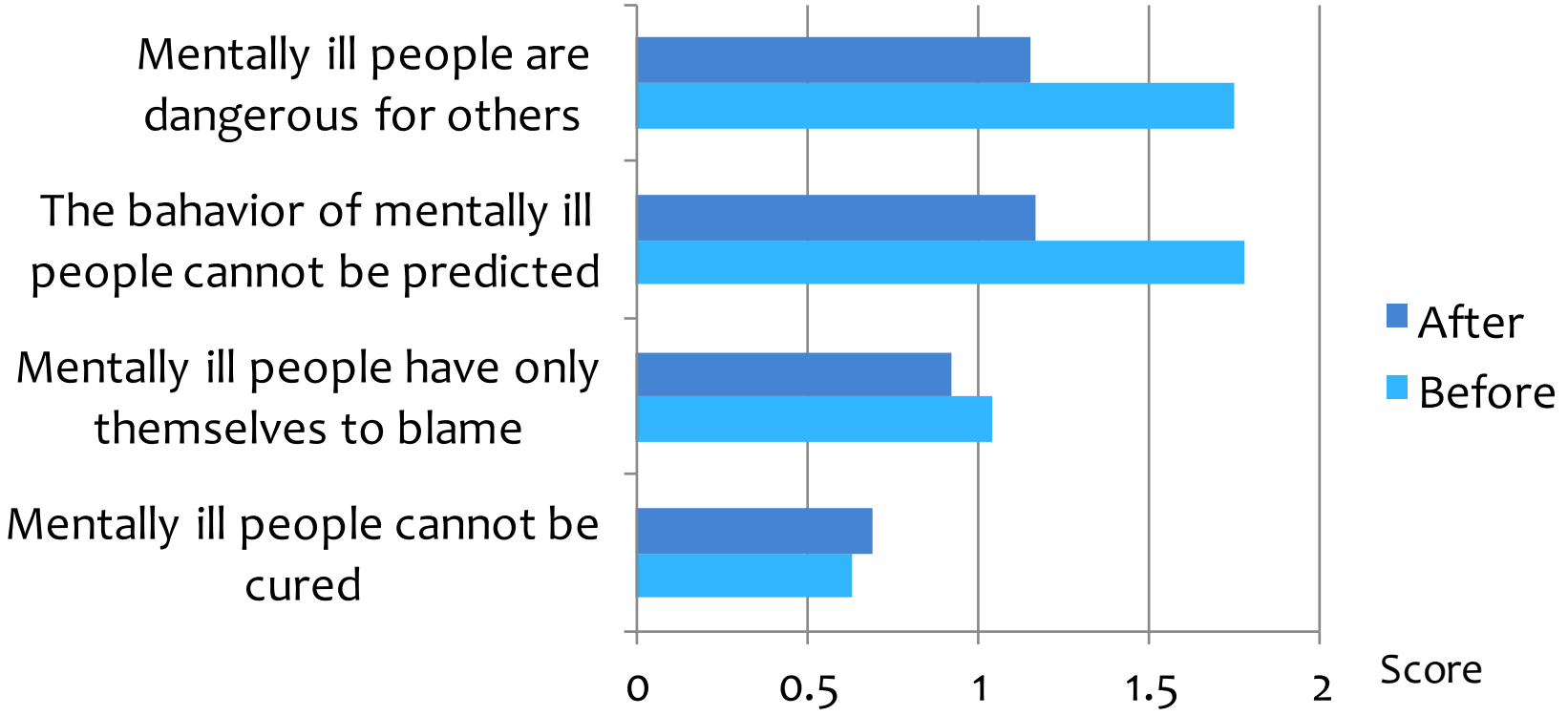
- **Six Modules:**

1. *Introduction* (What is mental health; Myths about mental illness)
2. *Children and Adolescent Development*
3. *Psychosocial Interventions* (Developing psycho-educational skills in the classroom and at home; enhancing social support systems)
4. *Care of Special Groups* (Children and Adolescents affected by war and trauma)
5. *Common Mental Health Disorders* (Description and management)
6. *Preventive Mental Health Care* (Social support, relaxation techniques, stress management, dangers of substance abuse)

Materials used for these programs

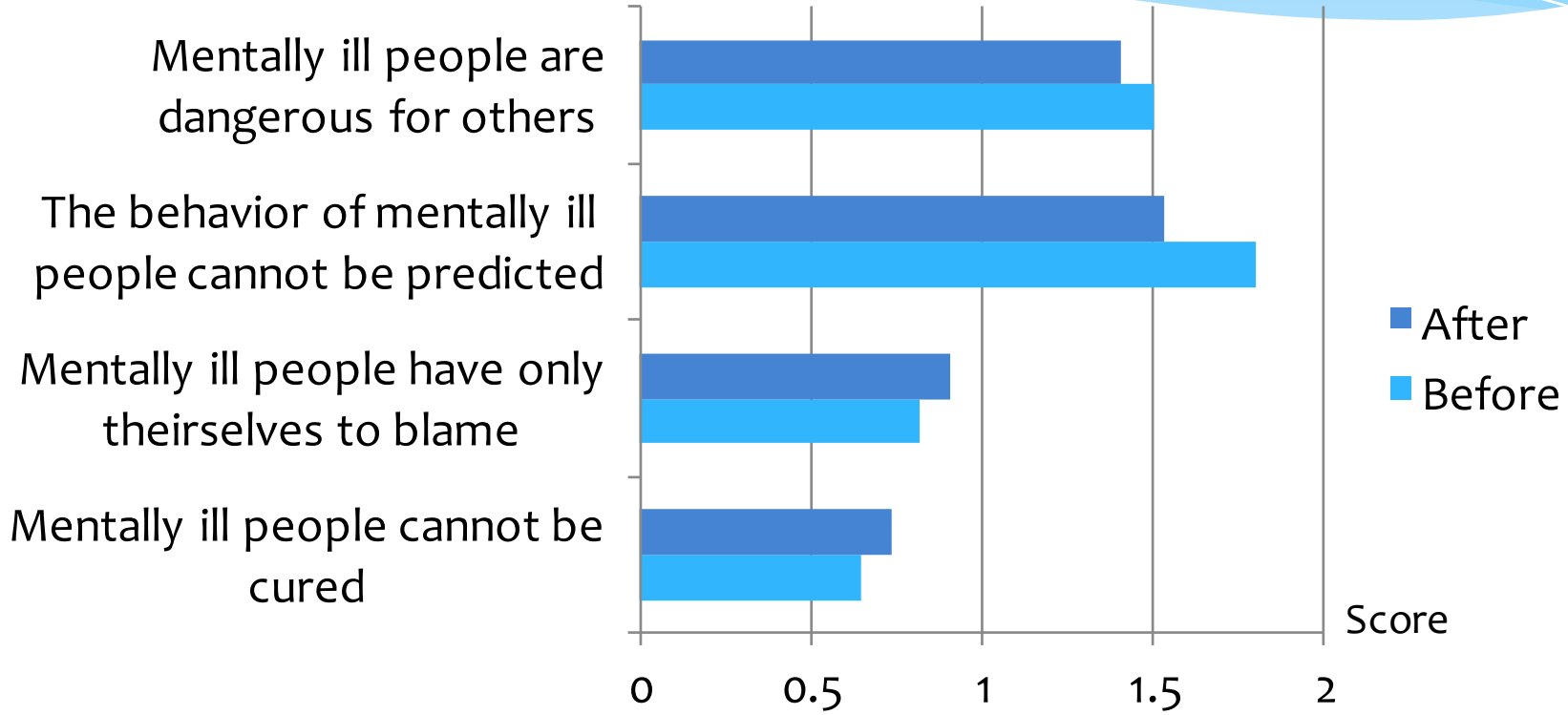
1. Demographics Questionnaire - age, education, marital status…
2. Attitudes towards mental illness questionnaire (ATMIQ) – to capture beliefs, attitudes & perceptions
3. Strengths & difficulties questionnaire (SDQ) - to screen behaviors or perceived difficulties
4. General health questionnaire (GHQ) – to assess psychiatric morbidity
5. Workshop evaluation – to assess efficacy of the workshop

Results comparing pre- to post-intervention (ATMIQ – Parents)



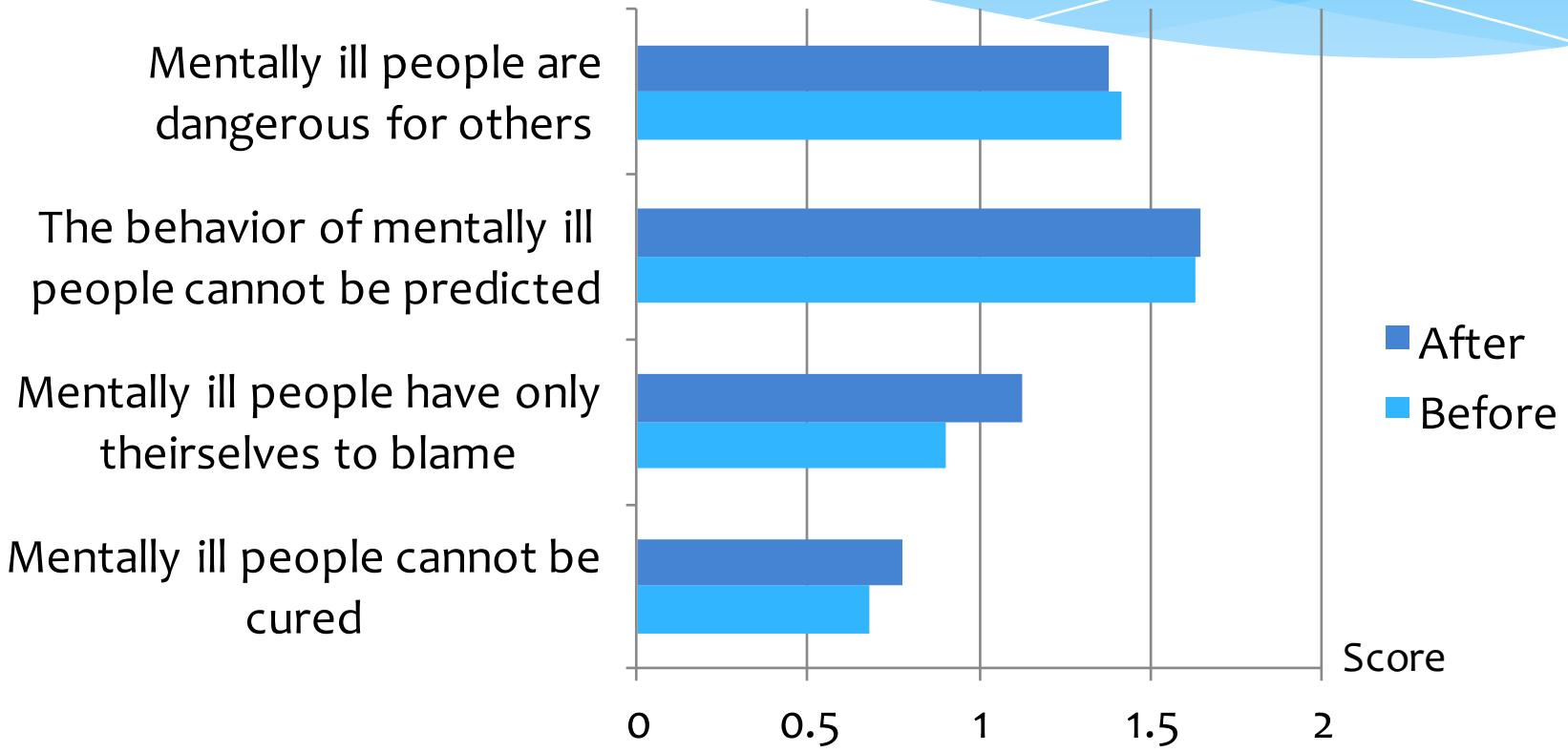
- **Higher scores → worse attitudes**
- **Therefore, parental rates towards mental health predominantly improved post-intervention.**

Results (Cont'd)
(ATMIQ – teachers)



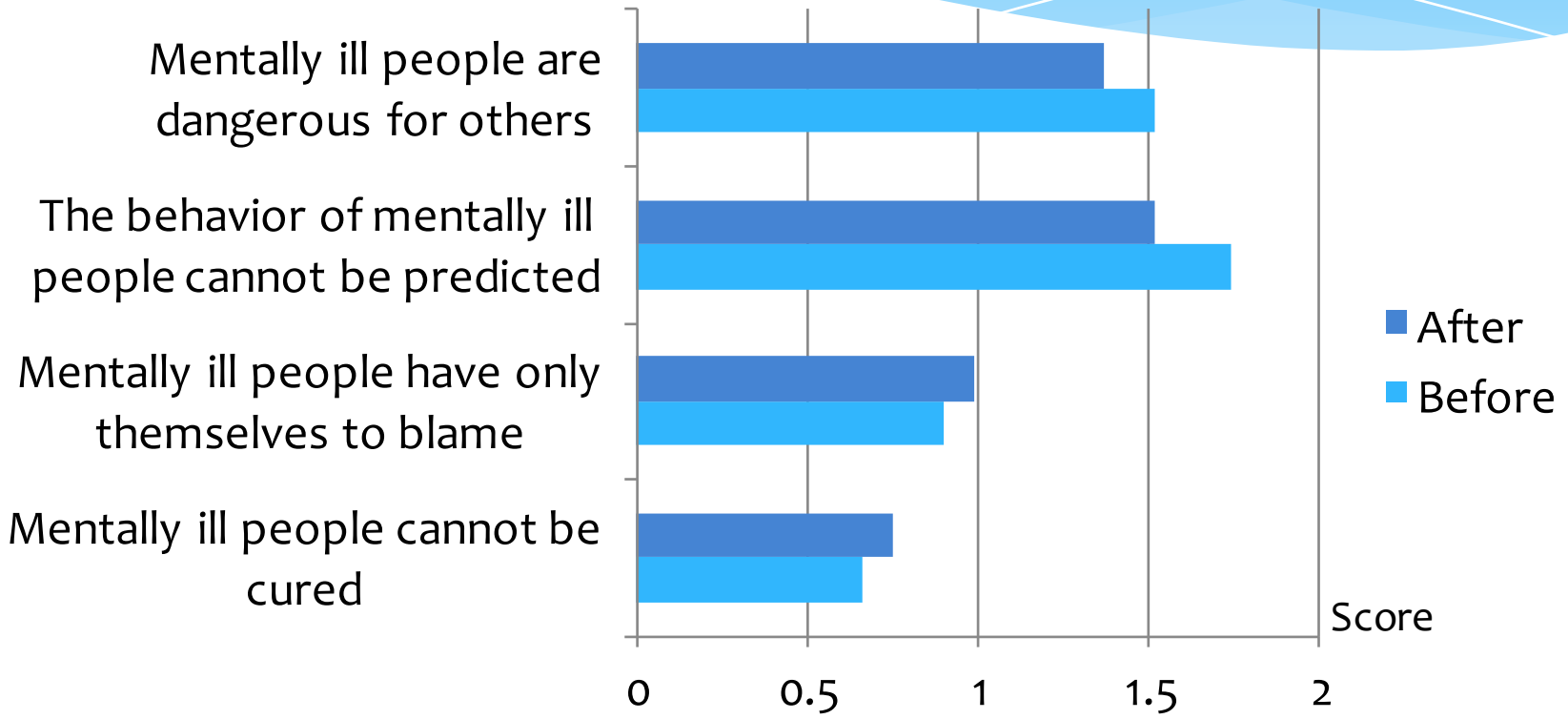
Teachers' attitudes towards mental health did not as much improve post-intervention

Results (Cont'd)
(ATMIQ – both)



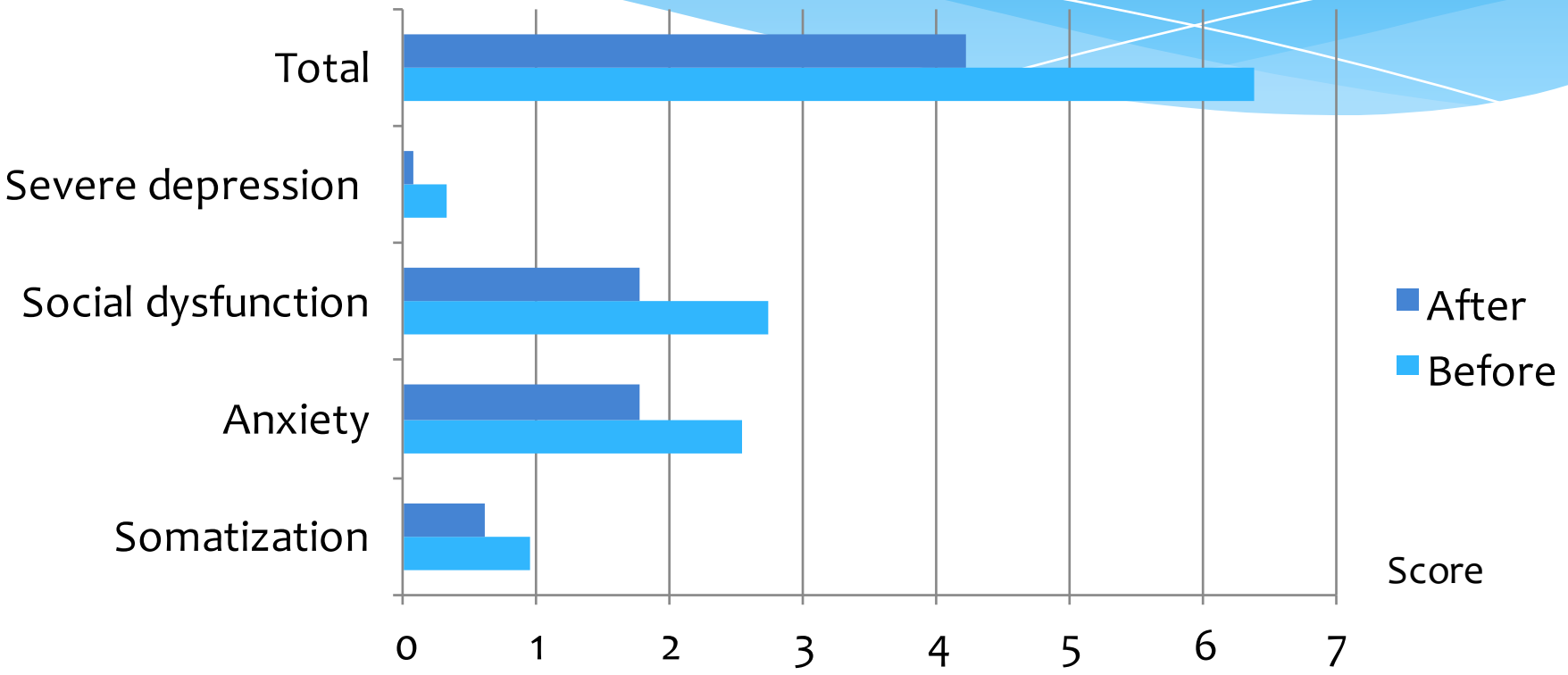
Attitudes of those who qualified as both teachers and parents generally improved post-intervention, but not as noticeably as that observed with parents.

Results (Cont'd)
(ATMIQ – All)



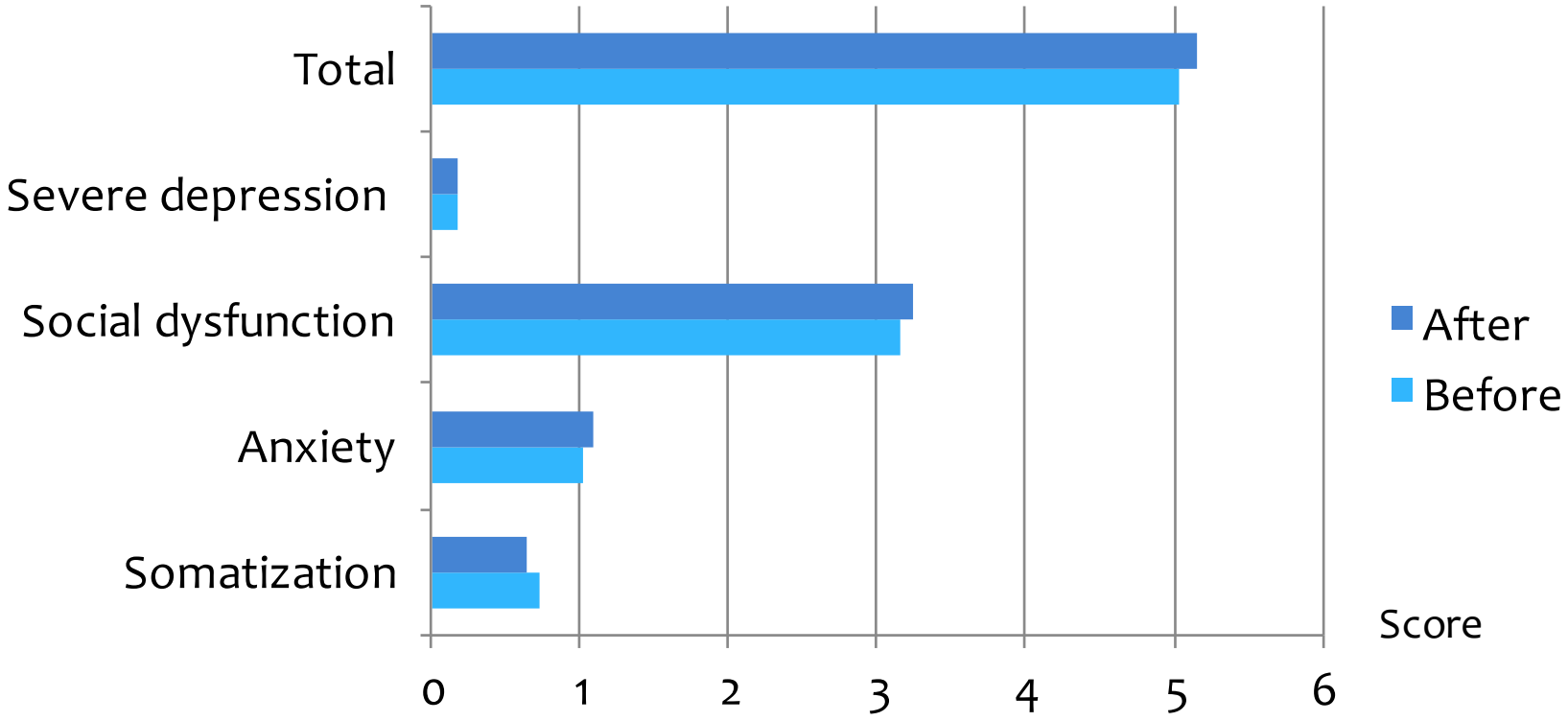
Considering our sample as a whole (parents, teachers, and both), the efficacy of the intervention on attitudes towards mental illness was not consistent

Results (Cont'd)
(GHQ-28 – parents)



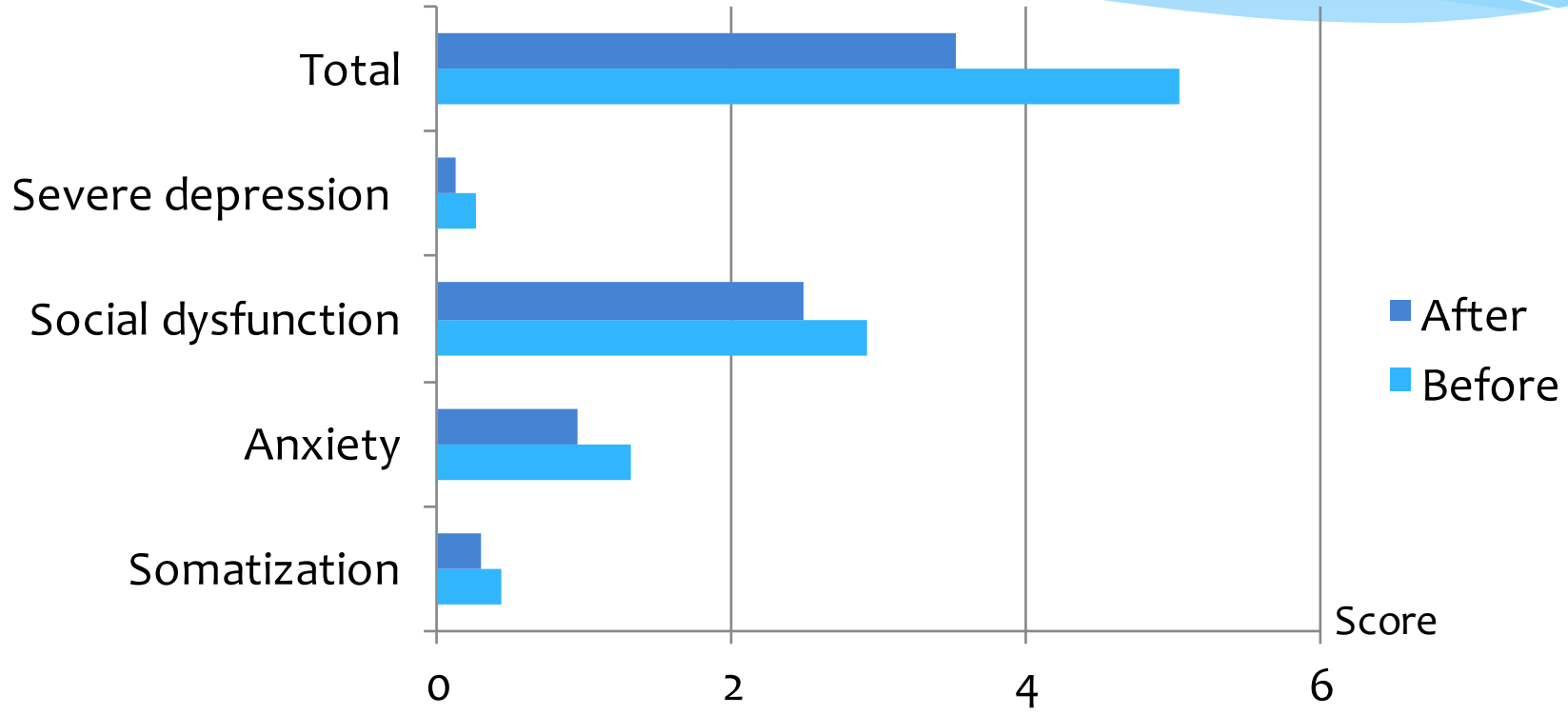
- **Higher scores → worse health**
- **Total scores > 4 suggest probable distress.**
- **Parents' Total psychiatric morbidity scores, as well as scores on each of the 4 categories improved post-intervention.**

Results (Cont'd)
(GHQ-28 – teachers)



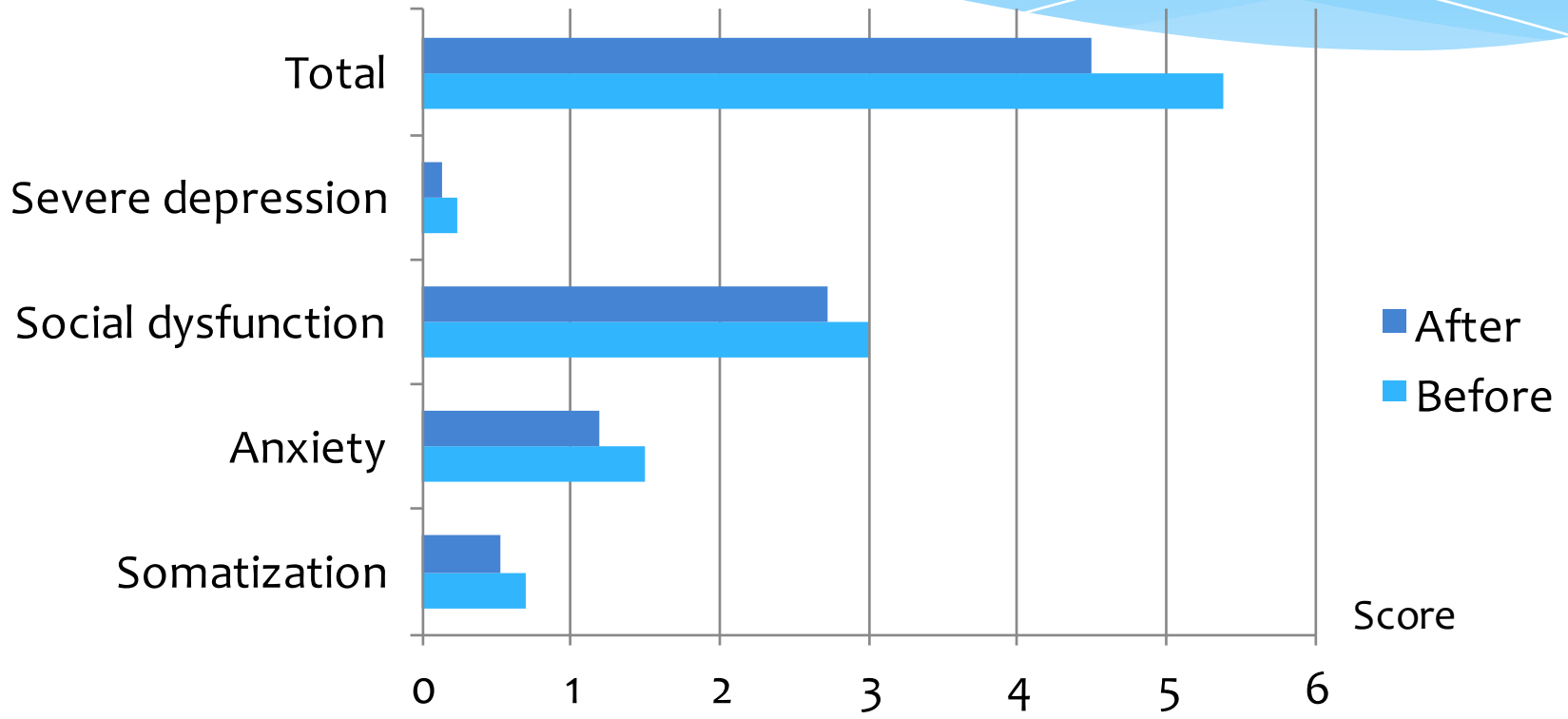
Teachers' scores either remained constant or worsened post-intervention

Results (Cont'd)
(GHQ-28 – both)



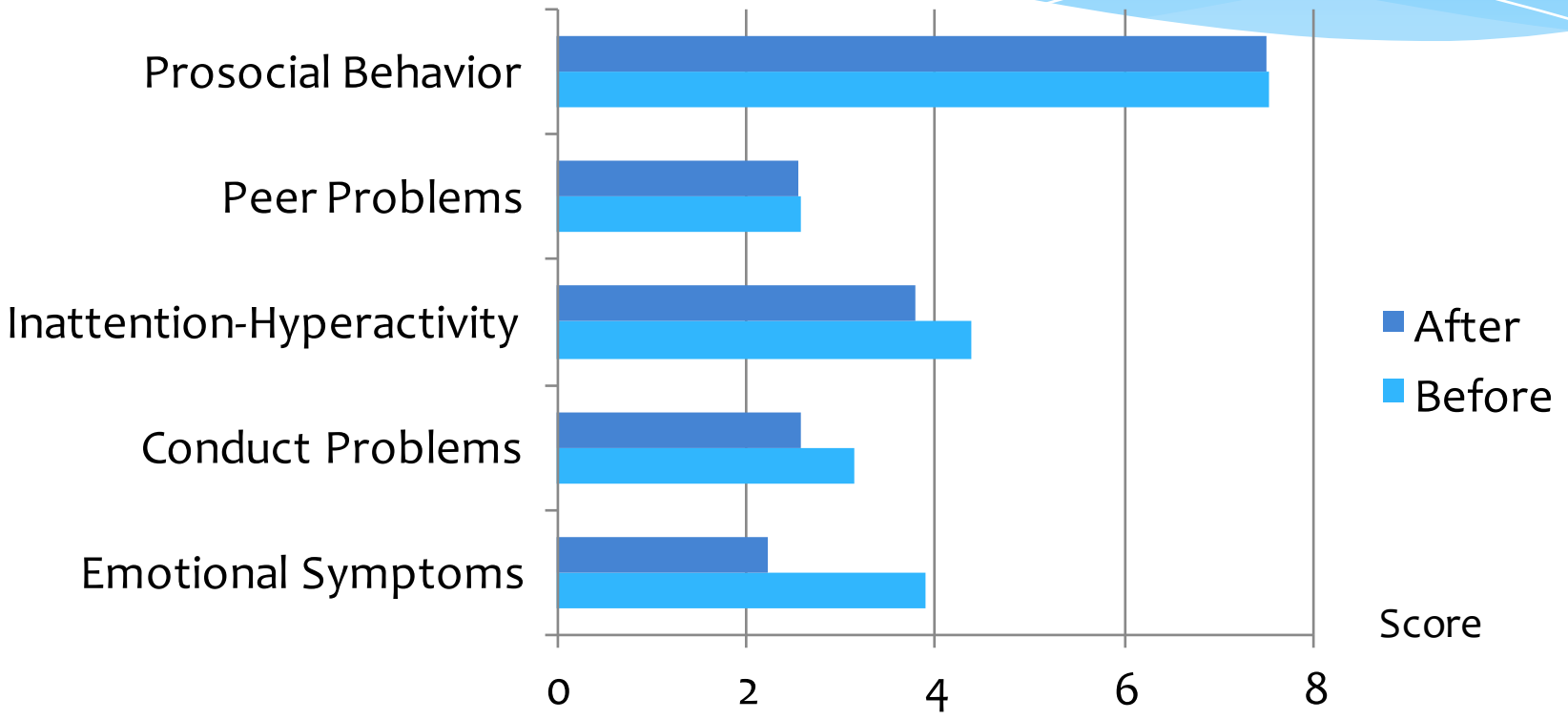
Total scores of those who qualified as both parents and teachers, as well as scores on each of the 4 categories improved post-intervention

Results (Cont'd)
(GHQ-28 – all)



Considering our sample as a whole (parents, teachers, and both), Total scores, as well as scores on each of the 4 categories improved post-intervention

Results (Cont'd)
(SDQ – parents)



- **Higher scores → worsened behavioral outcomes**
- **Parents reported improved behavioral outcomes displayed by their children post-intervention**

Ultimately, by promoting mental health awareness, we seek to…

1. Prevent chronic symptoms and long-term effects of disorders
2. Combat stigmas
3. Promote self-care
4. Provide knowledge for the care and support of children and adolescents with mental health concerns


We heal, not in
isolation, but in
togetherness.

Conclusions & Implications

- **Gender**, **Education** & **Social Support** emerged as crucial predictors of mental health in all our studies.
- **Reconciliation** between opposing parties in Lebanon is possible.
- Focus should be given to **macro-policies** that restore community services, improve the economic situation & mend the social fabric of the Lebanese society.
- Focus should be given to **micro-policies** that enhance the social support available to Lebanese families.
- Predicting psychiatric morbidity in non-Western counties following multiple war related events is difficult and raises important concerns for **sociocultural sensitive** assessments & treatment of psychological disorders.
- The substantial overlap in risk factor profiles of PTSD & depression may suggest that they represent a **single construct** derived from traumatic stress.
- Mental health **awareness campaigns** could be integrated within the educational mission of schools & universities.

NOTE: All studies were funded by DOD (USA), WHO, MPP, & URB

?? Food for Thought ??

- Is it possible that the influence of war-related *stressors* on individuals' mental health outweighs that of objective war attacks?
- Could PTSD/depression *co-occurrence* be a more severe manifestation of a general traumatic stress construct?
- Could the increased PTSD symptoms observed in females stem from this culture's acceptance of their emotional expression as compared to males, who are expected to stay "strong" and subsequently conceal their emotions?
- Would it be helpful to offer mental health training workshops to school teachers & the community at large?
- Could sharing mental health concerns with others in a non-taboo setting (e.g. school) elicit more acceptance & reduce fear of discussing mental health issues?
- These mental health programs should be done on a routine basis & not only in crisis situations


think
SIDE
OUT
THE
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that's Love.
Care for hundreds...
that's Nursing.
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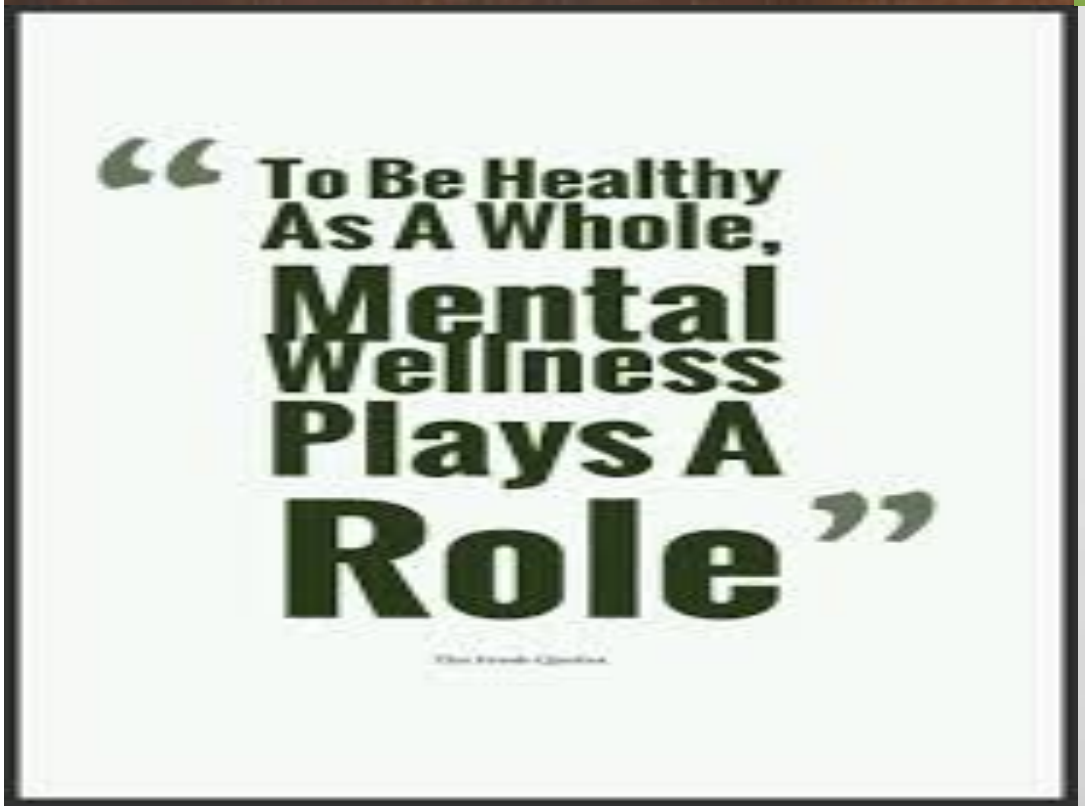
“ To Be Healthy
As A Whole,
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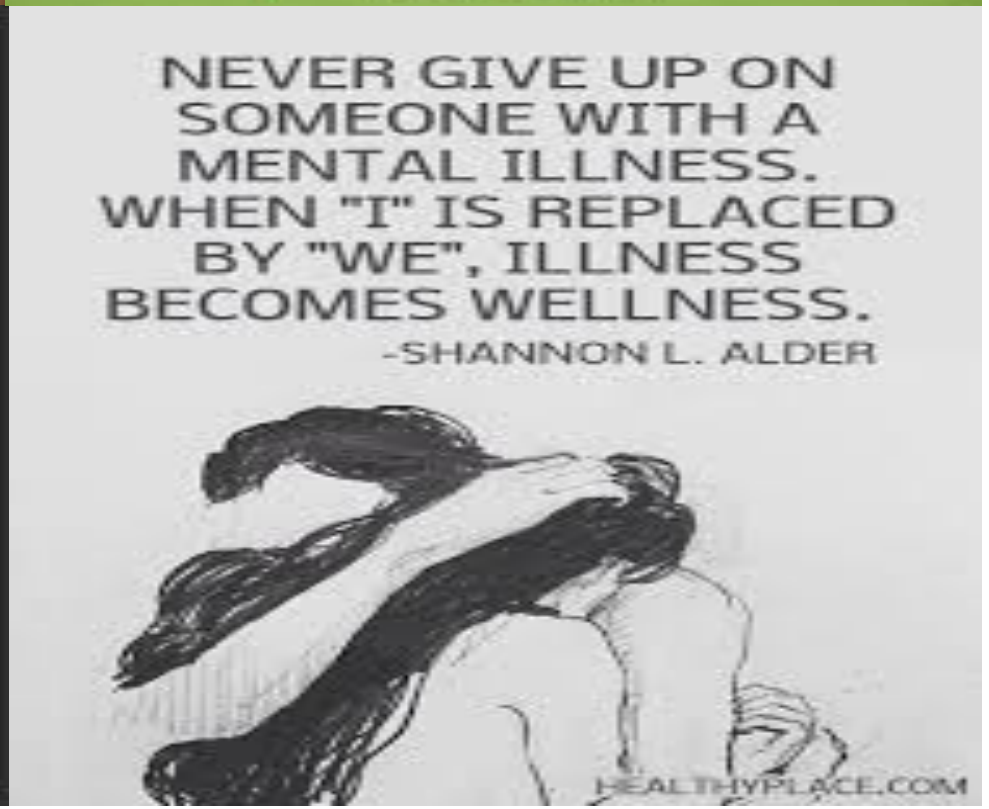
Role”


NEVER GIVE UP ON
SOMEONE WITH A
MENTAL ILLNESS.
WHEN "I" IS REPLACED
BY "WE", ILLNESS
BECOMES WELLNESS.
-SHANNON L. ALDER
HEALTHYPLACE.COM