

Mental health and psychosocial support in areas affected by conflict: review of programs in the Chechen Republic

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Summary

The social condition addressed in this paper is the mental and psychosocial trauma experienced by victims of violent conflicts. The study aims to evaluate mental health and psychosocial support programs and the healing of the community in its entirety during peace building and reconciliation processes. We use a qualitative method in order to assess the impact of the programs and chose a case study of the Chechen Republic in Russia, due to its recent signing of a peace treaty and cessation of hostilities. The end of violence was selected as the baseline time in order to compare the most current achievements of programs. The study has shown that mental health programs implemented in areas that have recently achieved peace aid in decreasing the general level of violence by de-escalating inner tensions and protracted built-up anger among both victims and perpetrators.

psychosocial support, mental health, conflict, post-conflict reconstruction, community healing

INTRODUCTION

Until recently there has been little recognition of the role of mental health in post-conflict reconstruction. Much attention has been paid to the social, financial, legal and physical health of conflict victims, yet of all the possible consequences of war, the impact on mental health of the civilian population is one of the most significant. Quite often communities tend to employ cultural and religious strategies in order to manage disorders triggered by trauma. Yet, without proper recognition of the mental health challenges, the healing process will be incomplete.

Mental health and psychosocial problems may affect functioning in many different ways, such as depression, feelings of separation from the community/society, frustration, anxiety, etc. The World Health Organization (WHO) adopted a resolution in 2005 that called for “support for implementation of programs to repair the psychological damage of war, conflict and natural disasters” [1]. In 2013, at the Sixty-fifth World Health Assembly, the WHO has adopted the Mental Health Action Plan for the next 17 years [2], a plan that recognized the role of mental health in achieving health for all people. According to official WHO data 10% of the people who have experienced some kind of trauma will develop serious mental health problems, and another 10% will experience insomnia, depression and psychosomatic problems.

It has been established that more than 50% of refugees affected by conflict present with men-

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tal health problems and that communities traumatized by conflict experience prolonged psychosocial disorders; they do not have the capacity to revert to a normal life cycle after the cessation of violence without professional intervention [3]. However, even now many communities do not recognize the need for addressing mental health problems in those who have experienced traumatic stress, and many tend to utilize a popular treatment – prescription of benzodiazepines, anti-anxiety medications, which may slow down recovery from potentially traumatic events [4].

This paper presents an overview of the effectiveness of mental health and psychosocial support programs in aiding communities.

LITERATURE REVIEW

The 20th century has seen the development of clinical psychology and its application in the areas affected by wars, disasters and conflicts. However, the importance of such application has not been stressed enough by international policy makers and therefore a universal global approach has not been developed. Every year millions of people are affected by conflicts, with serious consequences for their mental health. People's psychological and social well-being, as well as their communities, are compromised by inadequate post-conflict psychosocial care.

There are many studies that support the fact that those affected by conflict or any other kind of violence suffer from different disorders, such as neuroses, depression, post-traumatic stress disorder (PTSD), disorientation, increased aggression, etc. Tarabrina [5] writes about different types of trauma that affects victims of conflict. The most common one is PTSD, which manifests itself through different disorders. Tarabrina points out that the trauma experienced by victims of violent conflicts differs from the one caused by natural disasters. The coping mechanisms vary based on the nature of emotions that trigger the trauma. In the case of natural disasters, people usually attempt to find a higher meaning of the event, seek support from religious institutions and project blame on humans only in case of failed disaster response. In people affected by conflicts the trauma is much more

serious. They develop aggression due to unresolved issues of anger. If their condition remains untreated, they become violent and cause distress in others. Therefore, there is a strong need to provide psychosocial support programs for victims of conflict.

When working in different settings, quite often professionals face the issues of cultural and religious beliefs and customs that prevent them from providing the much-needed support. In his work, Jordans [6] observes that there is a lack of knowledge and data on how to bridge the gap between successful implementation of mental health assistance programs and preserving local culture. He states that due to different prejudices people may see psychotherapists as “demons” and any kind of mental health disorder is associated with evil spirits or demons, or an ordeal sent by a higher power onto people in order to prove the strength of their faith.

Lubit [7] also acknowledge the importance of local perceptions towards mental health professionals and the need for a community approach. They argue that in order to provide any kind of mental health support, communities should be freed of prejudices and be accepting and open towards the idea of psychotherapy. Lawhorne-Scott [8] writes: “stigma about mental health issues can be a huge barrier for people who need help. Finding the solution to your problem is a sign of strength and maturity”.

Ventevogel [9] notes that there are many risks associated with introducing mental health and psychosocial support programs into already existing healthcare packages. These risks might include funding, overburdening of general health workers, medicalizing non-pathological distress, and providing insufficient training and follow-up. In order to limit the risks, training of local professionals is crucial. Collaboration between medics leads to a better approach and increased efficiency and with that in mind the WHO has proposed guidelines for training of mental health workers [1,10,11].

There is extensive literature on restoring mental health in conflict-affected areas, but not much assessment has been done. In a report prepared for the Centre for Research on the Epidemiology of Disasters (CRED), the authors [12] state: “Although there have been attempts to exam-

ine the effects of various trauma-related mental health and psychosocial treatments, many have been criticized for their lack of methodological rigor. Without well-controlled and randomized studies, critics argue that the efficacy of many of these mental health interventions remains unknown". Even though the report was prepared in 2006, there are many more similar studies which show that in recent years not much has been done to evaluate the impact of mental health support programs and interventions. Our position has been further strengthened by a interview with Dr Jacobs, Director of the Disaster Mental Health Institute, who shares this view [13].

It is crucial for any program to be evaluated in order to recognize its strengths and weaknesses. Outcome evaluations measure whether the goals of the program have been achieved, and impact evaluations look at whether the achieved effect becomes sustainable and long lasting. Considering the identified gap in studies, we have decided to address it and focus on the evaluation of mental health and psychosocial support programs.

RESEARCH METHODS

In order to evaluate the progress of mental and psychosocial support in the Chechen Republic, we looked into the various databases, such as the Ministry of Healthcare of the Russian Federation and the Ministry of Health of the Chechen Republic. However, as we found no official public reports on these portals, we have conducted interviews with professionals and academics working specifically in this area in order to collect the data for qualitative analysis. The interviewees included: Dr Idrisov, Professor and Honorary Doctor of the Chechen Republic; Dr Gerard Jacobs, Director of the Disaster Mental Health Institute and Professor of Clinical Psychology Program, University of South Dakota; Didi Bertrand-Farmer, Director of the Community Health Program for Partners in Health-Rwanda; Alice Uwingabiye, Director of Special Projects at Partners in Health-Rwanda; and A.V. Tsimbal, PhD, clinical psychologist, Saint-Petersburg State University, Russia.

MENTAL HEALTHCARE IN CONFLICT AFFECTED AREAS

Violence manifests itself in many different ways and people witness it in all parts of the world. The consequences of violence vary in nature, and can be damaging to physical property, economy, physical health and mental health. Many peace-building programs include all the aspects in rebuilding apart from the last one. Excluding such an important factor leaves people's emotional well-being unattended to and vulnerable.

A systematic study of the psychological effects of war began in the late 19th century, but a specific type of psychological suffering caused by mass violence received official recognition as post-traumatic stress disorder only in 1980 [14].

Armed conflicts and natural disasters cause significant psychological and social suffering. The emergencies themselves can be acute, but they can have long-term mental health consequences, which brings us to a question of what these consequences are and how they should be addressed. Generally, these consequences are grouped into a concept known as post-traumatic stress disorder. PTSD can occur after a person experiences an external traumatic event. According to the American Psychiatric Association, a traumatic event is one that "involved actual or threatened death or serious injury, or a threat to physical integrity of self or others, provoking intense fear, helplessness or horror" [15]. The psychological consequences of violence can manifest themselves in all levels of human functioning: mental, social, spiritual and moral. The possible effects are:

- physical health – increased physical complaints, physical health disorders and unhealthy behaviour
- mental health – stress and distress, acute psychiatric disorders, psychiatric comorbidity, depression, generalised anxiety disorder, substance misuse/dependence
- social, spiritual and moral health – problems with personal relations, poor social support networks, withdrawal from society, increased praying/lose of faith, serious effect on moral values.

In order to address all possible influences of traumatic events on mental well-being,

a scope of intervention needs to be established. In our view, in order to consider a program a success, a comprehensive approach should be implemented. There are four main domains which constitute the bulk of mental health psychosocial support programs (MHPSSP): availability of mental health facilities, human resources, medicines and informations systems. To evaluate the success of programs in our case study, we are going to be using these domains as the main factors for impact assessments.

THE CHECHEN REPUBLIC, RUSSIA

The Chechen Republic is a federal territory within the Russian Federation, located in the North Caucasus area. From 1994 until 2000 the Republic was at war with Russia, fighting for its independence. The war saw two stages: the First Chechen War (1994–1996) and the Second Chechen War (1999–2000; with a subsequent insurgency until 2009). In 2009, Russia ended its counter-terrorism operation and pulled out the majority of its army. “The peace building started with various humanitarian operations, some of them targeting the mental health of the citizens. Russia increased spending for the Republic in order to rebuilt it and reach the pre-war status” [16].

AVAILABILITY OF MENTAL HEALTH FACILITIES

Facilities are one of the crucial components of successful mental healthcare. Without the necessary equipment any kind of medical assistance would be impossible. The development of mental healthcare facilities can be divided into three stages: pre-, during and post-war. According to Professor Idrisov, Head of the Psychiatry and Neurology Department at Chechen State University, there are a few treatment facilities for mental illnesses: one republican hospital in Samaski in the Atsjkoi-Martan District, with a capacity for 180 beds, one mental health hospital in Dabankhi in the Gudermess District, with a capacity for 250 beds, a psychiatric hospital in Grozny with a capacity for 80 beds, and a polyclinic. A psycho-neurological dispensary was recently opened in Grozny City along with an Is-

lamic health center (which conducts awareness campaigns). According to the Russian medical law, healthcare in the country is free.

Dr Idrisov noticed that there are fewer patients in clinics seeking treatment for PTSD and other disorders triggered by traumatic experiences than there were 10 years ago – approximately one or two per month (chronic and aggravated cases). During the war and right after the end of war 32% of the Republic population was diagnosed with PTSD. Currently, the most common diagnoses include psychopathy, neuroses, anxiety and PTSD, with PTSD more prevalent among men. There are no official data on the number of patients admitted and treated [17,18].

HUMAN RESOURCES

In evaluating mental healthcare human resources in the Chechen Republic, we first need to establish what kind of professionals would be required. Mental health and psychosocial support is usually provided by psychiatrists and psychotherapists, however, in Russia it is provided by clinical psychologists of crisis and extreme situations. Psychiatrists provide more of a medical treatment support, when all other types of treatment have failed [19]. Additionally, social workers do not deal with mental health issues, but usually work with seniors and children. Therefore, in order to assess the capacity of human resources, we are going to look at the number of psychiatrists and psychotherapists, as well as students who are currently undergoing training.

In 1994, before the outbreak of war, the Republic had 37 psychiatrists (0.28 professionals per 10 000 people). In 1998, during intermittent war, this number decreased to 12 (only 0.1 psychiatrist per 10 000 people). Immediately before and at the very beginning of the First Chechen War, many medical specialists, including mental health practitioners, left the Republic [16]. Most of them were of non-Chechen origin. During the war, there was no funding and no time to recognize the aftermath of military operations on mental well-being of the people, and with the majority of professionals leaving the Republic, it became evident that it was significantly lacking human resources.

Currently, mental healthcare professionals are educated at State Chechen University, however, in 2015 only one intern was undergoing training [16]. In the past there were as many as six interns in the psychiatry program, however, nowadays students tend to choose medical specializations that will guarantee them income [16]. The increased stigma of mental illness in the region also contributes to the unpopularity of psychiatry as a specialty. The central government in Moscow usually allocates one to two places at Russian state universities for Chechen students to receive full medical training and later to return to their home country to work as mental healthcare specialists. Additionally, in 2014 a new course was introduced at Chechen State University, stress disorders due to traumatic events, into the psychiatry curriculum (a general course is mandatory for every medical student), with the aim of bringing awareness and skills to those interested in the field.

It is also important to mention the ethnic and religious aspects. The Chechen Republic has a total population of 1 268 989, according to the census of 2010; 95.8% of the population are ethnic Chechens, 1.9% are ethnic Russians and 1% are ethnic Kumiks [20]. All the medical personnel is of Chechen origin [16]. Considering the fact that ethnic Chechens profess their religion to be Islam, it is important to note that mental disabilities may be seen through the prism of Islamic psychiatry, which views mental problems as a reflection of issues on a metaphysical level [21].

MEDICINES

Some disorders require drug therapy, for instance insomnia and neuroses, due to experienced trauma. Currently, all Chechen clinics have sufficient funding for medicines such as phenobarbital (sedative), benzodiazepines, tricyclic antidepressants and antipsychotics. All patients admitted to hospital receive drug treatment free of charge, but out-patients need to pay for their medications. According to Dr Idrisov, [16], one course of treatment would cost a patient no more than 500 RUB (10 USD).

However, medicines are the treatment of a last resort. First, any type of psychotherapy, such as

crisis intervention, counseling, group sessions is offered to the patient and only after every other approach has failed is the patient prescribed medications or admitted to hospital and given the drugs there.

INFORMATION SYSTEMS

In order to pass on the information about mental health and psychosocial support for victims of the Chechen Conflict, a dedicated system should exist. The goal of such a system would be to advocate for mental health, conduct awareness campaigns, and focus these efforts on the more traditional groups that stigmatize mental healthcare.

Dr Idrisov leads an awareness campaign at State Chechen University. It consists of a network system, where the students reach out to their friends and families, and discuss the reasons for stigmatization while trying to provide new perspectives on the entire field. Additionally, patients that have been treated at local facilities spread the word what exactly psychiatry and psychosocial support entail.

To this day, young women are the most reluctant to seek help for mental health issues in the region due to the fact that receiving treatment for or being declared as having a mental disorder significantly decreases, if not spoils, their chances of a successful marriage [19]. There is a National Mental Health Day, part of an awareness campaign, introduced a few years ago with an attempt to make the local population more tolerant of mental health problems, in addition to flyers and advertisements aired on the national television.

To sum up, efforts have been made in order to ease the Chechen people into the concept, yet progress is not significant. More people have started seeking support and treatments, which proves that these efforts are having an impact on the population, yet the speed of change is quite slow.

FINDINGS

In order to assess a mental health and psychosocial support program in the Chechen Republic

lic, we have evaluated four domains, which in our view constitute main aspects of a successful mental healthcare program. More people have recently started coming out with symptoms of the traumatic events they had experienced because they feel more secure, but many families still suffer due to stigmatization. As yet, there is no approach that would unite the traditional communities, with their customs, traditions and beliefs, and modern psychiatry [16]. Attempts have been made, but there is significant room for improvement in the advocacy campaign. The community has become more accepting of those diagnosed with mental illness, and the elimination of symptoms triggered by two wars and the military situation has contributed to the healing of the Republic in general [16].

CHALLENGES

Mental health programs are often associated with stigma (a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with a mental illness) associated with recognizing mental health problems. It is commonly accepted that when a person receives any kind of injury, they should seek immediate treatment; an act of doing so is not considered a mark of weak character. However, the same approach does not always apply to mental health problems [22].

The perception of mental healthcare varies from region to region. In a study conducted by Gureje & Alem [23], it became evident that in most parts of the African continent people's attitudes towards mental illness are still strongly influenced by traditional beliefs in supernatural causes and remedies, which led to stigmatization of mentally ill persons and reluctance or delay in seeking appropriate care.

Due to these challenges, often compounded by a lack of government initiatives aimed at establishing or improving mental healthcare, people are left with almost no support. One example from our study is the Rwinkwavu Partners in Health Hospital in Rwanda, where there was no psychiatrist and the country did not have capacity to treat any mental disabilities. Considering Rwanda's recent past, psychological and psychi-

atric help is crucial for rebuilding the country, but stigma hampers investment in this area [24].

An analogous situation can be found in the United States, where only 20% of adults with a diagnosable mental disorder or with a self-reported mental health condition sees a mental health provider due to stigma [25]. Stigma against mental healthcare is universal. It varies in levels depending on several factors, such as traditional society beliefs systems, religion, advocacy campaigns. Therefore, we can conclude that in order to develop successful psychosocial support programs, a world-wide campaign needs to be initiated that would aim at the destigmatization of these concepts. If such endeavor were successful, it would contribute to bringing mental healthcare in peace building on to another level. However, even with stigma in place there are many factors that constitute mental well-being, which will be discussed in the following section.

RECOMMENDATIONS

After a thorough analysis, we can conclude that the importance of mental health and psychosocial support programs is underappreciated. A multilateral approach is necessary in order to improve the current situation. First, we have witnessed that a community approach is often favored since it is the community that needs to undergo the healing process. However, we believe that the initiative should be coming from the top. If the central and regional governments recognize the importance of such programs, negotiate with international organizations for additional support, organize training for mental health professionals, then there is a higher chance of a fast recovery of a society from post-traumatic condition.

Second, awareness and de-stigmatization campaign should be organized at the highest level. Social stigma of mental illness hinders recovery: people are afraid to acknowledge that they might be experiencing symptoms of PTSD, are hesitant to seek proper treatment, all of which causes the symptoms to aggravate and leads to escalated tensions within the community. If addressed at the early stages of traumatic experience, the condition can be treated, which will prevent possible further disruption.

Third, some countries have failed to legally recognize the need for mental healthcare and allocate funds in their budget to this issue. Mental health should be written into the national healthcare plan; only representation at such higher will ensure adequate action. We believe that the importance of mental health and psychosocial support programs and their role in peace building and reconciliation needs to be recognized on the highest possible level. Currently, the only guidelines are provided by the Inter-Agency Standing Committee and the World Health Organization. Many aid companies work on these issues as well, however, without a universal and binding recognition of the issue no real progress can be made.

Currently, the international community's priority in any crisis situation, whether a natural disaster or a man-made one, is containment and attending to victims' physical health. If mental health were to be included in those priorities, it would ensure fast responses to the problems and eliminate built-up tensions that tear the communities apart.

CONCLUSIONS

The social condition addressed in this paper is the mental and psychosocial trauma experienced by victims of violent conflict. We have evaluated the impact of mental health programs on the healing of the communities affected by conflict. The study has shown that mental health programs implemented in areas that have recently achieved peace aid in decreasing the general level of violence by de-escalating inner tensions and protracted built-up anger among both victims and perpetrators.

We have conducted a qualitative data analysis by comparing the availability of mental healthcare facilities, human resources, medicines and advocacy campaigns before, during and after the conflict. The evaluation has shown that:

Programs tend to be centered on the community approach in order to address the tensions among those who fought against each other during the conflict. Such development has proved its efficiency yet it could only be successful when there are enough skilled personnel that can run these sessions.

Traumatized individuals can become stressors for the rest of the community and trigger further violence if left untreated.

The partial use of community approach leaves the issue of mental healthcare to the district level and without proper support of the central government no successful awareness program is possible. Even when the programs arise at the ground level, state and international support is crucial.

Many implemented programs have not been properly documented and only a few have been evaluated. Without understanding what part of the program was a failure, no analysis for future projects is possible.

Medical treatment of PTSD is considered to be the last resort when the patient is unable or unwilling to go through all the other therapeutic measures available.

Legal recognition of the need for mental healthcare and psychosocial support is necessary for proper financing and implementation of relevant programs.

Stigmatization has proven to be the biggest factor in hindering the process of community healing: due to the wrong concept of what "mental health" entails, citizens shame each other into abstaining from much needed help, which in return leads to the aggravation of symptoms.

We have not looked at the correlation between different cultures and stigma against mental health, yet the qualitative analysis has shown no dependence between specific culture and stigma. The only inter-dependence is stigma and traditional societies, which have been living in relative isolation from the Western culture.

To sum up, our study has concluded that mental health and psychosocial support programs play an important role in peace building and reconciliation processes and should become a crucial part of each such program.

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