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Psychopathology among War-Affected Children and Lessons from Sri Lanka on Culturally Relevant Management

Chandradasa M^{1,2*} and Champika L³

¹Department of Psychiatry, University of Kelaniya, Sri Lanka

²Faculty of Medicine Nursing and Health Sciences, Monash University, Australia

³Latrobe Regional Hospital, Traralgon, Australia

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Perspective

There are several major ongoing-armed conflicts in the world. These include the conflicts in Afghanistan, Iraq, Yemen, Philippines, several African countries and Syria. Due to these conflicts, family networks are disrupted with displacement, morbidity, death and ongoing threat to human lives. Children are directly and indirectly affected by conflict-related turmoil physically and mentally. At present, Syria has become the world's biggest producer of externally and internally displaced persons. The conflict in Syria has persisted for years with many displaced Syrians hosted by Turkey. More than half of the 2.7 million Syrian refugees currently residing in Turkey are children and adolescents [1]. Among the displaced, Gomez et al found that 18.3% of children between 9-15 years that they studied were suffering from probable post-traumatic stress disorder (PTSD) [1]. A significant proportion of these children had witnessed the loss of someone important to them, explosions and gun battles, dead and injured persons and torturing. In addition to PTSD, almost 70% of these children were detected to have anxiety-related disorders [1].

Sri Lanka, an island nation in the Indian Ocean suffered an armed conflict lasting three decades causing more than 60,000 deaths. In addition, the country's coastal regions were destructed by a tsunami in 2004 causing 30,000 deaths. Elbert et al found that 92% of the minority Tamil children they surveyed in Northern Sri Lanka had experienced traumatizing events such as shelling and bombing and 25% met criteria for PTSD [2]. Children in the South were also impacted by a continuous threat to their own and their parents' lives due to frequent militant attacks, which included suicide bombers. The war ended in 2009 and at present, the country tops the human development indices in the region and belongs to the high human development category according to the United Nations Development Programme [3].

Studies done in Sri Lanka show that mental health literacy is low even among the carers of mentally ill and many psychiatric manifestations present late to services leading to functional impairment [4,5]. The difficulty in addressing the psychological trauma caused by the war and tsunami was the lack of child mental health professionals in the country [6]. The practising child psychiatrists were only available in tertiary centres in the capital during the war. Even at present the services of a child and adolescent psychiatrist is available only in four out of the nine provinces of the country. Due to the lack of availability of child mental health professionals, other medical specialists were compelled to prescribe psychotropics to certain presentations of children which led to serious adverse effects at times [7].

Several Western psychotherapies had been employed and studied in Sri Lanka to treat psychological trauma in children. Tol et al studied the effect of cognitive behavioural interventions on post-traumatic, depressive and anxiety symptoms as primary outcomes in Tamil children affected by the war in Northern Sri Lanka. The group intervention consisted of coping skills strengthening, guided exposure to traumatic events and creative expressive elements such as drama by trained non-specialized personnel. However, this study conducted during the final phase of the war did not find the interventions to have an effect on the primary outcomes [8]. Catani et al conducted a study in North Eastern Sri Lanka in the aftermath of the tsunami, which was already affected by the war.

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*Correspondence:

Miyuru Chandradasa, Department of Psychiatry, Faculty of Medicine, Thalagolla Road, Ragama, Sri Lanka.

Tel: +61490768383

E-mail: miyuruc@kln.ac.lk

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Narrative exposure therapy and meditation-relaxation were found to be equally effective for post-traumatic symptoms and functional impairment [9]. Meditation is a culturally accepted practice for Buddhists and Hindus of Sri Lanka. Berger and Gelkopf conducted a quasi-randomized controlled trial for children in Southern Sri Lanka after the tsunami. The intervention that combined cognitive behavioural skills and meditative practices was significantly effective in reducing post-traumatic and depressive symptoms in the studied school children [10].

Somasundaram and Sivayokan state that factors such as unresolved grief, collective trauma, insecurity, poverty, child abuse and neglect impair the mental health recovery of a community [11]. They found that in the Sri Lankan context, practising traditional cultural rituals acted as a protective factor against mental health deterioration in the post-conflict context [11]. It appears that the mental health professionals would have to respect the cultural beliefs of the individuals seeking help and integrate these into the management to facilitate the mental health recovery of a war-affected community. They further recommended that community-level workers to be trained in basic mental health and this would help to rebuild the family resilience [11]. Reestablishment of family and community networks would ultimately improve the child mental health of the population. Since lack of child mental health professionals is a major concern in many of the war-affected nations, community-level worker and community volunteer organization centred programmes would be more appropriate and relevant [12].

Sri Lankan experience shows that culturally adapted psychotherapeutic interventions are effective for treating children with psychological trauma related to war and natural disasters. Child mental health professionals from other countries who are dealing with the enormous task of addressing child psychopathology associated with war may find the Sri Lankan experience useful for planning their interventions.

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