The Effects of Armed Conflict on Child Mental Health: A Global Perspective, Part 2

Eli Breger, M.D.

This is part two of a two-part article on how armed conflict can affect children around the world emotionally, psychologically, culturally, and socially, and what the medical community, mental health professionals, media, local communities, and families can do to help. (Part one of the article appeared in the December 2004 issue of AACP News.)

PERSPECTIVES ON PREVENTION
As mental health professionals we are committed to the principles of primary, secondary and tertiary prevention. Yet we are also cognizant of how elusive these goals are.

Primary Prevention is aimed at reducing the possibility of mental illness and fostering positive mental health. Every action we undertake as professionals and citizens to improve the human condition and make life more fulfilling and useful is an action in the direction of prevention. We accomplish this through program development, clinical services, education, consultation to community agencies, therapy, and political action. Mental health workers need to be mindful that such efforts are the paths we use to exert positive influence on biologic, psychosocial and cultural levels in the direction of primary prevention. Cooperative efforts with our governments, the World Health Organization and non-governmental organizations (NGOs) to prevent wars remain critical but difficult to attain.

Secondary Prevention involves efforts to reduce the impact, duration or spread of a problem that has already occurred and reduce long-term consequences. Programs to provide safety, essential needs, stability and a sense of hope for children traumatized by war and geographically displaced is attainable, and we must exert influence in this direction. Psychosocial recovery programs for use in the variety of settings where there are children of war have been developed, but they do require implementation, in-service training and ongoing supervision.

Tertiary Prevention seeks to reduce the long-term consequences to individuals already demonstrating an established disorder. Within the context of children of war it requires a panoply of services which include attempts to reunite youth with family members, the availability of long-term group homes, adoption services and residential treatment centers.

The organizing principle of schooling in such settings is not to be minimized. Most children had been attending school in their community prior to armed conflict. This is especially true for primary and secondary grades. The reestablishment of school, even on a rudimentary basis with less than qualified staff, has consistently demonstrated a great soothing, stabilizing effect on anxious, traumatized children. Teachers with varying backgrounds and qualifications are also usually found in such settings and they also benefit from assuming the role. The school can also serve as an appropriate setting to discuss pertinent issues and conduct a more formal psychosocial recovery program.

THE PROCESS OF RECOVERY
Recovery is a vital process that occurs in most war traumatized children provided environmental stabilization is established. It is a process like mourning or grieving, which is accomplished in predictable stages.

The term “recovery” should be encouraged as it does suggest a positive outlook to the youth. It implies that the recovery program has

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a method to enhance recovery, that it will help, and imparts the notion that it may hurt somewhat to get better, but it will be worth the effort. Also inherent is the notion that the program cannot succeed without the child's effort and cooperation.

Statistics show that most recovery occurs without specific interventions but as a result of time, environmental re-stabilization, and emotional support utilizing such measures as reassurance, persuasion, inspiration and re-education. Patience and time are of the utmost importance. Of much importance also is a well-developed daily life program of supportive care, structure, healthy activities allowing for outlets of emotions, encouragement of emotional discharge, and activities that strengthen the child's ability to face day-to-day problems. This includes very elementary necessities such as shelter, food, medical care, schooling and group and peer support.¹

Environmental stabilization plays a vital role in the effectiveness of the recovery program. Naturally, when the child's family remains together, environmental stabilization is enhanced. By contrast, rupture of family ties or continued instability in the environment lead to emotional upheaval.

The phases of grieving, such as anxiety, anger, denial and, eventually, re-stabilization, are seen as part of the mourning process. The behavioral manifestations of war traumatized children may be viewed in the short-term as adaptive mechanisms serving to protect the child from overwhelming emotional feelings, but should they continue to exist without getting resolved, they will leave permanent emotional scars.

**EFFECTIVE AND INEFFECTIVE MODELS OF RECOVERY INTERVENTION**

The following is a sample list of models of recovery interventions that have and haven't worked with children traumatized by armed conflict.

- Trauma psychology experts have presented training workshops to mental health professionals in locations affected by war, so they can then use these skills in varied professional activities.
- UNICEF and other NGOs have also prepared and distributed manuals for parents and caretakers describing children's emotional response to armed conflict and appropriate interventions.
- Schools in war communities often have programs of expressive drawing integrated into the day's teaching plan. Such efforts are most often short-lived.
- Following the Iraqi invasion of 1991, Kuwait developed an ambitious project to mitigate the invasion's effects on children. They developed a "pyramidal" program utilizing internationally recognized mental health experts in war trauma psychology and therapeutic interventions. This group presented to groups of mental health professionals, teachers, and other educated and committed individuals in their communities. Upon completion of training, each trained individual was tasked to provide inserviceing to a group of their own creation, thereby endeavoring to reach all youth and families in this small nation.

The author was tasked by UNICEF Middle East/North Africa to evaluate the program upon its completion. It demonstrated a lack of progression and continuity from apex to base, which appeared to be due to: 1) the international expert teachers left after the program's initial phase and did not maintain adequate oversight, 2) supervision and responsibility of trainees diminished over time as one went further down the pyramid, and 3) the war was of limited duration and Kuwait was able to re-establish structural normalcy rather rapidly.

- In 1994, the author developed a formal group- and school-oriented Recovery Program for Child Victims of Armed Conflict consisting of a teacher/training manual prepared in English and Serbo-Croatian, describing strategies for therapeutic intervention and specific details of the psychological programs. The program included theory of war trauma, structured format for identifying those youth in need (including rating scales), and an associated video of the program manual. It was presented and inserviced to supervisory staff and appropriate persons in refugee camps for the internally displaced, orphanages, and residential settings in Serbia, Croatia and Bosnia-Herzegovina. Adequate evaluation of effectiveness was thwarted by geopolitical circumstances.²

**General Principles Underlying the Therapeutic Strategies in the Recovery Program**

Stabilization is an immediate and primary need for the recovery program to begin, and as such, is best deferred until the child is comfortable and has safety, shelter, food, and medical care. There should be a structured schedule so the child has a semblance of normalcy regarding the 24-hour day. The presence of a recovery program within the structure and encouragement for youth to take part in it adds to stabilization in that it gives the message of hope for the future. Physical and other age-appropriate activities obviously help in discharging tension.³

Each therapeutic strategy must be based on a specific, well studied psychological process which is part of learning and coping used by children under normal circumstances to deal with stress. Each strategy needs to:

- Identify the processes involved
- Strengthen recovery
- Focus directly or indirectly on the trauma experience and the resulting signs and symptoms
- Be interesting and attract the imagination of the child

Programmatic modalities include:

- Information Clarification
- Feelings Awareness Training
- Expressive Drawing
- Group Discussion
- Desensitization Training
- Expressive Writing

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The program may increase distress in the short run, but it operates on the assumption that focusing on sensitive experiences and facing the trauma with support and in a graduated manner allows one to become less sensitive to the traumas. It is an alternative to avoidance and helps the child get beyond the events and attain true recovery and get on with life.

In spite of adequate environmental stabilization and a suitable recovery program, some children, for a variety of reasons, remain seriously emotionally impaired and require a higher level of care by more specialized mental health workers. The need for medication to moderate the symptoms should be evaluated by medical professionals. With the symptom severity ameliorated, the child may then be able to profit from re-enrollment in the program. Such programs may be applicable in refugee camps along the border of Afghanistan and Pakistan where there are large numbers of such youth and families.

CONCLUDING REMARKS
The following is a statement that Javier Perez de Cuéller, former United Nations Secretary General, made in 1987. It is still applicable today regarding our children.

"The way a society treats children reflects not only its qualities of compassion and protective caring but also its sense of justice, its commitment to the future and its urge to enhance the human condition for coming generations. This is indisputably true of the community of nations as it is of nations individually."

Dr. Breger is an AACAP Life Fellow, a member of AACAP's International Relations Committee, and a Fulbright Senior Specialist. He is committed to teaching and training child psychiatry in medical schools in developing nations. As Associate Professor of Pediatric Psychiatry, United Arab Emirates Faculty of Medicine and Health Sciences (1991-95), Dr. Breger served with UNICEF Middle East/North Africa developing psychosocial recovery programs for children of armed conflict.

References
(2) Breger, E., Recovery Program, Child Victims of Armed Conflict (1994), UAE Faculty of Medicine and Health Sciences, Al Ain, UAE.