Epidemiology of mental health in conflict-affected populations

In their Article in *The Lancet Global Health*, Derrick Silove and colleagues describe how different forms of recurrent political violence have affected mental health in Timor-Leste. The paper establishes several advances in epidemiological studies of mental health in conflict-affected populations. One of the most important is integration of high-quality epidemiological sampling and validated mental health measures with information about relevant social conditions, a good qualitative grounding, personally meaningful experience, and local historical context. Epidemiological studies that measure potentially traumatic events and post-traumatic stress disorder in low-income countries have been criticised as deficient in culturally salient meaning and relevance to interventions. By contrast, culturally informed epidemiological studies integrate anthropological methods of in-depth interviews and qualitative fieldwork to identify local idioms of distress, illness experiences, and sociocultural context to form the basis for relevant and valid research questions.

Epidemiological articles are generally terse—journalistic styles are often used—so in assessing the qualitative basis for a transcultural epidemiological study, it is important to recognise substantial qualitative research that might be published in journals of different specialties. For example, the study by Silove and colleagues was informed by previous qualitative research of East Timorese people living in Australia, which showed that trauma was a historical process of collective suffering imbued with meaning in relation to a struggle for justice. Silove and colleagues also noted the personal and social importance of trauma experienced as human rights violations, and the relevance of mental health care for recovery from political trauma.

The identification of trauma events as human rights violations is being increasingly noted in epidemiological studies of conflict-affected populations. By recognising moral, legal, and political links between trauma, perpetrators, and social context, the adverse effects can be better linked to means of personal and social recovery and resilience. In this study and others, traumatic experiences, post-traumatic stress disorder, and depression have been associated with several factors that can affect a country’s chances of peace and security after conflict: unresolved injustice, desire for revenge, attitudes to legal redress, and whether violence or non-violence is considered a means to peace. Silove and colleagues used a longitudinal study design identifying historical eras, rather than the typical cross-sectional design measuring generic cumulative trauma. As a result, they were able to assess the effects of repeated armed conflict and violent social turmoil, showing the importance of social stabilisation and successful peace processes for the prevention of, and recovery from, individual and social disability, distress, and impairment. They also investigated the contribution of poverty to the development of mental distress—poverty often accompanies sustained armed conflict and is associated with distress and mental illness.

This study would have contributed more to our understanding of the mental health of conflict-affected populations by including other important forms of violence, such as partner violence and child abuse. These personally and socially pertinent types of interpersonal violence are not captured by the Harvard Trauma Questionnaire and the investigators conflate partner violence and child abuse into family or community conflict. The meaning and effect of trauma is affected by the relationship between the perpetrator and victim, and not just by the method of the violence or number of events, as Silove and coworkers acknowledge in their explication of political conflict. Understanding how domestic violence interacts with the effects of, and recovery from, human rights violations could suggest interventions to further aid the recovery of individuals, families, and communities.

A further advance would be if studies used in-depth interviews with the probability-sampled respondents of the epidemiological survey. Such interviews would produce detailed information on which to base moderately generalisable and acceptable methods of engagement, treatment, and social healing. This would be a kind of epidemiology sandwich, which begins with qualitative exploration in non-probability-sampled respondents, followed by a culturally informed epidemiological survey, and finishing with in-depth interviews with all, or a probability-sampled subsample, of survey respondents, to create a finely grained picture of areas for prioritisation for better understanding and possible interventions. For example, if epidemiologists...
studying conflict-affected populations returned to their survey respondents to explore specific means for achieving justice and reconciliation, a range of informed options could be generated for social reconstitution to prevent the future distress, symptoms, and disability, which Silove and colleagues have shown result from persistent conflict and perceived injustice. As shown by this study, the standard for epidemiological methods applied to studying mental health in conflict-affected populations has improved by being qualitatively informed and by integrating relevant experiences, sociocultural factors, and political aspects of study populations.

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I declare that I have no competing interests.

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