

Update Paper for the World Health Organization



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This update paper will discuss the linkages between mental health and war/conflict. Specifically, it will focus on Post-Traumatic Stress Disorder.

War: though some of us may never experience it firsthand, war is all around us. According to the International Crisis Group, there are 69 countries worldwide that have some type of ongoing conflict as of July 2017 (International Crisis Group). War is always under constant construction. New weapons and tactics are being deployed on the battlefield everyday. Yet, the problems and issues that are a by-product of it remain the same. Many of these issues are ignored most of the time. In this update paper, you will read about the changes brought upon civilians and soldiers who experience war.

For the sake of clarification, the word “war” refers both to internal and external conflicts that a member state is affected by. For example, the Kashmir conflict is an external conflict (between Pakistan and India) while the South Sudanese civil war is identified as an internal crisis (within South Sudan). There have not been any so-called “world wars” since World War II, yet skirmishes, terrorism, attacks and internal conflict run rampant, and many cross continents and involve several countries.

The psychological impact on soldiers

Each soldier was at some point a civilian. However, after training and many drills, these very same civilians are transformed into individuals who are constantly visited by death and destruction. The sights, experiences, and lives of soldiers while at war can leave an intense psychological imprint on the individual. In her book, “The Untold war: Inside the hearts, minds and souls of our soldiers”, Nancy Sherman, a professor at Georgetown University, interviewed 40 soldiers. Many of them expressed symptoms of Post-Traumatic Stress Disorder (PTSD), Anxiety, and

Depression. These symptoms were attached to memories of comrades dying, explosions in combat, and other horrors. Many times, the interviewed soldiers blamed themselves and had what is called survivor’s guilt. Having such traumatic experiences meant that even when they physically left war behind, many of them came home carrying burdens of war in the mind. Sherman notes:

The soldiers with whom I have talked feel the tremendous weight of their actions and consequences. Sometimes they extend their responsibility and guilt beyond what is reasonably within their dominion: they are far more likely to say, “If only I hadn’t” or “If only I could have,” than “It’s not my fault” or simply leave things at “I did my best.” (Sherman)

While we must remember that the impact of war may differ in each soldier’s case, the psychological impact of war can heavily impact the lives of military members. For example, the Department of Veteran’s Affairs in the United States estimates that around 31 percent of Vietnam war veterans have some form of PTSD (NIH Medline Plus). Though not all soldiers experience battle in the same way, the rates of mental health issues amongst veterans are too high to ignore. In addition to higher rates of mental health issues among those who have served in the military, soldiers are often unlikely to pursue treatment, as there is a strong stigma against seeking help. Many military men are worried that they will be seen as weak, and sometimes their careers are at stake. According to a report by National Public Radio in the U.S., soldiers who get treatment for PTSD or other mental disorders must be reevaluated before deployment and can be blocked from certain infantry positions if they receive the diagnosis of chronic PTSD (Robert Siegel). Better treatment options, prevention mechanisms, and a reduction of stigma are needed for servicemen internationally.

The psychological impact on civilians

Sanctity of mind, safety from violence, and safety of health are three ideal components of life sought by civilians worldwide. Yet, for many people, that ideal is unattainable given the state of conflict in which they find themselves.

Imagine that your safety was taken from you. There would be death lurking around every corner. The morning cheers of the birds might be replaced with the earth-shattering sound of mortars raining down from above. Imagine suffering from the constant worrying about shortage of resources, the safety of your family and neighbors, and the state of your country. A civilian is not expected to be emotionally prepared for such circumstances. But, in the case of war, they are being plunged into an abyss of danger with no clear outcome. War brings about changes that are hard to adapt to.

In her diary of life as a Jew in Germany during World War II, Anne Frank lists instances in which the people in her secret annex would become upset and anxious during air raids. She also wrote about her living conditions and daily routine. She was deprived of education, communication with the outside world, and a feeling of security. Though the conflicts have changed, these three impacts have not. In fact, modern warfare has increased the amount that civilians are affected by conflict, as described in a UNICEF report on the impact of war on children: “Modern warfare is often less a matter of confrontation between professional armies than one of grinding struggles between military and civilians in the same country, or between hostile groups of armed civilians.... Today, wars are fought from apartment windows and in the lanes of villages and suburbs, where distinctions between combatant and non-combatant quickly melt away” (UNICEF - Patterns in Conflict). The same report says that civilian casualties have risen from 5 percent to over 90 percent of deaths in armed conflict from 1900 to 2000.

All of this takes a huge toll on the psychological health of people living in areas of conflict. Like soldiers, they experience the loss of those around them and the terror of violence. Unlike soldiers, they often have fewer resources to turn to for support. The RAND Corporation found that contracted builders

and other private operators working in war zones had even higher rates of PTSD, Anxiety, and Depression than soldiers in the same areas (RAND – Martha Dunigan et al.).

Furthermore, there are the children of war to think of. Many children worldwide now live in a generation where war, depression, violence, discrimination, hatred and death are an unavoidable routine. One of the worst years was 1992, when around 500,000 under-five-year-olds died as a result of armed conflicts (UNICEF – Patterns in Conflict). Today, many, including the children in Syria, are deprived of education, extracurricular activities, entertainment, and basic needs. They experience trauma on a daily basis, and this trauma will cause mental health issues for some of them for years to come.

Today, one of the most pressing issues is mental health treatment amongst displaced persons. The year 2016 broke the historical record for the most number of refugees worldwide at an estimated 65.6 million people. This means 1 in every 113 people on the planet is a refugee (UNHCR). These people have often experienced the same trauma of war as civilians who remain in war zones. However, even if they manage to escape their situation before fighting occurs, they still have had to evacuate their homes, often leave behind friends and family, and worry about attaining basic necessities. Given the amount of change that displaced persons experience, refugee PTSD is quite common (rates from 10-40% for adults and 50-90% for children, depending on the conflict and location) and is categorized in three ways: pre-flight, flight, and resettlement. These categorizations correspond to the three points in time in which PTSD can take root in refugees (Refugee Health).

The issue at hand

The civilians are prone to the following problems during war time:

- PTSD
- Stress and Anxiety
- Depression

PTSD

According to the diagnostic and statistical manual of mental disorders, A.K.A DSM, PTSD can manifest in one the following ways (note that this diagnosis is applicable for children 6 years and younger):

A. "Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- Directly experiencing the traumatic event(s)
- Witnessing, in person, the event(s) as it occurred to others.
- Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
- Experiencing the same traumatic event over and over again. (American Psychological Association 271)

B. Presence of intrusion symptoms associated with the traumatic event. Such as having a trigger factor which maybe involuntarily such as a loud noise resembling a gunshot.

C. The subject will do anything to avoid reliving the traumatic experience. Such as dissociating themselves from the people, places or anything of relevance which reminds them of the traumatic event.

D. A decline in memory. A phenomenon known as dissociative amnesia in which one finds it hard to recall past memories related to traumatic event.

E. Emotional stress due to arousal and reactivity associated with the traumatic event."

People diagnosed with PTSD, whether civilians or soldiers, must undergo treatment to avoid the symptoms listed above. The treatments can range from drug-related treatments to group therapies and simulations. Availability of such treatments is important to recovery and depends heavily upon decreasing the stigma of receiving treatment. In both civilian and military settings, mental disorders can be highly stigmatized and an individual might feel like an outcast. Hence, education plays an important role in acceptance and awareness. Treatment can be costly too and difficult to dispatch on a global scale.

Stress/depression

During war, stress can be manifested due to many reasons. An accumulation of an individual's worries about safety, death, and lack of resources can lead someone to emotionally break down. Wartime stress cannot be ignored, and anxiety and depression must be treated as a medical condition. When left alone, individuals with anxiety or depression can try to cope in other ways, such as with alcohol or other drug use, which often worsen their symptoms in the long term and have other negative impacts. Excess stress can funnel down to depression. The feeling of constant fear and having no choice or ability to combat the situation can render someone hopeless. Depression can severely impact someone's life, in extreme cases leading to suicidal thoughts. For people suffering great depression, immediate attention is required. Yet sometimes access to services can be compromised. Therapists and psychologists often do not operate in war zones, and even when they do, their numbers fall short of the need. One possibility could be establishing safe zones within a city under siege where people from all sides can take receive medical attention with assurance that they will be safe. What other ways could people seek attention during war?

Conclusion

The World Health Organization is tasked with finding solutions that are affordable, practical, pragmatic, acceptable, and long-lasting. You, as delegates representing the health of people internationally, must figure out a way to curb the individual, group and society wide effects that cause and worsen mental health issues amongst those experiencing war, whether soldiers, citizens under threat, or refugees. How can you work together to reduce the instance of mental health disorders in countries at war, provide mental health services to those who need them, and tailor your efforts to soldiers, citizens, and refugees? How can you reduce the stigma around seeking help and ensure access when help is asked for?

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