



Globalization and Mental Health. The Impact of War and Armed Conflict on Families
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ENGLISH SUMMARY



Globalization-informed framework for mental health

Globalization has allowed the world to become more attuned to the human rights violations, political violence, and humanitarian emergencies of people in conflict areas far away from our homes. With the increase in numbers of researchers and humanitarian workers from high-income countries (HIC) into areas of armed conflict in low-income countries (LIC), a framework is presented that incorporates an understanding of cultural manifestations of mental distress and treatment that is separate from the current biomedical approach.

This dissertation has the overarching goal to understand complex clinical questions regarding survivors of armed conflict through a developmentally and socially relevant approach with cultural relevance to inform interventions and policy. A mixed methodological approach that included qualitative and quantitative methods was used to (1) evaluate the impact of conflict-related trauma on children, (2) how this affects children as they grow into adults and have children of their own, and (3) what happens when survivors of torture migrate to a host country. An important element of this dissertation is a novel approach to conceptualizing conflict-related mental distress. This approach critically departs from a narrow biomedical approach focused on individual pathology towards a more contextualized concept that considers the importance of developmental stages and the influence of socio-cultural context on both the local perceptions of mental health and the social determinants of mental health at the family-, community-, and wider society-levels. The dissertation presents studies conducted with a lifespan lens of adults who were subjected to armed conflict as youth and is reflective of genuine work in humanitarian settings – the shifting contexts and populations in various developmental life stages that accompany areas of insecurity.

After the introduction to globalization and mental health, *Chapter 2* examines male and female former child soldiers' (FCS) community and family relations to determine how the experience of child soldiering affects adult relationships. Thematic analysis on semi-structured interviews, focus groups, and observational data with 23 FCS parents in Burundi found that after child soldiers grow into adults who have offspring of their own, they continue with a learned silence from the rebellion, distrust as a means of coping, and use their child soldier experiences to teach lessons to their offspring. The findings have implications for mental health interventions by strengthening the positive uses of silence while understanding their maladaptive uses, to ease the effects of war-related experiences.

With these findings of adaptive and maladaptive means of coping in FCS, *Chapter 3* then evaluates the mental health systems of care that are available to FCS in Sierra Leone. Thematic analysis was conducted on 24 interviews with participants from diverse sectors to identify mental health priorities, barriers, and facilitators of mental health care for Sierra Leonean former child soldiers. Findings showed that mental distress, substance abuse, and gender-based violence were common among FCS, who faced limited mental health care due to barriers of a lack of government support and communication with providers. The results imply that a formal public health model of mental health care that includes local, culturally-embraced interventions could target local priorities and reduce barriers to care.

Chapter 4 queries what informal types of care could be helpful for children who have experienced extreme adversity, through a systematic review of resilience in youth affected by armed conflict. Altogether, 53 studies were identified (15 qualitative and mixed methods studies, and 38 qualitative mostly cross-sectional). Qualitative studies found variation across socio-cultural settings and contextually unique processes that contributed to resilience outcomes. Quantitative studies focused on promotive and protective factors at

the individual-, family-, peer-, school-, and community-levels, with gender-, symptom-, and phase of conflict-specific effects on mental health outcomes. Overall the review supported the perspective of resilience as a complex dynamic process of time- and context- dependent variables, versus a risk- and protective-factor model. Resilience-informed interventions should be tailored to specific contexts, rather than the application of a universal model.

Chapter 5 moves from the childhood experience of armed conflict and the systems of care in place for them, to what happens as they age and have offspring of their own. The chapter shows the importance of moving away from the individual by comparing the psychological, social, and familial factors between FCS and civilian parents, and their children. The matched-pair, cross-sectional pilot study between 15 FCS parents and age-, gender-, and village-matched parents who were never-conscripted found that the children did not differ significantly with respect to mental health problems. However, the children of FCS had significantly worse conduct problems, used less problem solving as a coping mechanism, felt less a sense of belonging in the community and less supported by siblings, and had more perceived family problems than the children of civilians. This preliminary study showed the importance of having a comparison group, as well as the need for qualitative studies to complement quantitative work to provide potential explanations for findings.

Chapter 6 therefore built upon this work of moving beyond the level of the individual by examining children. This chapter continued the use of a comparison group to assist in understanding why offspring of FCS children would differ from those of civilian children. A qualitative study using focus groups, interviews, and observations of 25 FCS and 15 matched civilian parents included a grounded-theory approach to analyzing how and what is transmitted from FCS to their offspring. The analysis identified how war

experiences are passed directly and indirectly intergenerationally via *indero* (how to raise a child), severe parental emotional distress, and community effects of stigma.

The dissertation then moved towards what happens when survivors of extreme adversity migrate to other countries in search of safety. *Chapter 7* explored the relationships between socio-demographic, pre- and post-migration variables with prevalence of psychological distress and global functioning in a heterogeneous sample of torture survivors now living in the U.S. Multi-variate logistic regression analyses on data from 278 survivors found that the length of time between arrival in the U.S. and clinical services was significantly associated with PTSD and depression with those receiving services after one year of resettlement more likely to experience PTSD and depression than those receiving services within one year. These findings have implications for implementing early mental health screening and intervention for survivors of torture.

Chapter 8 builds on these findings to predict which demographic, pre-, post-migration, and psychosocial disability factors will lead to adverse psychiatric symptomology and functioning necessitating care. Hierarchical linear regression analysis on data from 278 survivors included the same variables as chapter 7, with the addition of psychosocial disability factors, including basic resources, external risk, mental health, family relationships, social connectedness, language barriers, and cultural navigation, to determine family and social determinants of adverse mental health. Findings showed that while cumulative torture types independently predicted greater severity of anxiety and PTSD, mental health, basic resources, and external risk disabilities were the strongest predictors of anxiety, PTSD, and depression. Moreover, time spent in the US before presenting for services was a significant unique predictor of symptomology. These findings show the utility of assessing for social determinants of adverse mental health.

The dissertation concludes with an epilogue, *Chapter 9*, that argues for the incorporation of a globalization-informed approach at the forefront of research, interventions, and services with regard to mental health. Such an approach would incorporate a flexible and iterative model from which to conceptualize and treat mental distress through dynamic interactions between global and local influences, different phases of the life course, populations in different contexts, and a focus on the complexity of relations between individual mental health and the social environment. This model would consider the long-term effects of armed conflict on individuals, families, and communities, following them as they migrate to more secure borders and seek to understand the dynamic process by which an individual has changed his/her identity due to experiences through war, migration, and resettlement. Moreover, an ethnographic approach could incorporate individual-, family-, and community-level resiliency processes that naturally assist people coping with adversity. Outcomes would not only evaluate biomedical models of “depression” and “PTSD”, but also signs of health and social functioning pointing to purpose, meaning, and fulfillment in life, as well as grief/loss, status, and sense of belonging. Local diagnostic categories and outcome measurements could be informed through an ethnographic approach, eliciting a patient’s prioritization of distress.