

Healing the Psychological Wounds of War

By Julia Ross

A few years ago in Zadar, Croatia, the parents of a 3-year-old boy sought medical treatment for their son because he had lost seven pounds in two weeks, and they were worried he might have anorexia. When Patricia Padelin, a child psychologist at Zadar General Hospital, questioned the parents, she discovered that they refused to go to bomb shelters during the frequent episodes of shelling that plagued the city during the war in the former Yugoslavia. She told the parents to seek shelter to provide the boy with a safe environment, and his symptoms soon disappeared.

The boy is one of thousands of children, veterans and refugees who have suffered psychological stress from living through four years of war in the Balkans. Symptoms such as nightmares and flashbacks, feelings of numbness and hopelessness, insomnia, weight loss and gain, and an inability to concentrate are common in this population, many of whom have been wounded, witnessed acts of violence, or lost a loved one.

Treating these symptoms, clinically defined as post-traumatic stress disorder (PTSD) when they persist, is a daily challenge for Padelin and her colleagues, Ante Gilic, MD, a psychiatrist at Zadar General, and Vesna Burcul, a social worker with the relief organization Caritas in Zadar. The three recently shared their experiences with mental health professionals in the US as part of the partnership between two hospitals in the Zadar area and the Franciscan Sisters of the Poor Health System, Inc., which has hospitals in five US states.

During an October trip to St. Mary Hospital in Hoboken, New Jersey, the delegation participated in diagnostic and therapy sessions with children who had experienced traumatic events; talked with US counterparts about how to refine PTSD assessment tools; and discussed US and Croatian case studies at a symposium on "Traumatic Stress in Childhood and Adolescence." They also visited a veterans' hospital in Boston, Massachusetts, and took part in a group therapy session with Vietnam veterans.

Padelin and Gilic said visiting with US veterans was a particularly moving experience for them, and it underscored the fact that they need to intervene early with their own veterans. "It took you a long time to treat trauma in your [Vietnam] veterans," Padelin said. "Many of them told us how they spent part of their lives as alcoholics... What I saw there made me sad."

Among Gilic's veteran patients, 62 percent of whom have shown signs of psychological stress due to the war, drug therapy, individual therapy and group therapy are all used in treatment, but group therapy has yielded the most positive results. Providing social support and employment services will also be important for recovering veterans, he added.

"The way the mental health profession is organized here was important for us to see. In Croatia, many institutions used to provide partial services before the war, but the war has forced everyone to work together now, and this is a positive experience for us," Gilic said. "We saw this as a positive in the US as well."

Identifying and treating Croatian children suffering from PTSD may be a tougher challenge, the group agreed, because parents must be able to recognize the signs of traumatic stress and take action. And the toll on children has been significant. In Zadar alone--a city of 80,000--91 children were wounded during the war, 35 of whom developed PTSD, and over 400 children lost a parent in the conflict.

"There are many TV and radio ads about it," Padelin said. "We have tried to educate parents that PTSD is a normal thing. But our country is maybe more traditional than yours, so sometimes it is difficult. If a child is having many problems in school, parents will bring them in. But if a child is depressed, sometimes the parents don't know."

The stigma attached to seeking mental health services is something that the US and Croatia have in common, added Nancy Floom, a social worker at St. Mary Hospital who traveled to Zadar last spring. "Perhaps it is greater in Croatia because fewer people have had the opportunity for access to community mental health."

Michael Swerdlow, PhD, director, St. Mary Hospital Community Mental Health Center, said the Croatian experience of providing psychological services in a war zone is akin to treating people in America's inner cities, where violence is commonplace. For example, US case studies presented at the Hoboken symposium described the course of treatment for a 5-year-old boy who saw his father stab his mother to death, and a 5-year-old girl coping with the murder of her sister.

"More and more, the children and adolescents coming to us have experienced some sort of trauma, whether it's sexual abuse or gang violence... [The Croatians] have had a unique experience, not only working with children under severe conditions, but living under those conditions themselves," Swerdlow said.

The partners plan to carry out a PTSD assessment in one Zadar school where many children who lost parents in the war are enrolled, and possibly provide mental health counseling on-site. They are also planning a symposium on children and trauma, similar to the one held in Hoboken, for early summer in Zadar. Prevention and education activities will target schools and religious groups.

Apart from psychological treatment, broader societal changes are needed to help Zadar's population recover from the war. A stabilized economy, higher employment rates and regular schooling will go a long way toward improving the mental health of both children and adults, the delegation noted. Gilic said, "We found that people with the most severe problems were children and refugees who had no active life, nothing to do."

Bosnian Conference Addresses Mental Health

While the problem of PTSD is widespread in Croatia, it is even more prevalent in Bosnia, where trauma experts met last year at the First International Conference on Postwar Mental Health Issues in Bosnia and Herzegovina. They urged the adoption of multidisciplinary models of intervention and treatment, involving the schools, social services, the criminal justice system and the mental health community, and recommended establishing community-based counseling centers, 24-hour telephone help lines, maternal and child health programs, sexual education programs, and suicide and drug abuse prevention programs.

An ongoing study of 791 Sarajevan schoolchildren by the University of Missouri in Columbia, Missouri found that 40 percent suffer from PTSD, another 40 percent suffer from depression, and 92 percent say they "sometimes wish to die."

Emir Kabil, MD, director of the surgical department and partner representative at Tuzla Clinical Center in Tuzla, Bosnia, an AIHA partner hospital, said health care facilities in his country are overwhelmed with patients suffering from the psychological effects of war: "Thousands of people come to us every day to ask for help. Unfortunately, we simply don't have enough personnel to help."

"Every fifth citizen of Bosnia has psychological problems," added Ibrahim Ramic, MD, Deputy Minister of Health for Bosnia-Herzegovina. "We would like to open a center for treating children... They need human treatment now. They are in terrible shape."