

IREX Research Report

***Topic of research and country visited:
Chronic mental health effects of war in Laplje Selo, Kosovo, (F.R.Y.)***

Existing research suggests that certain mental health disorders, such as depression and post-traumatic stress disorder, are highly prevalent in post-conflict situations. In addition, the full extent of psychosocial trauma in post-war settings is likely under-recognized, particularly in the more chronic phases. As such, a cross-sectional study was designed to identify associations between occult mental health disorders and medical care utilization in the post-conflict setting of the Federal Republic of Yugoslavia, specifically Kosovo. The relationship between physical complaints and underlying psychosocial dysfunction was explored with patients at an acute care center (ACC) in a minority/ethnic enclave. In collaboration with the University of Belgrade Medical Center and the Yugoslavia Institute of Public Health, the study was conducted at two ACCs, primarily at the Laplje Selo District Hospital in Laplje Selo, and secondarily at the Simonica Medical Center in Gračanica. At 10km apart, both ACC locations serve the same Serbian and Roma populations.

Relevance and contributions to the field—for policy research and development provide a brief description of the scholarly impact and policy significance of your research.

Since mental health dysfunction is a common sequela to war, the pursuit of this investigation was both relevant and timely. Research in the last decade has centered on post-traumatic stress disorder (PTSD), yet the extent of psychosocial issues is frequently under appreciated. The presentation of psychosocial deterioration may be obscured by other manifestations, particularly through complaints of medical illness or physical problems. By strategically describing the range of psychosocial issues in post-conflict situations, and recognizing correlations to somatic presentations in ACC settings, we can help inform public health interventions. In addition, exploration of physical surrogates as indicators of mental health injury could assist clinicians to better screen for emotional dysfunction in these settings.

Effective national and international policy changes begin with the initiation of sound analyses that promote improvements in health outcomes. By establishing preliminary links between mental health, psychosocial factors, and utilization of acute care facilities in post-conflict settings, our public health research can guide future interventions, making a significant contribution to the field. Examples include broadening existing health and mental health services, furthering rationale for hospital-based community-outreach programs, and guidance for international donors in promoting civil society development and redevelopment efforts.

In Kosovo, which is three years into redevelopment processes following the NATO bombings of 1999, mental health research of this kind is extremely relevant to policy and development. Given the international community's initial focus on Albanian recipients in Kosovo, the application of this research is particularly timely, since more attention is turning to services for minority populations. The Serb, Roma, and Ashkali populations continue to live in isolated enclaves and have limited freedom of movement, which is frequently a significant source of stress. The "stress process," as established by Peralin et al., is defined as exposure to acute and extreme life experiences and chronic strain. When stress interacts with the processing of emotions, the "self-concept," an individual's sense of mastery and esteem, is diminished. The lack of freedom of movement for all residents of post-conflict Kosovo continues to negatively affect many minority populations. Another example of relevant policy and development include "returns," people who have fled to other countries during the bombings and are being coaxed to return to Kosovo. If the perceived threat of discrimination and harassment, coupled with high rates of unemployment, remain formidable obstacles to repatriation, improved and expanded mental health services might facilitate the perception of personal safety. Finally, the effects of trauma, depression, and chronic physical correlations may currently be exacerbated by unemployment rates. Expanded initiatives that create and maintain economic growth can potentially have positive mental health results. All are areas that could benefit from further exploration from this initial research study.

Summary of approach and research methodology.

Two research sites were used for the following cross-sectional study to identify associations between occult mental health disorders and medical care utilization in Kosovo. The Laplje Selo District Hospital in Laplje Selo served the preliminary source of participants, while the neighboring Simoneda Hospital in Gračanica served as the secondary source. Between August 2 and September 3, 2002, every other adult (over the age of 18) presenting to these facilities with a stable, non-life threatening medical illness or physical injury was invited to participate in the research study. Local research staff, composed of medical students, nurses, technicians and a pharmacist, were present six days per week to collect information from patients presenting for treatment.

Data regarding the patient's demographics (age, sex, occupation, religion, municipality of origin, etc.), history of drug use/abuse, potential risk factors for injury, medical diagnosis, aspects of physical examination, as well as a validated mental health instrument (CES-D) and a health status questionnaire (SF-36) were collected. The association between mental health and presenting medical/physical complaints will be assessed. Univariate analyses will be used to identify individual correlates of presenting complaints, and multivariate analyses used to identify associations between psychosocial factors and medical/physical presentations when controlling for relevant socio-demographic variables. Information about the study and its institutional sponsors, as well as a formal

consent form was administered to all participants, who were completed the survey confidentially in a quiet room.

A summary of research findings and preliminary conclusions.

At this time, our data analyst was unable to provide hard data indicating preliminary findings. It appears, however, that there continues to be chronic signs of trauma, and possibly chronic depression, in the Serbian population sampled. The most frequently reported source of trauma was related to exposure to the NATO bombings in 1999, but also included personal experiences of terror that included being kidnapped, beaten, threatened, burnt out of homes, and being forced to leave their homes. The study's sensitivity may have been affected by lack of clarity surrounding questions of the participants' origins, such as Serbs who identified as being "from" Pristina, but who had not lived there since the war, and those who "moved" during the war who might not have perceived themselves as "displaced." Additional hard data findings, as well as further exploration of the methodology, will be forwarded to IREX as soon as further analysis is completed.

Suggestions for future research agendas.

Future research in public mental health would benefit greatly from additional investigation into post conflict settings. Given the propensity to measure only in the immediate aftermath of conflict, redevelopment can be greatly informed by research on more chronic aspects of mental health. The current study sought to point to areas of further exploration as redevelopment efforts are pursued in Kosovo. First, a more comprehensive investigation into a broader spectrum of enclaves is needed, such as those that are more physically isolated and have few or nonexistent health facilities. In addition, exploration in towns that remain divided and patrolled by police forces, such as Prizren and Mitroviča, would give a clearer indication of mental health services, utilization, and need where tensions remain taut. Extension of the study to other minority populations, such as the Roma, would be informative, as they were often innocent victims of the conflict caught between Serb and Albanian forces. Finally, a study designed for vulnerable populations such as children and the elderly, both of whom were severely affected by the conflict, would also be useful in establishing and promoting targeted mental health services in Kosovo.

Recommendations for the US Policy Community.

Inasmuch as the US Policy Community is involved in UNMIK priorities, recommendations might be best directed toward market economy development, civil society and social development, each of which play a part in ensuring the sustainable return of displaced Kosovar citizens. Currently, more than 280,000 citizens (primarily Serb and Roma) are displaced in Serbia, Montenegro, and Macedonia, and despite the presence of UNMIK and KFOR, many non-Albanians

do not have access to basic human rights in existing enclaves. Equal access must be ensured for members of all communities to employment, property, public services, humanitarian assistance, freedom of movement, and health services, including mental health. Creating these opportunities and distributing them equitably is the ultimate challenge to both post-war Kosovo and its international community. If Kosovo is truly to be supported to become a multi-ethnic society, more must be done to ensure equitable access to health services. A first step is to continue working with the Albanian majority on diversifying public services and to support comprehensive, long-term citizen reintegration efforts.