outlook

War's heavy toll on mental health

Psychological interventions can alleviate the suffering of children traumatized by war, says Fadi Maalouf.

Omar was playing video games in his room with his headphones on when the Beirut port explosion happened in August 2020. When the 10-year-old boy ran into the living room, he saw his mother on the floor covered in blood and his father trying to remove the partially broken glass window that had fallen on her. Omar (not his real name) was bought to see me a few weeks after the explosion. He was having trouble falling asleep and was scared to go to school.

Young people are particularly vulnerable to the mental traumas of war and violence, because they are generally less well-equipped than most adults to cope with stressful events. In addition to the direct experience of violence, separation from family members and pets, destruction of homes and interruption to schooling can all take a serious toll on the mental health of children.

That toll is obvious in Lebanon, a country that has endured a history of prolonged armed conflict. The accidental explosion in Beirut's port killed around 200 people, injured about 6,500, and displaced 300,000 more. Although the explosion was not an act of war, its severity and the local context of protracted political instability and insecurity made Beirut feel like a war zone.

When my colleagues (including my long-time collaborator Lilian Ghandour) and I assessed the mental health of children and adolescents exposed to the explosion, we found that at least two-thirds of them had clinically elevated symptoms of anxiety, half had post-traumatic stress disorder and one-third had depression. In most of these young people, symptoms lasted for months. Many are still experiencing symptoms (F. T. Maalouf *et al. J. Affect. Disord.* **302**, 58–65; 2022). Furthermore, in war-affected areas, which are also often in low- and lower-middle income countries, access to psychiatric care can be limited. In Lebanon, for example, only 5% of young people who need mental-health treatment get it (F. T. Maalouf *et al. Soc. Psychiatry Psychiatr. Epidemiol.* **57**, 761–774; 2022). This treatment gap is much larger than in high-income countries, where around half of children and adolescents with mental-health conditions receive help.

As violence continues to rage in places such as Ethiopia, Ukraine and Yemen, here are the lessons I have learnt about how to help children traumatized by war.

First, when resources are scarce, we should prioritize the most vulnerable. Some children are at higher risk than others of developing mental-health problems when exposed to war-related traumas. Our research shows that children with pre-existing mental-health conditions, those coming from low socio-economic backgrounds and those with additional academic needs are at increased risk, as are those who get injured or displaced, lose a family member or witness casualties (F. T. Maalouf *et al. J. Affect. Disord.* **302**, 58–65; 2022). Special efforts must be made to provide mental-health interventions for these vulnerable groups. Screening and intervention could happen in emergency departments, hospitals, schools and primary-care clinics.

Second, mental-health specialists can't help children alone. During times of war, the demand for mental-health services increases, but so does the shortage of specialists. Psychiatrists and psychologists, like other professionals, might decide to flee or emigrate in search of a peaceful life for themselves and their families. To ensure a wider reach, paediatricians, teachers, primary-care physicians and nurses all need to join together in a mental-health task force. For this to be effective, specific training on screening tools and basic interventions are needed for non-mental-health professionals.

Third, efforts should last beyond the immediate aftermath of war. Children and adolescents continue to experience the effect of wars long after conflicts end, and they usually need long-term support. Local and international organizations typically deploy efforts in emergency situations but a few months later, fatigue kicks in and services are gradually withdrawn. Local professionals are then left to deal with the needs of a traumatized population. Resources need to be strategically allocated to last beyond the acute phase of war.

Fourth, basic needs must be met. Mental-health professionals should work hand in hand with humanitarian organizations to make sure that food, shelter and medical care are provided to children and adolescents in war-affected areas. According to the United Nations children's charity UNICEF, in the aftermath of the Beirut blast, 1,000 children were in urgent need of basic assistance, shelter and medical care. Making sure that these needs are met is an integral part of any mental-health intervention strategy.

Fifth, global interventions must adapt to local needs. Most trauma-informed interventions were developed in high-income countries and need to be adapted to the context and culture of the war-affected region for successful implementation. This includes feasibility, acceptability and delivery methods, for example whether the intervention occurs online or in person, and is delivered by a nurse, primary-care physician or mental-health professional.

Sixth, concerted efforts beyond health care are needed. These have to be prioritized and coordinated so that they are not redundant, and government agencies should take the lead in this. In the absence of effective governments in war-affected areas, an international organization should have this role, leading a task force to coordinate efforts on the ground. Integrating mental-health interventions into any emergency response, and making sure efforts and resources are sustained, is crucial.

The silver lining is that interventions can mitigate war's impact on children's brains. In fact, evidence-based treatment has helped Omar manage his symptoms. He has gone back to school and no longer experiences overwhelming fear of separation from his parents.

COURTESY OF FADI T. MAALOUF

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