

Psychological distress during and after the armed conflict in Burundi

Armed conflicts can have important and long lasting effects on the physical and mental health of people exposed to the. Especially in low and middle-income countries where not only the majority of conflicts take place but also where social infrastructure and resources are scarce. The most common mental health symptoms reported in people exposed to wars and conflicts are depression, anxiety and post-traumatic stress disorder. In this study, we examined symptoms of psychological distress—a broad term that includes feelings of sadness, anxiety and despair-- reported by adults in Burundi in two household surveys: during (1998) and after (2007) the armed conflict.

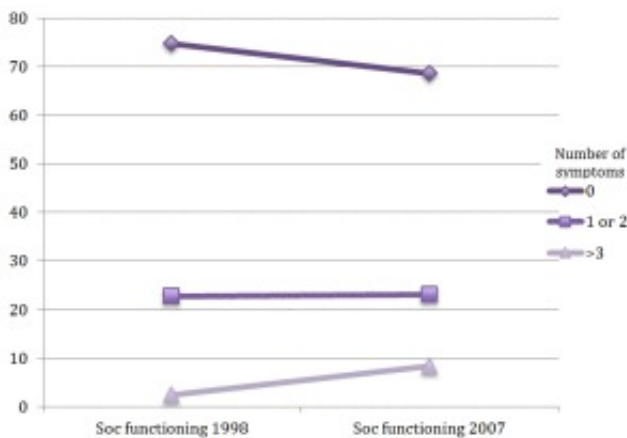


Fig. 1. Percentages of individuals surveyed who reported 0, 1 or more than 3 symptoms of Social Functioning.

Burundi is a small land-lock country located in the Great Lakes region of Central Africa and is one the 10 poorest countries in the world, with over 60% of its population living under the line of poverty. Since its independence from Belgium in 1962, Burundi has been plagued by ethnic violence between Hutu and Tutsi that in 1993 resulted in widespread conflict lasting over a decade. International estimates hover between 80,000 to 210,000 killed. Given the wide spread violence, long duration of the armed conflict, and the limited information available, it was critical to investigate the frequency and characteristics of psychological distress in Burundi so that opportunities for intervention can be identified.

The household survey designed to gather information on health and economic characteristics of 9,000 adults in Burundi. The survey included 12 items that specifically asked about symptoms of psychosocial distress experienced in the past two weeks. After analyzing these 12 questions with robust statistical methods, our study identified two main types of symptoms reported: symptoms of depression and anxiety, and symptoms of social function. Symptoms of depression and anxiety

included having nightmares or problems sleeping, feeling sad and discouraged, feeling anxious, and feeling angry. These symptoms were the most frequently reported, both during and after the armed conflict. Symptoms of social function included feeling that daily activities were useful, thinking about future plans, and feeling strong to overcome difficulties. All symptoms were more frequently reported by women, a common finding across many different studies, suggesting that globally women are more prone to mental health issues. We also found that 44% of individuals during the conflict could be classified as having general psychological distress and this proportion remained high (29%) 2 years after the conflict ended.

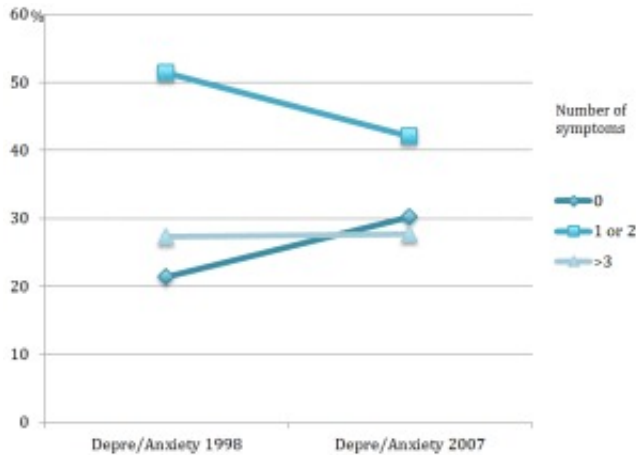


Fig. 2. Percentages of individuals surveyed who reported 0, 1 or more than 3 symptoms of Depression/Anxiety.

While symptoms of depression and anxiety can be interpreted as probable signs of a mental disorder, social function can be interpreted as resiliency or the emotional adjustment and functioning of individuals and families have despite exposure to significant stress. So identifying these two types of symptoms is important for several reasons. First, it highlights that feelings of sadness, despair and anxiety are frequent not only during an armed conflict but several years after it ended. This calls for appropriate treatments addressing psychological distress, especially among women and individuals expressing numerous symptoms. Second, results show that people living in areas of conflict show various degrees of resiliency or adaptation; some do well, some live in conditions of constant fear and others just get by. Better knowledge of these factors can be used to develop more effective policy interventions to provide security and health to people affected by conflicts. Our study shows that individuals and communities exposed to armed conflicts and war can experience lasting mental health problems that do not easily revert when the violence is over. We echo international calls stating that mental health should be addressed in conflict and several years into the post-conflict setting as part of development and social reconstruction efforts.

Publication

[Exploring Psychological Distress in Burundi During and After the Armed Conflict.](#)

Familiar I, Hall B, Bundervoet T, Verwimp P, Bass J

Community Ment Health J. 2015 Jun 23