

Addressing Mental Health Needs of Traumatized Populations - cases from **different countries**

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The traumatic stress/event/experience/exposure

- An event or series of events that are extremely threatening or horrific in nature:
 - *e.g. experiencing natural or man-made disaster, combat, serious accident, life-threatening illness, sexual assault or rape, or the sudden, unexpected or violent death of a loved one; witnessing the violent death of others.*
 - *Traumatic events also include experiences that may be repeated or occur for long periods of time from which escape was difficult or impossible such as being the victim of torture, childhood sexual or physical abuse or domestic violence, other forms of sustained violence*
- Exposure to such events might lead to mental health problems and disorders (*but also to resilience and post-traumatic growth*).

Trauma-affected populations

- Trauma-affected populations: the individuals, families, communities/big groups and societies exposed to the severe traumatic events;
- Trauma affects big groups and could be amplified among the members of the communities – unifying them vis-a vis adversary and strengthening through „we-identity“ (traumatized communities)(Drozdek & Wilson, 2007);
- Traumatic effects could be also transmitted into next generations (trans-generational transmission of trauma) - trauma that gets passed down from those who directly experience an incident to subsequent generations (via parenting behaviours, changes in gene expression, family coping strategies, etc.) (Yehuda & Lehrner, 2018).

The authoritarianism and mental health

- Direct damage (caused to the victims' mental health by detention, torture, deportation etc.) and
- indirect damage (caused to the mental health of general populations through disempowerment, terror, normalization of violence, erosion of social values, etc.) (Abed, 2005);



What these people need?

What is the trauma-informed and trauma-focused support?

- Trauma-informed care represents the “new generation” of transformed mental health (MH) and allied services and programmes, that are informed about, and sensitive to, the potential for trauma-related issues to be present in clients, regardless of whether the issues are directly or obviously related to the presenting complaint or condition (Butler et al 2015).
- Trauma-informed care **acknowledges the need to understand a patient’s trauma experiences**, recognizes the presence of trauma symptoms **in order to deliver effective care** and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness (Menschner & Maul 2016).
- It is more of an **approach than a specific therapy**, one which recognizes the impacts trauma has on a person.

Trauma-specific Care

- Trauma-focused or trauma-specific services provide evidence-based clinical interventions, designed to address trauma-related symptoms and PTSD directly in individuals and groups.
- These services are intense, and interventions are delivered by highly trained specialists.

Intervention	Description	Populations
Prolonged Exposure (PE) Therapy (Foa, E. B., & Kozak, M. J., 1986)	PE is a cognitive-behavioral treatment program for adults who have experienced single or multiple/continuous traumas and have PTSD.	<ul style="list-style-type: none"> Male and female Ages 18–25 (Young adult) Ages 26–55 (Adult) Ages 55+ (Older adult) Black or African American White Race/ethnicity unspecified Non-U.S. population Curriculum translated into Hebrew, Japanese, and Spanish.
Cognitive Processing Therapy (CPT) (Monson et al., 2006)	CPT is an adaptation of the evidence-based therapy known as cognitive behavioral therapy (CBT) used by clinicians to help clients explore recovery from PTSD and related conditions. CPT is a manualized, 12-session cognitive behavioral treatment for PTSD that offers an alternative to purely exposure-based interventions.	<ul style="list-style-type: none"> Adults, male and female Survivors of rape and sexual assault Adapted for: <ul style="list-style-type: none"> Veterans Refugees
Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro, 1995)	EMDR is a one-on-one form of psychotherapy designed to reduce trauma-related stress, anxiety, and the depression symptoms associated with PTSD and to improve overall mental health functioning for adults.	<ul style="list-style-type: none"> Male and female Ages 18–25 (Young adult) Ages 26–55 (Adult) Ages 55+ (Older adult) American Indian or Alaska Native Black or African American Hispanic or Latino White Race/ethnicity unspecified Adapted for: <ul style="list-style-type: none"> Children Adolescents

Staging Model of Mental Health problems (Patel et al., 2018)

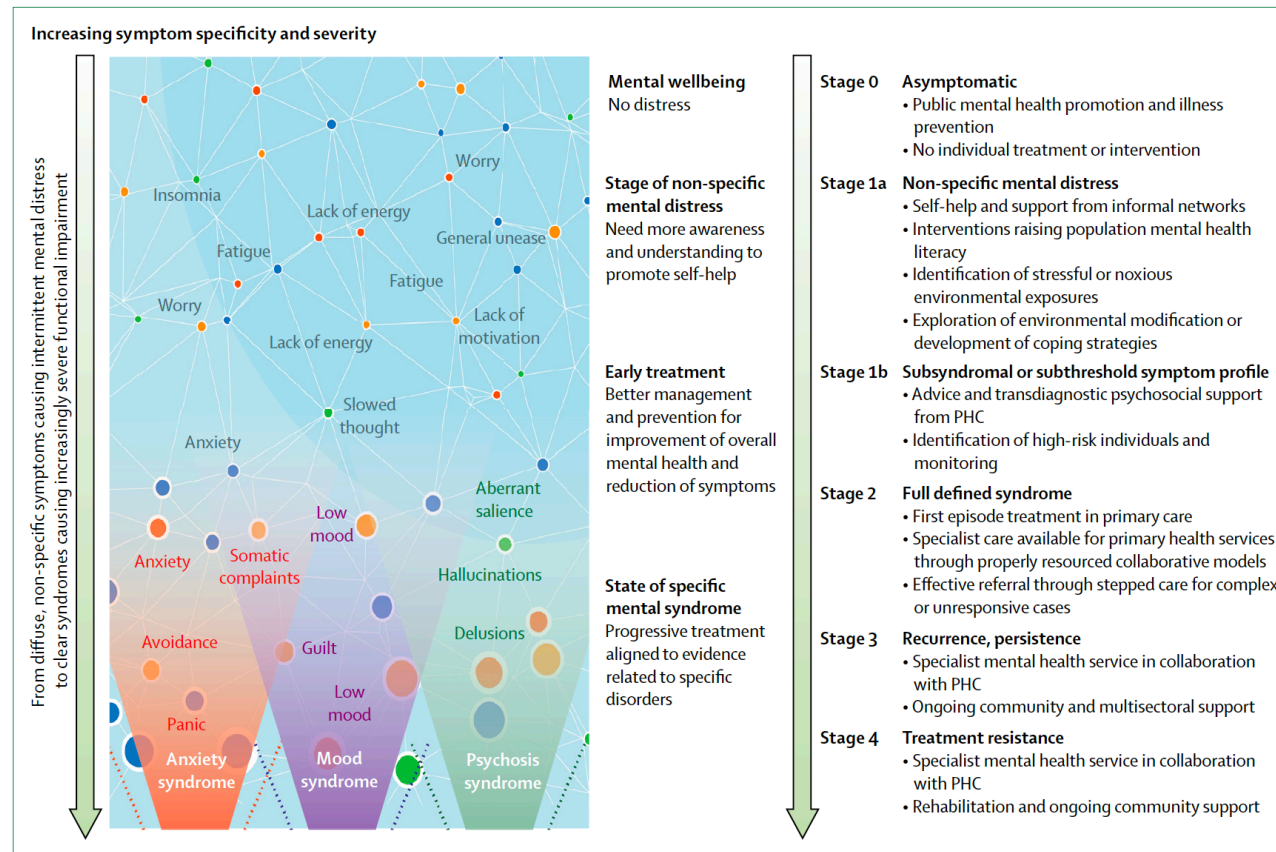


Figure 5: A staging approach to the classification and treatment of mental disorders
PHC=primary health care. Adapted from McGorry et al.⁷³ and McGorry and van Os.⁷⁴

Voice of the Model

- Put resources into promotion and prevention to intercept, slow downs and reduce an impact of the problem
- Try to intervene early
- Apply transdiagnostic methods to subsyndrome conditions
- When mental disorders are manifested, use evidence-based treatments
- Be recovery-oriented

The Transdiagnostic (TD) Framework

- Despite a longstanding and widespread influence of the diagnostic approach to mental ill health, there is an emerging and growing consensus that psychiatric nosologies may no longer be fit for purpose in research and clinical practice (Dalglish et al 2020).
- Over the last several decades, research has accumulated demonstrating that many disparate psychiatric diagnoses share core underlying vulnerabilities, resulting in the development of transdiagnostic interventions that are designed to address underlying vulnerabilities rather than just one disorder (Gutner et al., 2016).



Fusar-Poli, Solmi et al., 2019. Transdiagnostic psychiatry: a systematic review. *World Psychiatry*, Volume: 18, Issue: 2, Pages: 192-207. DOI:10.1002/wps.20631

- A 'transdiagnostic process' is the label given to a mechanism which is present across disorders, and which is either a risk factor or a maintaining factor for the disorder.
- Transdiagnostic processes are found in the domains of attention, memory/imagery, thinking, reasoning, and behavior; i.e. the experience of '*intrusive memories*' which are common to diverse conditions including depression, anxiety, PTSD, and eating disorders (Brewin et al, 2010); or '*repetitive negative thinking*' which is a feature of generalized anxiety disorder (GAD) in the form of worry and depression in the form of ruminative thinking.

Transdiagnostic approach and Trauma

- Global and domestic studies suggest that a transdiagnostic approach has the potential to address many challenges providers encounter when treating traumatized populations.
- TD interventions provide significant, and sometimes superior, symptom relief for individuals with comorbid disorders and complex presentations, including those with significant trauma histories (Newby et al., 2015)
- Moreover, transdiagnostic approaches offer flexibility in treatment delivery, adaptability across contexts, and parsimonious training to treatment providers (Gutner & Presseau, 2019)

There are many transdiagnostic factors that could be utilised for prevention and intervention

- Social support as a transdiagnostic protective factor
- Emotional processing mechanisms
- Resilience and effective adaptation skills
- Constructive coping strategies
- Social competence/managing of behaviors
- Thinking patterns/cognitive mistakes
- Mindfulness, etc.

HOW WE UTILIZE THE KNOWLEDGE ABOUT TRAUMA AND TRAUMA-CARE?

- Case studies from different countries

BACKGROUND INFORMATION ON GEORGIA



- Population size: 3.7 m
- Regained independence from Russia in 1990
- Number of military conflicts and ongoing war with Russia, since 2008 - in a “hybrid war” format
- More than 300,000 forcibly Displaced Persons
- Multiple - political, economic, social - crisis
- Underdeveloped and underfunded mental health care system

CLUB SYNERGY – PSYCHOSOCIAL SERVICE FOR YOUNG PEOPLE

SERVICES IN TBILISI AND BATUMI

AGE: 14-25

SPECIFIC TARGET GROUPS (+ GENERAL POPULATION):

- YOUNG PERSONS (YP) FROM THE JUVENILE JUSTICE/FORENSIC SYSTEM (DIVERSION, PROBATION)
- YP UNDER THE STATE CARE (I.E. FOSTER CARE)
- IDPS

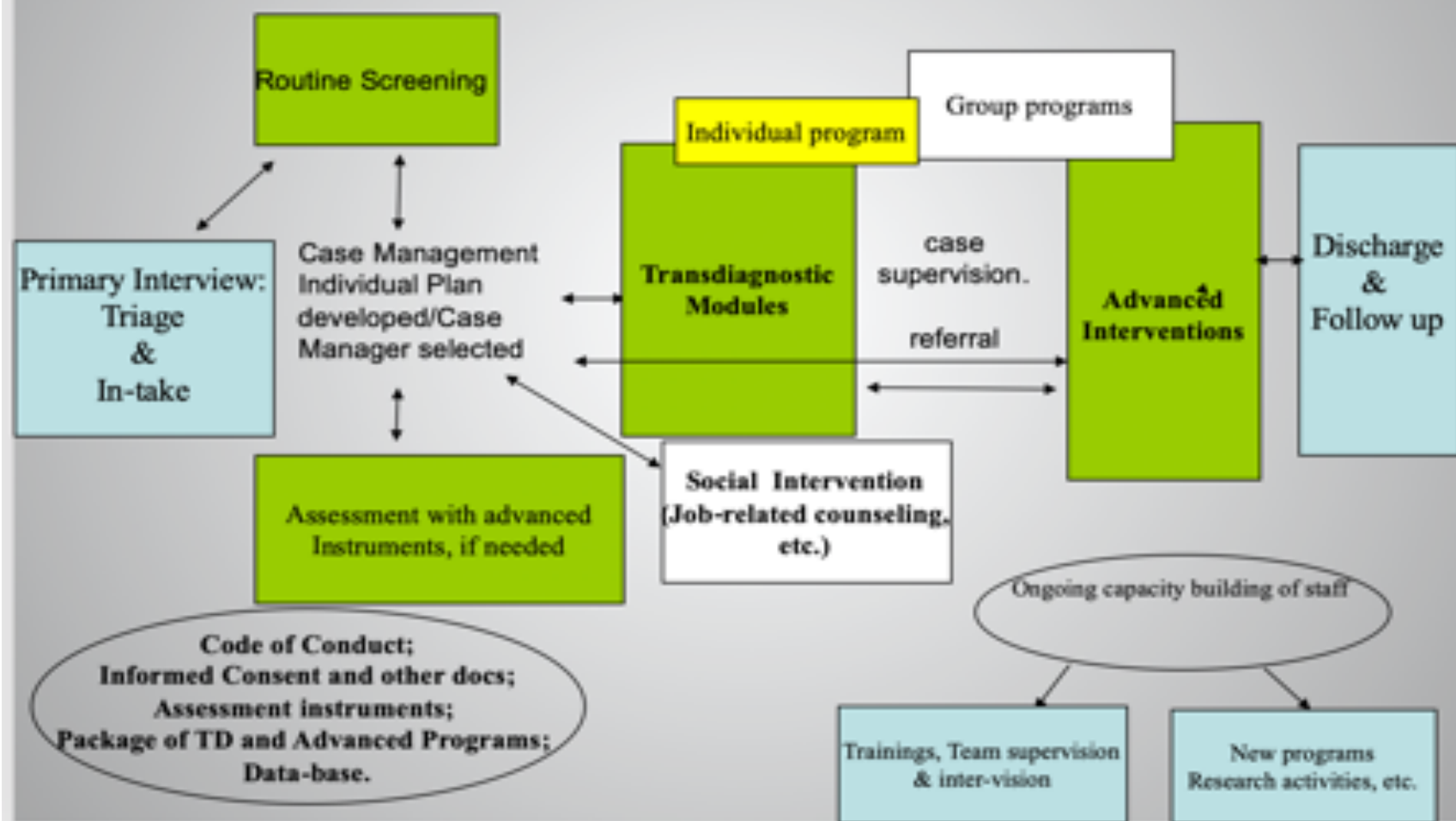
MDT: PSYCHOLOGISTS, ADDICTOLOGISTS, SOCIAL WORKERS, PSYCHOSOMATIC SPECIALISTS, PSYCHIATRISTS

AIMING AT PREVENTING COMMON MENTAL HEALTH PROBLEMS AND ADDICTION, & PROVIDING EARLY AND EFFECTIVE INTERVENTIONS

Opened in March 2019



Model of a client trajectory – Club Synergy



How do the Clubs work?

Basic Modules are Transdiagnostic :

- Emotion Regulation Program
- Interpersonal Relationships" skills
- Art-Therapy
- Positive Parenting Program
- Brief Addiction Module (ASSIST-based)
- Brief Multi-component Intervention (for YP in conflict with Law)
- Resilience Building Program for Young People

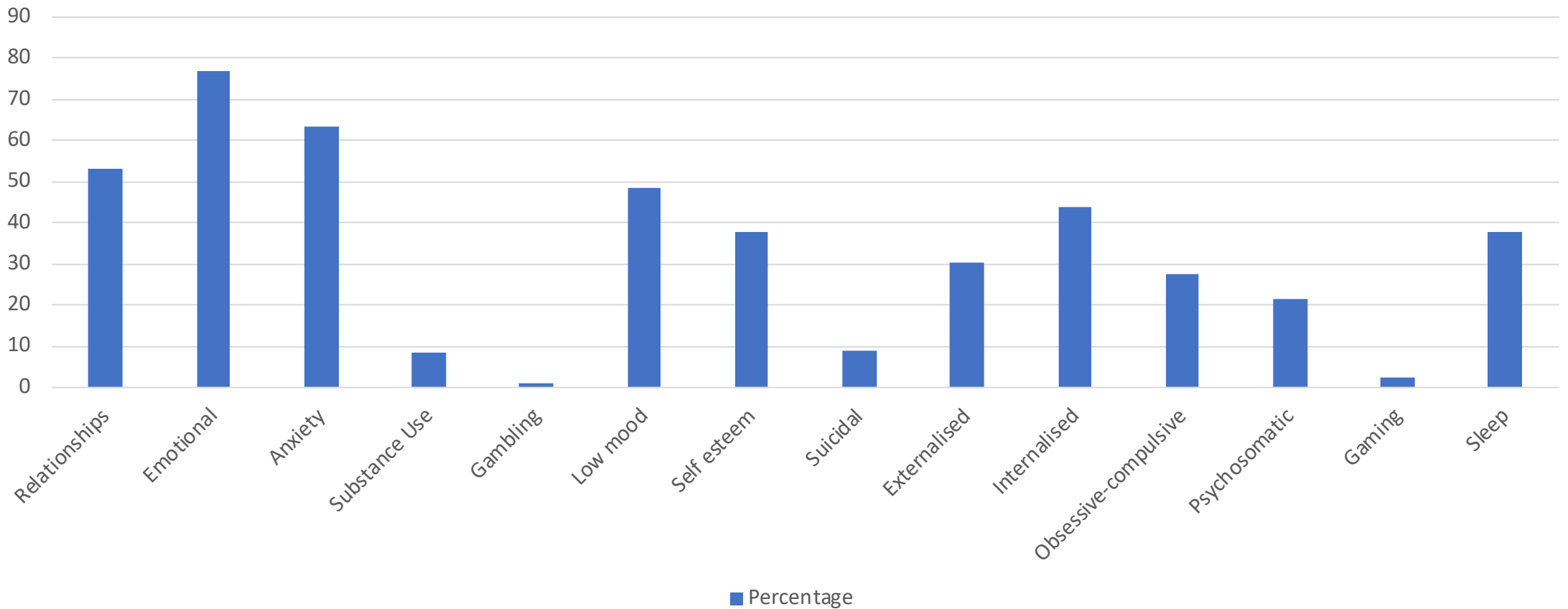
Advanced Interventions (TF-CBT; CBT for Drug Addiction, CBT for Anxiet and Depression, EMDR, etc.)



For more information about the service, pls see:

Makhashvili N., Javakhishvili JD., Chikovani I., et al. (2022). A transdiagnostic psychosocial prevention-intervention service for young people in the Republic of Georgia: early results of the effectiveness study, *European Journal of Psychotraumatology*, 13:1, DOI: [10.1080/20008198.2022.2060606](https://doi.org/10.1080/20008198.2022.2060606)

Presentations & Complaints of YP



Quantitative Evaluation Methodology

- 14-25 years old clients
- Exclusion: suicidal and psychotic episodes and primary neurodevelopmental Ds;
- Capable of and providing fully informed consent
- Completed pre and post outcome measures
 - Health-related quality of life measured by EQ5D-5L
 - Depression measured by PHQ-9
 - Anxiety measured by GAD-7

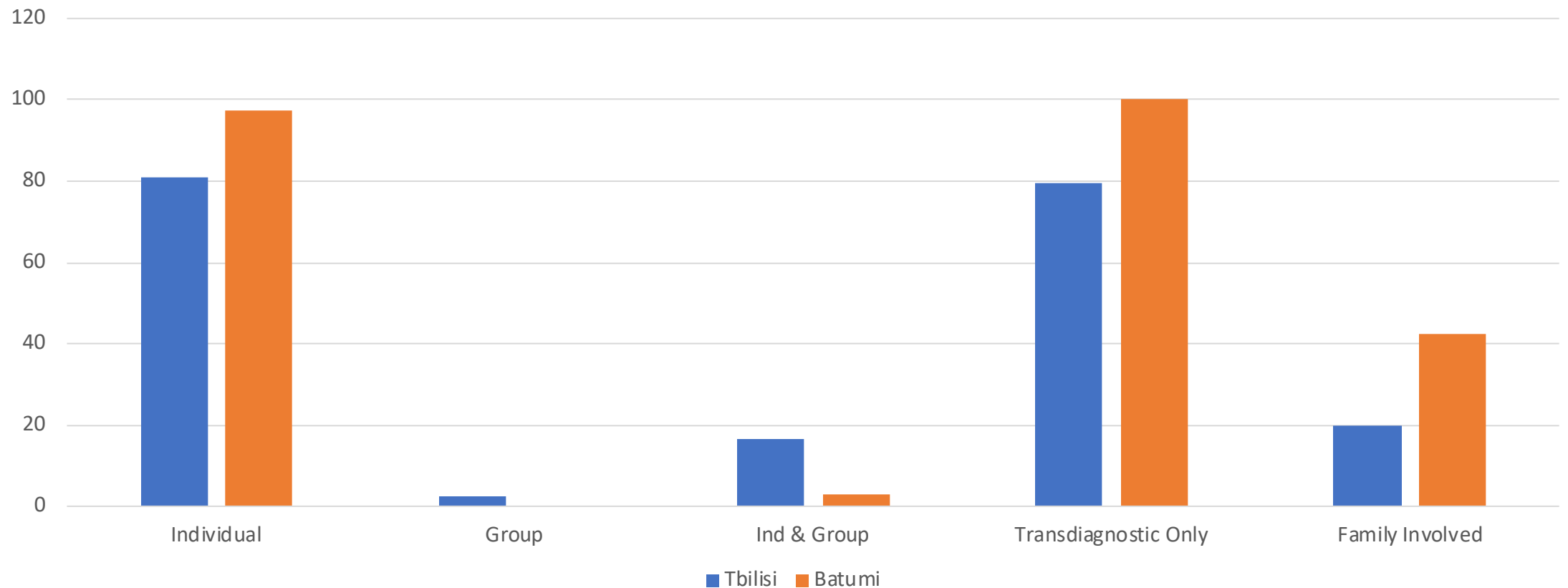


Sample

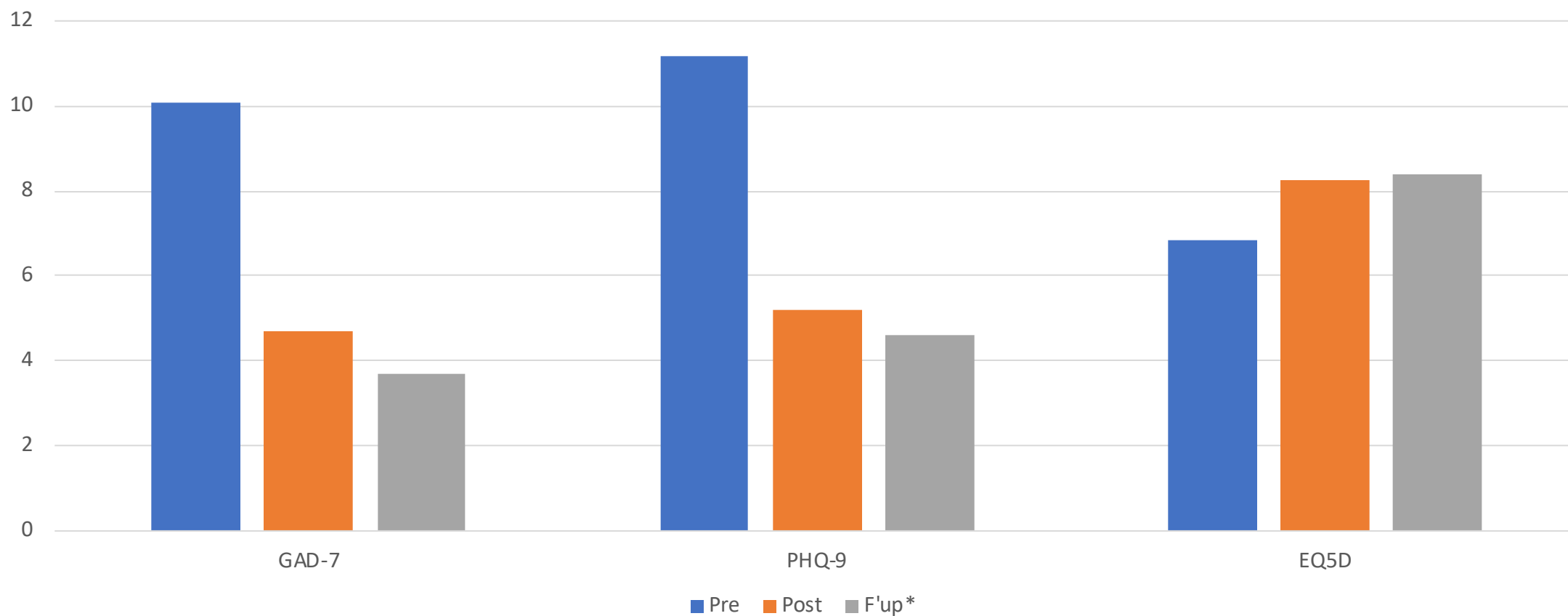
- Eligible 371; 266 (71.2%) completed treatment
- 183 (69%) Tbilisi, 83 (31%) Batumi
- 66.9% Female
- Mean (SD) age – 19.95 (3.13), 22.6% 14-17
- 64% studying, 45.6% working
- Previous care before Synergy – 45.1%
- **Mean Number of ACEs – 57.7% ≥ 4**



Intervention(s) Delivered



Quantitative Outcomes



CURATIO
INTERNATIONAL
FOUNDATION



LESSONS LEARNED: TRAUMA-INFORMED CARE

- SERVICES FOR YOUNG PEOPLE SHOULD BE TRAUMA-INFORMED
- BURDEN OF CHILDHOOD – ACEs: 57.7% \geq 4
- AGE-SPECIFIC DEVELOPMENTAL CHALLENGES
- ON-GOING STRESSES

LESSONS LEARNED: TRANSDIAGNOSTIC APPROACH WORKS

- IT ALLOWS EARLY IDENTIFICATION AND INTERVENTION
- EQUIPS YP WITH A LOT OF SKILLS
- SUSTAINABLY REDUCES CLINICAL OUTCOMES, INCREASES QoL
- TWO MOST UTILISED INTERVENTIONS 'EMOTION REGULATION' AND 'INTERPERSONAL COMPETENCE BUILDING'

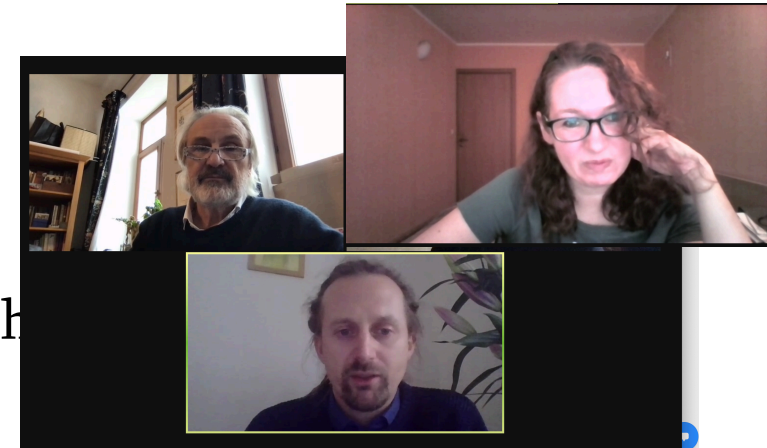
Ukraine

- The Samopomi.ch website (in Ukrainian, added more trauma-related material)
- Capacity building workshops for Ukrainian colleagues
- Service delivery – hybrid mode
- Support – both TD interventions and Trauma-focused treatments
- Regular Sv and Refresher trainings
- Data is gathered, but is problematic

Who are we?



- Ukrainian Association of Psychiatrists
- Federation GIP
- GIP-Tbilisi
- Ilia State University
- Czech National Institute of Mental Health
- Cardiff University/UK





Подними себе настроение

Samopomi.ch – statistics 2022

ПСИХИЧЕСКОЕ ЗДОРОВЬЕ И
БЛАГОПОЛУЧИЕ

▼ WWW.SAMOPOMI.CH

📅 FROM 2022-02-27 TO 2023-03-20

👤 ALL VISITS

Visits Overview



264,565 visits



1 min 20s average visit duration



80% visits have bounced (left the website after one page)



1.5 actions (page views, downloads, outlinks and internal site searches) per visit



127 max actions in one visit



371,475 pageviews, **325,756** unique pageviews



2,659 downloads, **2,255** unique downloads




3,717 outlinks, **3,426** unique outlinks

Visits and
locations

264,565 visits



Country

COUNTRY	VISITS
 Ukraine	228,204
 Poland	8,577
 Germany	5,555
 Czechia	4,147
 Netherlands	2,047

World-Wide

Visits



Тест на хорошее
самочувствие



Тест на тревожность



Тест на депрессию



Тест по выявлению
расстройств, связанных
с употреблением
алкоголя



Тест по выявлению
расстройств, связанных
с употреблением
наркотиков



Шкала Бессонницы
Асенц



Краткая шкала
совладения со стрессом



Шкала
воспринимаемого
стресса-10

Uptake of screening tests

[-] TestResult

12,264

EVENT ACTION

▼ EVENTS

Phq9Test-441

7,861

AisTest-2011

1,506

Gad7Test-447

1,171

PssTest-2059

702

BrcsTest-2032

687

Who5Test-457

323

DuditTest-1797

14

Reflections

- Immediate uptake of MHL online tool from people of Ukraine after the beginning of the war – numbers growing constantly, mainly due to a communication campaign via social networks
- MHL online tool gets a new role
 1. Mental health professionals in Ukraine use the website as a supportive tool for their clients
 2. Selective use of very specific and short information channeled via social networks (Facebook, Instagram and Telegram) seems to be fitting the needs of general population more than the complex information that is provided on the website
- Website used as a resource by many professionals
- Website now being turned into an app for smartphones; new and advanced functions such as keeping track of screening tests scores or availability of professional care in a given region

The experience exchange with Ukrainian Colleagues

- 10 consultants: psychiatrists, psychologists
- April-July, 2022; Weekly sessions for 2 h.
- Basic psychotrauma topics and elements of brief, short-term intervention/Disaster Counselling
- Documentation: Case Reports

TOPICS

1. Mental health and trauma; Biopsychosocial approach; mental health staging model
2. Basic principles of mental health protection and practice
3. Stress, reactions, triggers. Neurophysiology and neuroendocrinology of stress
4. Traumatic stress - traumatic exposure, elements of trauma
5. Disorders associated with stress and trauma; acute reactions, PTSD and complex PTSD
6. Assessment - screening tools (PTSD and comorbid disorders: depression and anxiety); familiarization with the case reporting
7. Management of the consequences of trauma - professional ethics; multidisciplinary team-work; case-management; supervision
8. Pros and Cons of the early intervention
9. Crisis and Disaster short-term counselling I - principles; psychoeducation
10. Crisis and Disaster short-term counselling II: emotional regulation techniques
11. Prolonged and ambiguous grief
12. The specifics of working with children and adolescents

Consulting for the First Line Respondents - since July 2022

- medical and paramedic staff working in emergency settings & military hospitals,
- firefighters and rescue workers,
- mental health specialists,
- persons working for human rights organizations,
- journalists, and others who are directly confronted with the traumatic experiences caused by the war.

What Ukrainian consultants offer?

- strengthening, self-care, psychoeducation and emotional regulation

What do we observe?

- Compassion fatigue and high risk of burnt-out
- Reluctance of being engaged into the counselling ('fear to be broken down'; 'longing to continue without stopping')

To summarise...

- Discussed trauma-informed and trauma-focused care to traumatised populations;
- How the transdiagnostic approach allows us to implement various programs aimed at common factors across the mental conditions;
- Cases of different countries where trauma-informed services have been initiated in different ways, tailored to local contexts, but applying evidence and knowledge about trauma.

Questions? Comments?

THANK YOU!

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