

Minds at War

What psychological interventions are effective for war-affected civilians? A scoping review

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Background

One in five people who experience war will develop a mental health disorder. (1)



9.6 million civilians in Ukraine are at risk of developing a mental health condition following war trauma. (2)

The MHPSS (mental health, psychosocial support) programme was thought to be the 'gold-standard,' treatment option but its effectiveness has yet to be proven. Many Western therapies, such as CBT, have been criticised due to lack of cultural adaptability. (3,4)



Research aims



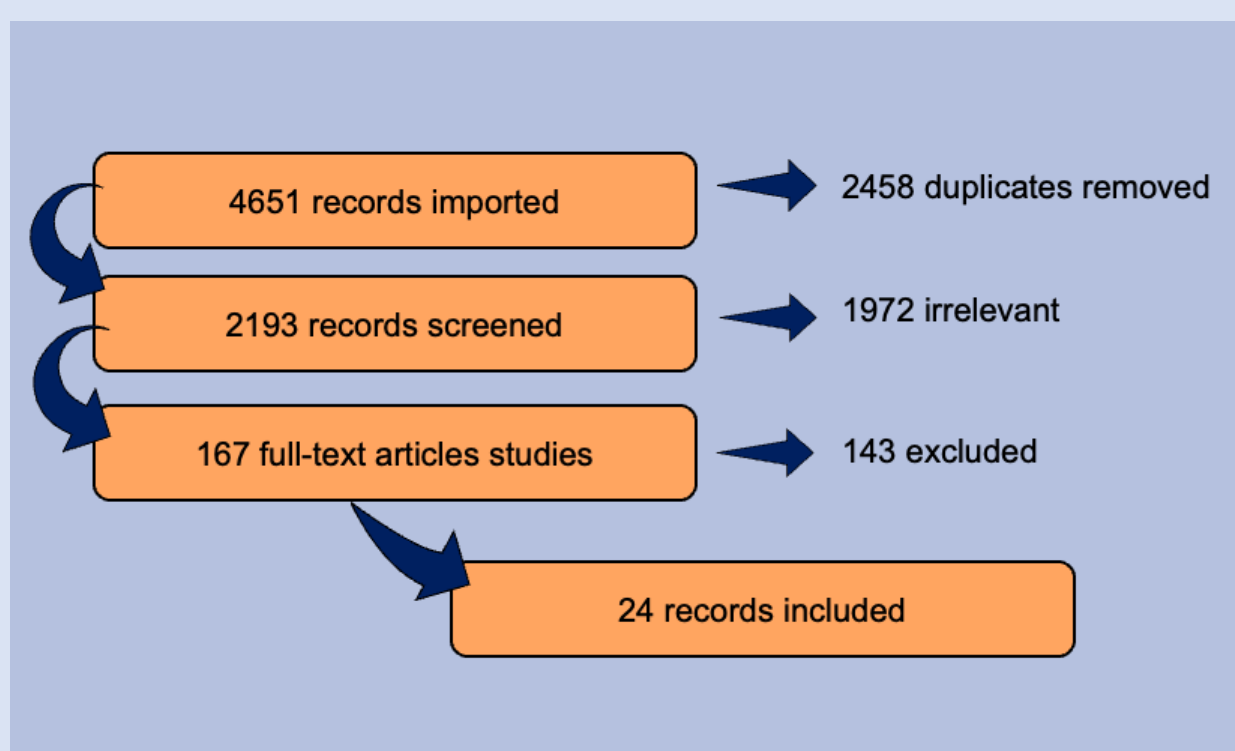
1. To explore effective psychological interventions for victims of war and conflict.



2. To assess the intervention's characteristics, evidence quality, and areas for future research.

Methods

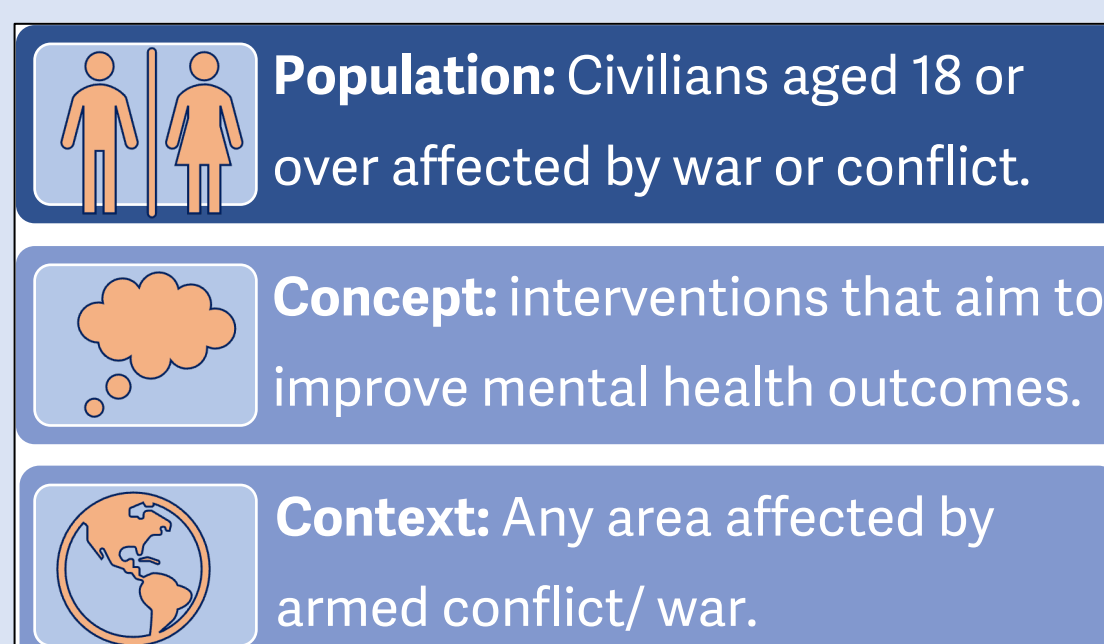
Web of Science, PubMed and APA Psych were the 3 databases used to find records, alongside supplemental searching in journals.



Endnote citation manager and Rayyan were employed. A total of 4651 papers were retrieved, and **24 included**.

Only articles after 2013 that were written in English were included. If the population included children, military, refugees, asylum seekers or internally displaced people the article was not included.

The PCC (population, concept, context) framework was used to define the inclusion criteria. (5)



Results

The most common type of psychological therapy was cognitive behavioural therapy (CBT), followed by educational mental health programmes, mental health and psychosocial support programmes (MHPSS) and common elements treatment approach (CETA).

The interventions that were found to be effective in the literature were:

- MPHSS programmes
- CBT
- CETA
- Thought Field Therapy (TFT)
- Narrative Exposure Therapy (NET)
- Dialogical Exposure Therapy (DET)
- Testimonial Therapy (TT)
- Educational mental sessions
- Mental health training for staff



Limitations

Only including studies in English language and favouring peer-reviewed journals may have meant Western psychological interventions were favoured and smaller local initiatives were under-represented. Excluding any population with children, military or refugees may have meant omission of valuable research.



Conclusions

- Upon review of the literature, interventions that show promise for this population are the MPHSS programme, CBT, TFT, NET, DET, educational sessions, CETA, TT and mental health training for staff.
- Any therapy that is delivered needs to be sustainable and culturally adapted.



Areas for future study

There is a need for high-quality, robust studies with large sample sizes. The following are areas that require further study:

- The MPHSS programme and whether it should be favoured over other interventions.
- Further research into the effective interventions in different contexts/ populations.
- The impact on each sex.
- The effectiveness of other well-known treatments, e.g. anti-depressants.
- The feasibility of implementing a transcultural scoring system.

Scan to see my full dissertation!



References

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