

**Research Article**

## **Psychological Disorders of Internally Displaced Persons**

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### **ABSTRACT:**

The United Nations High Commissioner for Refugees in 2017 reported an unprecedented number of 65.6 million individuals who were displaced worldwide as a result of armed conflicts. To date, however, little is known about these people's mental health status. Therefore, we conducted a systematic review of the prevalence of psychiatric disorders among forcibly displaced populations in settings of armed conflicts.

We reviewed studies with prevalence rates of common psychological and psychiatric disorders—mood and anxiety disorders, psychotic disorders, personality disorders, substance abuse, and suicidality—among adult internally displaced persons (IDPs) and refugees afflicted by armed conflicts. The highest prevalence were reported for post-traumatic stress disorder (3–88%), depression (5–80%), and anxiety disorders (1–81%) with large variation. Only 12 original articles reported about other mental disorders.

These results show a substantial lack of data concerning the wider extent of psychiatric disability among people living in protracted displacement situations. Ambitious assessment programs are needed to support the implementation of sustainable global mental health policies in war-torn countries. Finally, there is an urgent need for large-scale interventions that address psychiatric disorders in refugees and internally displaced persons after displacement.

**Keywords:** mental health, psychiatric disorders, refugees, internally displaced people, systematic review.

### **[I] NTRODUCTION**

The twentieth century called the era of global migration since humanity has not seen such much resettlement by this time. Even nowadays, the economic, the social, the cultural, the political and armed problems lead to a sharp increase in the number of displaced persons, which is the greatest challenge of the twenty-first century. The historical development of civil society developed by voluntary and forced, internal and external relocation.

The British scientist Ernst Georg Ravenstein first introduced the concept of “migration” in the late nineteenth century [1]. He studied the relationship between distances and different types of migrants, pointing out the fact that that women more often than men tend to emigrate to the countries of their birth, but less often than men - leaving the country of one's birth.

The main features of migration are the movement of persons across the territorial boundaries - the

state, the region, the settlement. Distinguish external migration, that is, the movement of people from one country to another with a change of permanent residence, and internal - movement or resettlement of the population within the territorial limits of the country, which remain under the legal protection of the same country. Under the resettlement distinguish between voluntary and forced migration. Persons who migrated internally inside their countries called “internally displaced persons”.

Since the cold war, the number of internally displaced people (IDPs) has dramatically increased. Over 30 million people worldwide have been uprooted within their own country as a result of conflict and human rights violations, in particular, a consequence of civil war, inter-communal violence, and government repression not to mention large-scale development infrastructure projects and natural disasters.

Recognition of internal displacement emerged gradually through the late 1980s and became prominent on the international agenda in the 1990s. Dynamics of displacement worldwide has shifted; assistance and protection are no longer restricted to refugees (those who have crossed international borders) but has also been extended to those who have been displaced within their own borders - otherwise known as IDPs [2]. According to United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2003) the Greek government argued to the United Nations (UN) General Assembly in 1949 that people displaced internally by war should have the same access to international aid as refugees, even if they did not need international protection. India and Pakistan repeated this argument after partition [3].

In fact, there exist different ideas as to what is meant by “internal displacement” and “internally displaced persons”. For some, the term “internally displaced persons” refers only to people uprooted by conflict, violence, and persecution, that is, people who would be considered refugees if they crossed a border. Global statistics on internally displaced persons generally reinforce this view by

counting only those displaced by conflict. Others, however, consider internal displacement to be a much broader concept and to encompass the millions of more persons uprooted by natural disasters and development projects. Still, others question whether it is useful to single out internally displaced persons, who commonly are referred to as “IDPs”, as a category at all. There also is no consensus on “when internal displacement ends”, that is, when an IDP should no longer be considered as such. Confounding matters further is that in common parlance the internally displaced often are referred to as “refugees”, which tends to be a catch-all phrase to describe all uprooted peoples without regard to whether they have left the country, as the legal definition of “refugee” requires. In short, there is a need for clarity on a number of conceptual issues [4].

Although the issue of internal displacement has gained international prominence during the last years, a single definition of the term remains to be agreed upon. The most commonly applied definition is the one coined by the former UN Secretary-General’s Representative on Internally Displaced Persons, Francis Deng [5], and used in the Guiding Principles on Internal Displacement (GP):

Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects of armed conflict, situations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised state border (OCHA 1999:6) [6].

Migration processes during which settlers acquired a special legal status have been observed since ancient times on the territory of Ukraine. And if the legal status was not constitutionally approved at that time, but in fact, every citizen in different historical moments can be called internally displaced persons.

Indeed, during the last decades, the Ukrainian people, who were economically exploited and

politically persecuted in Ukraine, felt more and more famine upon the land. At the same time, occupational imperial governments introduced foreigners (mostly Russians and Germans) to Ukrainian lands, which were not only given land plots for free but also material assistance, so that they could stay for long. Was created paradoxical situation: Ukrainian properties were colonized by foreigners, and a Ukrainian peasant, who did not have enough land to keep his own family, had to look for free land, not only in the territory of his homeland. Besides this, forced migration was due to the lack of land for agriculture, forcing people to move to less fertile land and to develop less-populated areas.

In the course of continuous collectivization, there was a forced resettlement of citizens from their homes, under the threat of physical harassment. Peasants were forced to leave their property, and they were forcibly sent for exile to Siberia, and the second group to the Urals, as well as the peasants who belonged to the third group, were moved to other areas with compulsory physical labour in the future. Moreover, the peasants were forcibly displaced during the dekulakization, which was the campaign of political repressions within the territory of the then USSR on the grounds of material wealth, with the aim of overcoming the wealthy peasantry and the introduction of large collective farms. According to various sources, the number of peasants who suffered deportation ranges from 10 million people [7].

As noted above, in order to clearly distinguish between the concept of the “internally displaced persons”, “refugees”, “migrants”, “asylum-seekers”, etc., it was necessary to understanding more fully with each definition. Such a comprehensive analysis of the various categories of persons in need of protection makes it possible to identify internally displaced persons and separate them from other categories. In spite of the inappropriately prevailing legislation, the non-existing mechanism for implementing these standards, and the many conflicts in the law, I can

try to formulate the correct definition of internally displaced persons.

Consequently, Internally displaced persons are “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised State border.”

The main causes of displacement mentioned in the definition:

Armed conflicts: International armed conflicts (fighting between the armed forces of at least two states) – it should be noted that wars of national liberation have been classified as international armed conflicts; non-international conflicts (fighting on the territory of a state between the regular armed forces and identifiable armed groups, or between armed groups fighting one another).

Situations of violence, falling short of armed conflicts: Many IDPs live in situations of internal tensions or disturbances. The terms “internal tensions and disturbances” refer to situations which fall short of armed conflict, but involve the use of force and other repressive measures by government agents to maintain or restore public order. Examples of tensions and disturbances include riots, such as demonstrations without a concerted plan from the outset, isolated sporadic acts of violence, as opposed to military operations carried out by armed forces or armed groups, and violent ethnic conflicts not amounting to full armed conflict. A situation of serious internal tension characteristically involves specific types of human rights violations such as large-scale arrests, and other large-scale measures restricting personal freedom, administrative detention and assigned residence, a large number of political prisoners, and the probable existence of illtreatment or inhuman conditions of detention.

Violations of human rights: They include government transgressions of the rights

guaranteed by national, regional and international human rights law, and acts and omissions directly attributable to the state involving the failure to implement legal obligations from human rights standards. One could argue that the concept of “persecution”, usually used in the context of refugee movements, coincides at least partly with situations of human rights violations: threat to life or freedom on account of race, religion, nationality, political opinion or membership of a particular social group. Other serious human rights violations, for the same reasons, would also constitute persecution (discrimination with consequences of a substantially prejudicial nature).

Disasters: These have natural or human-made origins. Examples include droughts, floods, earthquakes or typhoons, nuclear disasters or famine. Victims of disasters are covered by the definition, as they too might become victims of discrimination and other human rights violations as a consequence of their displacement (because they have to move to an area where they constitute an ethnic minority). Natural or man-made disasters are also included because in some disasters governments respond by discriminating against or neglecting certain groups of victims on political or ethnic grounds or by violating their rights in other ways [8].

“In particular”: Indicates that the list is not exhaustive. Other possible causes of internal displacement can for instance include large-scale development projects such as dams built without any government attempt to resettle or compensate those displaced. The definition does not encompass persons who migrate for economic reasons. However, persons forced to flee from their homes because of economic injustice and marginalisation tantamount to systematic violations of economic rights would come under the definition. Behind economic measures affecting a person’s livelihood there may be racial, religious or political aims or intentions directed against a particular group [9].

IDPs are citizens of their countries and have all the full economic, social, cultural, civil and political rights. They have the right to physical protection, material assistance (food, medical, etc.), freedom of movement and residence, and must be provided with all citizen documents. It's about protection from arbitrary displacement, provides procedural guarantees, which should be avoided. Moving prohibited if it is based on the principles of apartheid, ethnic cleansing or practice aimed at changing the ethnic, religious or racial composition of the population.

In so-called "post-conflict" situations, there has traditionally been an emphasis in the international community to seek to return to the pre-war status-quo. However, opinions are gradually changing, because violent conflict destroys political, economic and social structures and new structures develop as a result, quite often irreversibly. Furthermore, returning to the pre-war status-quo may actually be undesirable if pre-war structures led to the conflict in the first place, or prevented its early resolution. IDPs' and refugees' right of return can represent one of the most complex aspects of this issue.

Normally, the international community and humanitarian organization to ensure displaced people are able to return to their areas of origin and the same property apply the pressure. The UN Principles for Housing and Property Restitution for Refugees and IDPs [10], otherwise known as the Pinheiro Principles, provides guidance on the management of the technical and legal aspects of housing, land and property (HLP) restitution. Restitution rights are of key importance to IDPs and refugees around the world, and important to try preventing aggressors benefiting from conflict. However, without a clear understanding of each local context, full restitution rights can be unworkable and fail to protect the people it is designed to protect for the following reasons, refugees and IDPs:

May never have had property (e.g. in Afghanistan);

Can't access what property they have (Colombia, Guatemala, South Africa and Sudan);

Ownership is unclear as families have expanded or split and division of the land becomes an issue;

Death of owner may leave dependents without clear claim to the land;

People settled on the land know it is not theirs but have nowhere else to go (as in Colombia, Rwanda and Timor-Leste); and

Have competing claims with others, including the state and its foreign or local business partners (as in Aceh, Angola, Colombia, Liberia and Sudan) [11]

We also should understand that refugees, IDPs remain citizens or habitual residents of their country and are entitled to protection and assistance on that basis alone. They can invoke their right to protection under the rights listed in the Guiding Principles and contained in relevant international conventions because they are displaced and thus have specific needs, not because they are registered or formally recognized as IDPs. States, therefore, should not create a system whereby IDPs can enjoy their rights only after having been granted a legal status that could also be refused or revoked. From the perspective of international law, displacement is a factual state that triggers certain legal consequences, and unlike in refugee law, there is nothing like an "IDP status" that can be enjoyed only after it has been formally granted to an individual.

As I said, the problem of protecting and assisting IDPs is not a new issue. In international law, it is the responsibility of the government concerned to provide assistance and protection for the IDPs in their country. However, as many of the displaced are a result of civil conflict and violence or where the authority of the central state is in doubt, there is no local authority willing to provide assistance and protection. Of course, it is important to note that our country, before the occupation of Crimea, and the military conflict in the eastern part of the country did not have a sufficient legislative basis to regulate the issues of internally displaced persons. However, there are currently a number of

legislative acts in Ukraine, as well as some judicial practice. Although even now it can be said that most of the problems, conflicts between internally displaced persons and government agencies, which arise from day to day, are difficult to resolve, the state tries to take international practice into account and creates its own.

## **[II] MATERIALS AND METHODS**

To ensure the highest standardized methods of reviewing process, the conduct of this research was guided by the PRISMA guidelines for systematic reviews and meta-analyses [12].

We undertook a sequential database search using MEDLINE via PubMed, PsycINFO, PILOTS, and the Cochrane library of systematic reviews. Medical Subject Headings with related text-based search terms were used with a combination of the following terms and concepts: "mental health," "refugees," "prevalence," and "war." In addition, articles indexed by "internally displaced people" were identified using the method of single keywords. Similarly, in the PILOTS database, an online index collecting the literature on PTSD and mental health consequences of traumatic events [13], a combination of single keywords and their synonyms was used to identify pertinent studies: "mental health," "refugees," "internally displaced people," "war," "prevalence," and "humanitarian settings." Relevant gray literature (unpublished articles, international reports, or non-governmental epidemiological surveys) was retrieved through an internet search. Lastly, citations from relevant articles and systematic reviews were also screened. This initial process yielded an overall number of 915 articles: 902 were generated through systematized database search, while 13 were retrieved from the gray literature and article/systematic review bibliographies [60].

Wars and other forms of organized violence generally draw the attention of policymakers, mass media, and non-governmental organizations. Mental health and public health experts tend to consider this selective and often temporary attention as an opportunity to raise awareness

about the psychological consequences of armed conflicts, namely PTSD, to warn about the disastrous mental health situation in low- and middle-income countries. With the numbers of displaced individuals reaching unprecedented levels, a more global mental health approach is necessary to effectively support affected nations. In places where violence is seen as a necessary factor in achieving peace, ongoing armed conflict, and displacement will likely contribute to continued psychological impairment and suffering among those affected [14]. Allowing for a better understanding of the effects that the aftermath of war have on the psychological well-being will allow for interventions not only targeting mental illness but also attitudes toward reconciliation and justice and reduction of future violence [15].

In sum, this systematic review indicates that the heterogeneity in prevalence rates is caused by methodological differences between studies and differences between conflict-affected IDP and refugee populations. We recommend that future public mental health research goes beyond the assessment of PTSD, depression, and anxiety disorders and consider a broader inclusive definition of the psychological consequences of armed conflict as additional key concept. In addition to that questionnaires assessing more severe disorders (e.g., psychotic disorders) which are often ignored need to be developed and validated for use in LMICs.

Ambitious and locally coordinated assessment programs of mental health should be implemented as well as non-centralized mental health policies and their systematic qualitative evaluations [16]. Lastly, the on-going crises indicate that there is an urgent need for scalable interventions that are appropriate for war-torn contexts in which resources are limited. The World Health Organization is currently spearheading this with the so called low-intensity intervention Problem Management Plus [17] being the most evidence-based release to date [18, 19]. On-going research is aiming to increase the scope of this intervention to allow for group-based and application-based

administration. However, the most critical challenge will be to translate these promising intervention programs into sustainable public mental health policies in countries so deeply weakened by protracted conflicts, destruction of fragile pre-existing health care structures, and political instability. Finally, it is unfortunately common that refugees and IDPs are not being treated fairly wherever they end up seeking protection and support, and are subjected to ongoing humiliating, traumatizing, or otherwise damaging circumstances. From a societal and ethical viewpoint, changing these circumstances may even constitute a higher priority than diagnosing and treating trauma-related mental illness.

### **[III] RESULTS**

Fifteen studies looked beyond the general concepts of trauma, PTSD, anxiety, and depression in settings of conflict-related forced displacement [20-36]. These studies considered additional conditions such as substance abuse, psychosis, suicidality, personality disorders, and other forms of mood and anxiety disorders.

Alcohol use disorders were the most common type of substance abuse reported and were particularly prevalent among displaced men (2–60%) [20, 25-27, 31-33]. A Croatian study described rates of non-comorbid alcohol dependence as high as 60.5% [20]. Conversely, although drug abuse reached 20% in one recent survey assessing common mental disorders (CMD) in a mixed population of IDPs and refugees in South-western Nigeria [26], drug abuse generally did not exceed 2% [27,29, 36].

Psychotic disorders were explored in two different samples of African IDPs and refugees and one selected group of refugees in Lebanon: data were heterogeneous and prevalence ranged between 1 and 12% [23, 27, 34]. Psychotic symptoms such as visual or auditory hallucinations, however, presented in one African study were as high as 13 and 21%, respectively [26].

We identified four studies completed in Sudan, Southwestern Nigeria, and Lebanon that investigated suicidality, representing a population of 4,447 adult IDPs and refugees [24, 26, 27, 34]. In one recent study conducted in a refugee camp in Lebanon by the French NGO Médecins sans Frontières, current rates of suicidality reached 12% [34]. Similar results were observed in a Nigerian refugee camp [26]. A survey examining the health status of internally displaced adult females in Darfur reported a prevalence rate of 2% for more specific suicidal behaviors, namely attempted or committed suicide [24].

#### [IV] DISCUSSION

In recent years, there has been a growing interest in research activities related to the psychiatric health sequela of armed conflicts. The high number of people affected globally by organized violence and the low level of available knowledge justify the growth in both quality and quantity of these activities. This systematic review examined for the first time the prevalence of common and uncommon psychiatric disorders among IDPs and refugees displaced as a consequence of armed conflicts in LMICs. The results suggest that PTSD, depression and anxiety disorder are highly prevalent after displacement and armed conflicts. This association can be partially accounted for by distinct psychosocial vulnerabilities of IDP and refugee populations.

This review highlights a lack of studies assessing the prevalence of mental health disorders among forcibly displaced populations in conflict-affected middle-eastern countries as only six studies originated from these regions. This result is particularly striking in view of the ever-changing and ever-increasing figures of worldwide forced migration. For example, according to a 2017 UNHCR report [29], countries such as Turkey, Pakistan, Lebanon, or the Islamic Republic of Iran hosted more than 28% of the world's refugees, people who had been affected from the ongoing conflicts in the Syrian Arab Republic or Afghanistan.

The detailed analysis of the studies included in this review showed a high variability in the duration of displacements between studies. However, we observed that the UNHCR definition of protracted situation was never used as a strict methodological consideration. Rates of trauma exposure were found to be not only high in terms of prevalence but also in terms of recurrence and intensity: all participants included in the reviewed studies had experienced or witnessed at least one serious traumatic event. Thirty-one studies were conducted in populations displaced from countries with a PTS score of four or five. Although prevalence of disorders reported across these countries were heterogeneous, the point estimates for those displaced from countries with a PTS score of less than three were on average lower than those in the highest two PTS quintiles. Understanding how unstable political situations with forced displacement relate to heightened rates of CMDs could inform the development of targeted interventions. Women tended to be over-represented in the studies included in this review, irrespective of their displacement status. This is in line with other literature in refugee and IDP populations [38]. The traumas faced after displacement differ between men and women, and the effects of these traumas may manifest different [39]. Additionally, this may have caused variance in the reported prevalence's of common psychiatric disorders, which have been shown to differ between men and women (e.g., substance-abuse disorders and depression) [40].

Our findings confirm a long-standing inclination of mental health research toward PTSD, depression, and anxiety disorders in settings of complex emergencies. Public mental health research conducted over the past 20 years has largely focused on the immediate psychological aftermaths of armed conflicts in light of the well-described associations between these psychiatric disorders, displacement, and generalized forms of violence. Demographic and socio-economic characteristics of displaced populations are known to be potent moderators of mental health:

migration, especially internal displacement, protracted conflict situations, and economic instability are strongly associated with poor mental health outcomes [41].

We point out a substantial lack of data concerning the general mental health conditions of forcibly displaced populations in LMICs, which might be caused by different mechanisms [42]: (1) stigma of mental disorders in developing countries, (2) disproportionate under-representation of several conflict-affected regions in the literature—such as Latin America, Central and Eastern Africa, Central Asia—(3) cultural or political barriers to assessment and implementation of mental health programs and policies such as insufficient funding of mental health research, (4) over-centralization of mental health resources, (5) severe shortage of adequately trained mental health staff, and, finally, (6) weak public health leadership in the field of mental health. The very few estimates about substance abuse, other mood and anxiety disorders, psychosis, or suicidality are higher than figures from the general population studies conducted in LMICs [43-53].

Lastly, there is a relative consensus on how to assess common mental disorders among IDPs and refugees. Structured questionnaires such as the HSCL-25, HTQ, PCL, and CIDI are largely favored for the evaluation of PTSD, depression, and anxiety disorders; they are also systematically examined for cultural validity, translated into the participants' native language, and administered by trained lay people, mental health specialists or medical practitioners. Conversely, other forms of mental disturbances such as psychosis or suicidality are assessed through MINI or SCID interviews with the help of the DSM or ICD for diagnosis validation.

#### [V] CONCLUSION

Thus, among the main reasons, which are not exhaustive, for which a person acquires the status of "internally displaced person" can be distinguished:

- I. Armed conflict in the territory of the country of which he/she have been resident;
- II. In the case of "internal tension or disorder" in the country of his nationality. For example, demonstrations that endanger the lives and security of Ukrainian citizens, ethnic violent conflicts, the specific activities of the state as the large-scale arrests, and other massive measures;
- III. Violation of human rights, certain action or inaction from the state side. In this case, grounds such as the threat of life or liberty on the basis of race, religion, nationality, political opinion or membership of a particular social group are a form of grounds for the emergence of a refugee status, however, if the person has decided to change his place of residence, in connection with this actions, only within the limits of the country of which she is the resident, in this case, there is an internal migration;
- IV. Disasters that are natural or human-made origins. For example droughts, floods, earthquakes or typhoons, nuclear disasters or famine.

Wars and other forms of organized violence generally draw the attention of policymakers, mass media, and non-governmental organizations. Mental health and public health experts tend to consider this selective and often temporary attention as an opportunity to raise awareness about the psychological consequences of armed conflicts, namely PTSD, to warn about the disastrous mental health situation in low- and middle-income countries. With the numbers of displaced individuals reaching unprecedented levels, a more global mental health approach is necessary to effectively support affected nations. In places where violence is seen as a necessary factor in achieving peace, ongoing armed conflict, and displacement will likely contribute to



continued psychological impairment and suffering among those affected [54]. Allowing for a better understanding of the effects that the aftermath of war have on the psychological well-being will allow for interventions not only targeting mental illness but also attitudes toward reconciliation and justice and reduction of future violence [55].

In sum, this systematic review indicates that the heterogeneity in prevalence rates is caused by methodological differences between studies and differences between conflict-affected IDP and refugee populations. We recommend that future public mental health research goes beyond the assessment of PTSD, depression, and anxiety disorders and consider a broader inclusive definition of the psychological consequences of armed conflict as additional key concept. In addition to that questionnaires assessing more severe disorders (e.g., psychotic disorders) which are often ignored need to be developed and validated for use in LMICs.

Ambitious and locally coordinated assessment programs of mental health should be implemented as well as non-centralized mental health policies and their systematic qualitative evaluations [56]. Lastly, the on-going crises indicate that there is an urgent need for scalable interventions that are appropriate for war-torn contexts in which resources are limited. The World Health Organization is currently spearheading this with the so called low-intensity intervention Problem Management Plus [57] being the most evidence-based release to date [58, 59]. On-going research is aiming to increase the scope of this intervention to allow for group-based and application-based administration. However, the most critical challenge will be to translate these promising intervention programs into sustainable public mental health policies in countries so deeply weakened by protracted conflicts, destruction of fragile pre-existing health care structures, and political instability. Finally, it is unfortunately common that refugees and IDPs are not being treated fairly wherever they end up seeking protection and support, and are subjected to

ongoing humiliating, traumatizing, or otherwise damaging circumstances. From a societal and ethical viewpoint, changing these circumstances may even constitute a higher priority than diagnosing and treating trauma-related mental illness.

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