

VIEWPOINT

A Letter from Libya: An Urgent Need for Trauma-informed System of Care

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Abstract

The spread of “Arab Spring” revolutions throughout the region has resulted in atrocities and the rising of psychiatric problems. In Libya, there is no clear infrastructure for medical or mental care. A full-fledged war was waged to achieve the liberation of the country. The above makes Libya a country which presents a wonderful opportunity for improving the provision and delivery of medical and mental services. The “First National Conference on Mental Health” post-revolution took place July 2012 in Misrata, Libya under the theme “The Future of Mental Health in Libya”. The author reviews the current state of mental health in Libya and reflects on the recommendations of the conference.

Keywords: Libya, Mental health, PTSD

Introduction

The need to understand Post-Traumatic Stress Disorder (PTSD) and mental health comorbidities has never been greater in the Middle East than now. The spread of “Arab Spring” revolutions throughout the region has resulted in atrocities and the rising of psychiatric problems. Libya is no exception. This country was under siege by a Unitarian regime for over forty years with one of the worst healthcare systems in the region. There is no clear infrastructure for medical or mental care. Another peculiar circumstance for Libya is the needs for a full fledged war to achieve the liberation of the country. The above makes Libya a country, which presents a wonderful opportunity for improving provision and delivery of medical and mental services.

Mental Health Care in Pre and Post-Revolution Libya

For the past 42 years the country has been ruled by a Totalitarian regime, an era referred to by many as the darkest years of Libya's tumultuous history. Under the rule of dictatorship, Libyans suffered with no adequate education, social services, or healthcare leading the Libyan people into despair. As for mental health pre-revolution, Libya had only two hospitals (asylums), one in Tripoli and another in Benghazi. The standards of care in the hospitals were extremely poor; the use of old medications, treatment modalities and at times unethical practices was common. The role of mental health professionals was misunderstood and made fun of, and psychiatric symptoms were attributed to the act of magic or evil eye and treated through "traditional local healers".

Already in a precarious position, the 2011 Libyan revolution, gave Libyans hope for a change, but came at a very heavy price. The war lasted nearly 1 year with tens of thousands of people dead and hundreds of thousands injured and displaced. The medical and mental toll on the Libyan people became overwhelming complicated by the lack of standard medical and mental healthcare in the country as well as cultural stigma to accessing the sparse mental health services.

According to the Libyan Ministry of Health there is only 1 psychiatrist per every 200,000 Libyans making the mental health situation even more difficult to assess and treat. Add this to the already desperate and growing issue of medical health care, the comorbid states of PTSD and other medical ailments will significantly increase throughout the country.

Currently in Libya, it is estimated that there are more than 25,000 cases of PTSD ranging from children and adults to military personnel, physicians and so forth. From the author's previous four visits to Libya since the start of the revolution in February of 2011, it is clear that there is not a single corner of the country that has not been negatively affected by the war. Unfortunately, due to the lack of mental health care in the country and lack of professionally trained trauma mental health

workers, the cases of PTSD will continue to linger and perhaps grow adding to the already bleak situation.

The only "advantage" of the war is that Libyans are grieving together and leaning on one another for support, they are more willing to discuss the mental health impact of the war and accept psychosocial support.

The "First National Conference on Mental Health" post-revolution took place July 4-5, 2012 in Misrata, Libya under the theme "The Future of Mental Health in Libya". Its resolutions and recommendations are presented in table 1.

In my professional opinion, Libya needs many years for its psychological wounds to heal. Some of the most important elements of psychosocial recovery in Libya include:

1. Psycho-social education: through conducting TV and radio programs, distributing leaflets and running lectures, seminars and workshops
2. Capacity-building of Libyan mental health professionals through training-of-trainers courses on trauma-focused interventions and therapies
3. Establishing trauma assistance hotline
4. Opening psycho-social educational and resources centers
5. Conducting peer support groups for women, freedom fighters and families of the deceased on both sides of the conflict
6. Conducting training and hands-on activities on play and art therapy techniques for children with teachers, social workers and volunteers from Libyan non governmental organizations
7. Conducting community brainstorming workshops on peace and reconciliation

Final remarks

The good news is that humans are resilient and Libyans proved to have what it takes to recover from their painful recent past, heal the invisible wounds of trauma and rebuild their country. If things continue going in the right direction, Libya might indeed become a role model in every standard including mental health care.

Table 1. Resolutions and Recommendations of the “First National Conference on Mental Health Post-revolution” that took place July 4-5, 2012 in Misrata, Libya under the theme “The Future of Mental Health in Libya”.

1. Large scale psychosocial educational campaign is needed to combat stigma.
2. Work with religious and local healers is important to promote and improve the practice of Islamic mental health.
3. Interdisciplinary team approach to mental health is needed.
4. Raise the ethical standards of practice of mental health professionals.
5. Start high quality certification and licensure programs in Libya.
6. Cooperate with world-class universities and treatment centers to improve mental health standards.
7. Unite the many mental health teams working independently in Libya.
8. Include psychosocial units in all government sectors.
9. Raise awareness of the important rule of psychosocial professionals.
10. Prepare and start applying realistic programs that deal with the immediate crisis with focus on long-term improvement of mental health standards of the country.
11. National reconciliation is a topic that needs to be always re-visited.
12. Psychosocial professionals cannot engage in interrogation or torture procedures.
13. Increase the number of inpatient units and in other cities than Tripoli and Benghazi.
14. Focus on issues of PTSD, addiction and rape.
15. Involve children with special needs in public schools and centers.
16. Apply play and art therapy programs to school children.
17. Provide parks, playgrounds and other avenues for relaxation.
18. Work with international nongovernmental organizations but encourage healing Libya through Libyan hands.
19. Increase salaries for mental health professionals especially those willing to work in rural areas.
20. Start anonymous hotline for psychosocial support and consultation.
21. Exchange ideas and expertise between teams to prevent replicating efforts and reinventing the wheel.
22. Revise academic curricula and focus on practical and hands-on aspects.
23. Encourage the use of technology, psychological testing and mental health research.
24. Provide opportunities for staff improvement through attending courses, continuous medical education activities and conferences inside and outside Libya.
25. Start a national database to track admissions, discharges and medication dispense, also work towards inpatient units in general medical hospitals and open day treatment programs to reduce stigma and improve access to services.

That however requires the perseverance and hard work of many good people who care deeply about their country.

Further Readings

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