(RESEARCH ARTICLE)

Mental health consequences in populations exposed to war and violence: A global health crisis

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Abstract

War conflicts and violence zones inflict devastating physical, social, and psychological consequences on affected populations. This paper explores the mental health impacts on civilians and combatants exposed to armed conflict, forced displacement, and chronic violence. Post-traumatic stress disorder (PTSD), depression, anxiety, and substance abuse are highly prevalent in these environments. Vulnerable populations, including children, women, and the elderly, face elevated risks. Limited access to mental health services exacerbates suffering, particularly in low-resource settings. Evidence-based interventions—ranging from trauma-informed care to community-based psychosocial support—are urgently needed to address this growing crisis. International collaboration is essential to scale mental health services in conflict-affected areas and integrate mental health into emergency response frameworks.

Keywords: Depression; PTSD; Conflicts. Mental Health; Trauma

1. Introduction

Armed conflicts and prolonged violence have escalated globally, resulting in significant humanitarian crises. Beyond the visible toll of injury and displacement, war zones produce profound mental health consequences that are often underrecognized and undertreated. This paper aims to examine the psychological burden of war on affected individuals and communities, identify key risk factors, and explore scalable solutions for mental health care delivery in conflict settings.

2. Materials and method

This paper is a narrative review of peer-reviewed articles, systematic reviews, and reports from international organizations addressing mental health in conflict settings. Sources were identified through PubMed, Scopus, Google Scholar, and grey literature from WHO and UNHCR, using terms such as war, conflict, PTSD, depression, and trauma. Findings were synthesized thematically to highlight prevalence, risk factors, service gaps, and intervention strategies.

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3. Results and discussion

3.1. Prevalence

Table 1 Prevalence of Common Mental Disorders in Conflict-Affected Populations: *[1,2,3]*

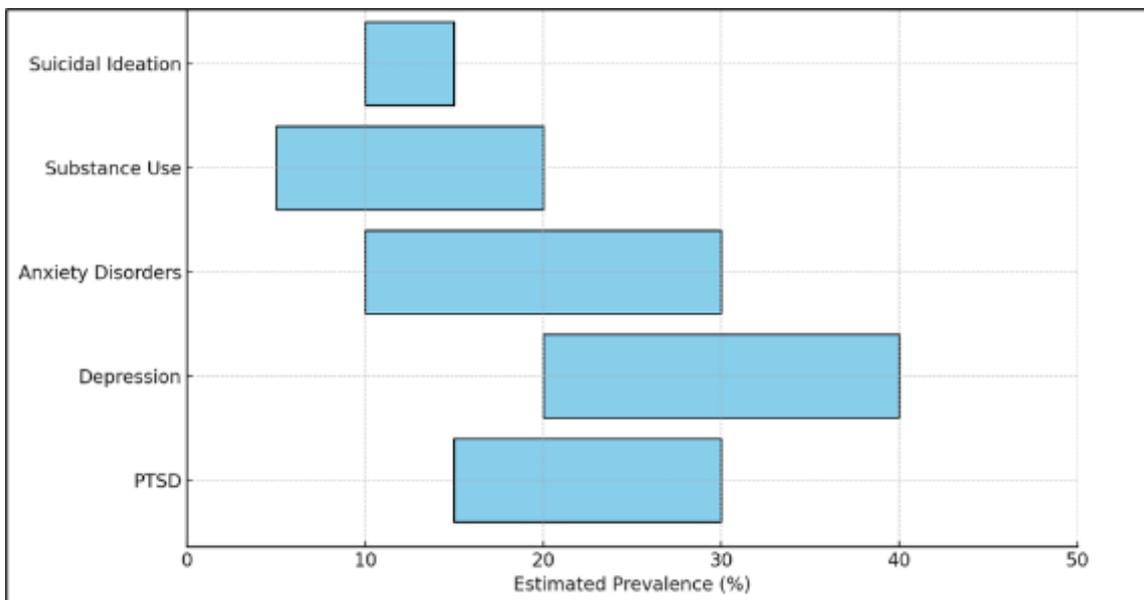| Disorder	Estimated Prevalence	Notes
PTSD	15–30%	Higher among individuals with direct exposure to violence.
Depression	20–40%	Common in both civilians and displaced persons.
Generalized Anxiety Disorder	10–30%	Often co-occurs with PTSD or depression.
Substance Use Disorders	5–20%	Frequently underreported; more prevalent in protracted conflict zones.
Suicidal Ideation	10–15%	Elevated in youth and survivors of sexual or gender-based violence.

Figure 1 Estimated prevalence of mental disorders in conflict affected populations

Children and adolescents, who comprise a significant proportion of refugee and displaced populations, show higher rates of developmental delays, behavioural problems, and suicidal ideation. [4]

3.2. Risk Factors for Psychological Distress

Key factors contributing to poor mental health outcomes in war zones include:

- **Direct exposure to violence**: Torture, sexual violence, loss of loved ones, and witnessing atrocities. [4]
- **Displacement and refugee status**: Forced migration disrupts social networks and access to care.
- **Poverty and food insecurity**: Increase emotional distress and decrease coping capacity.
- **Lack of access to health services**: Infrastructural collapse limits treatment availability.

Women and girls face unique risks due to increased gender-based violence, while older adults may suffer compounded trauma from war layered onto existing vulnerabilities.

3.3. Case Studies and Regional Perspectives

- **Syria**: Ongoing conflict since 2011 has left millions with untreated psychological trauma. Humanitarian mental health services are fragmented. **[5]**
- **Ukraine**: The war has led to a surge in PTSD and depressive disorders, with infrastructure for mental health support overwhelmed. [6]
- **Democratic Republic of Congo**: Protracted conflict and sexual violence have created chronic trauma exposure with minimal psychiatric resources available. [7]
- **Sudan**: The ongoing war resulted in medical infrastructure destruction, shortage of trained professionals and widespread mental disorders to add to the already stigma that enshrouds mental illness. [8].

3.4. Gaps in Mental Health Services

In most conflict-affected regions:

- **Mental health care is not integrated** into primary health systems.
- **Shortage of trained professionals** (psychiatrists, psychologists, social workers).
- **Stigma** limits help-seeking behaviour.
- **Emergency responses** often overlook mental health needs.

3.5. Intervention Strategies

Table 2 Evidence-Based Interventions for Conflict-Affected Mental Health[9, 10]

Intervention	Target Group	Delivery Method	Effectiveness
Psychological First Aid (PFA)	General population	Trained community workers	Reduces acute distress
Trauma-Focused CBT	Adults/Children	Individual or group therapy	High for PTSD
Group Interpersonal Therapy (IPT-G)	Adults	Group sessions	Moderate to high depression
mhGAP-HIG[11]	All ages	Primary health care workers	Scalable and adaptable
Peer-led Support Programs	Refugees/IDPs	Trained lay counsellors	Cost-effective, scalable

3.6. Recommendations and Future Directions

- **Integrate mental health into humanitarian aid protocols.**
- **Train non-specialists** using WHO's Mental Health Gap Action Programme (mhGAP).
- **Culturally adapt interventions** to local populations.
- **Strengthen research** on long-term outcomes and effectiveness of scalable models.
- **Address structural factors**—poverty, displacement, and discrimination—that compound mental health risks.

4. Conclusion

The psychological impact of war and violence is a public health emergency. Mental health must be viewed as an essential component of humanitarian and post-conflict recovery efforts. Global and local stakeholders must invest in evidence-based, culturally sensitive, and scalable solutions to reduce the mental health burden in war-affected populations.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that they have no conflicts of interest.

Statement of informed consent

The patient provided verbal consent for publication of this anonymized case.

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