

## Commentary on Sharma et al.

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Until the civil war, mental health was not considered to be an urgent health issue in Sierra Leone. The war, which lasted from 1991 to 2002, took a particularly heavy toll on the country's youth, who were often dragged into the center of the conflict. Whether they were directly involved in the fighting, witnessed the murder of family members, or experienced atrocious violations of their basic human rights, many youth had traumatic experiences that left them deeply scarred. Upon returning to their communities, the majority of these war-affected youth experienced profound difficulties with reintegration. In order to cope with their traumatic experiences, some attempted to reclaim their former lives by asking for forgiveness and moving on. Others turned to drugs, alcohol, and prostitution. Many sought solace through religion. These postwar months and years were marked by a drastic rise in mental health issues among youth throughout the country, which contributed to an increasing awareness of the need for targeted mental health interventions for this population. In order to create such interventions, it is critical to first understand the coping mechanisms of these vulnerable youth, and how specific coping styles contribute to resilience in the face of severe trauma.

In collaboration with international and local nongovernmental organizations, Dr. Betancourt, Director of the FXB Center's Research Program on Children and Global Adversity at the Harvard T. H. Chan School of Public Health, began a prospective longitudinal study in 2002 to study the impact of armed conflict on children who were directly and indirectly affected by it in Sierra Leone. This involved survey interviews conducted at three time points: Wave 1 in 2002, Wave 2 in 2004, and Wave 3 in 2008. Wave 4 of data collection began in 2015 and will incorporate refined measures from previous waves, as well as new instruments examining the intergenerational effects of war as the original cohort has now aged into adulthood (Betancourt et al., 2010).

Based on data from the longitudinal study, my organization, Caritas, has been working with the Research Program on Children and Global Adversity and international collaborators to develop and implement the Youth Readiness Intervention in a randomized-controlled trial, focusing on skills building for coping, interpersonal relations, educational success, and em-

ployment-seeking behaviors. Caritas was established as a relief and development institution of the Catholic Church in 1981 by a mandate of the Catholic Bishops Conference of Sierra Leone. Caritas has been working to build capacities and enhance livelihoods of marginalized groups, particularly the poor, children, women, and victims of disasters. As part of this mission, Caritas has provided skills trainings for war-affected youth in order to build their employment capacity, and has also promoted small-scale entrepreneurship through a program of microloans. Such activities have been an important step in helping youth cope with trauma and stress.

The present study by Sharma et al. is notable in its critical examination of various forms of coping in a sample of Sierra Leonean war-affected youth. The authors used the Brief COPE scale (Carver, 1997) and evaluated its applicability to this unique population. They also looked at the role of approach and avoidance coping in mediating the effects of war trauma on psychosocial adjustment. Their finding that although most scale items performed well, others were less reliable, highlights the challenges of assessing context-specific coping behaviors through standardized survey scales. There also seems to be a need for incorporating both qualitative and quantitative techniques to measure coping in this unique sample. The study also revealed that coping through religion or substance use is fairly common, and should be targeted in interventions. The finding that avoidance strategies like denial and disengagement may be effective ways of dealing with traumatic war events raises concerns about the current psychosocial interventions in Sierra Leone, which mainly promote prosocial behavior.

Overall, this study will inform more targeted efforts by Caritas and other youth-serving groups to adapt their activities to the particular mental health needs of young people. In addition, the lessons learned from this work will be crucial in the ongoing refinement of the survey measures to be used in Wave 4 of the data collection, which will contribute to further enhancement of the Youth Readiness Intervention. The findings from this study will also be critical in helping clinics and nongovernmental organizations redesign interventions to more effectively target the coping strategies that have been successful in helping Sierra Leonean youth build resilience despite extreme trauma. More broadly, given the current momentum for a National Mental Health Plan in Sierra Leone, studies like this play an essential role in advocating with stakeholders and policymakers

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for the importance of community mental health interventions that promote youth psychosocial support.

This study is especially important in the context of the current Ebola crisis in West Africa, which has resulted in a tremendous loss of lives, disruption of the way of life, and destabilization of the political and economic structures in Sierra Leone. Not only has this deadly outbreak contributed to a new population of individuals facing multiple traumas (e.g., losing a caregiver, being uprooted from their homes, and los-

ing financial stability) but there is also the potential for the re-traumatization of those who are still recovering from the horrors of the civil war. In the wake of this tragedy, there has been an influx of aid from the national and international community, including priority setting for psychosocial trauma counseling from the World Health Organization. It is therefore critical that new mental health efforts be informed by existing knowledge on resilience and coping strategies in Sierra Leone's unique social and cultural context.

## References

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