INTRODUCTION

• On October 31, 1984, Indira Gandhi, the prime minister of India, was murdered by her Sikh bodyguards. In the 5 days that followed, politically backed mobs massacred an estimated 500-3000 Sikh men and boys in what is known as the 1984 Anti-Sikh Riots or Sikh Genocide.

• “800 surviving widows were displaced from their homes and relocated to an area of New Delhi known colloquially as “The Widow Colony”.

• Studies in developing countries indicate a high prevalence of mental health conditions amongst internally displaced people (IDPs) and victims of ethno-religious violence. It has also been documented that there are significant health disparities within the Widow Colony, including a high level of medical issues, poverty, substance abuse, and suicide.

• As noted by the WHO and India’s National Mental Health Programme (NMHP), India suffers from poor awareness, a huge stigma and a large treatment gap when it comes to mental health conditions.

• Objective: To highlight the prevalence of undiagnosed post-traumatic stress disorder (PTSD) and major depressive disorder (MDD) amongst these victims

METHODS

• Study approved by UCSF and Weill Cornell IRBs. Key informants that were previously identified in the Widow Colony were contacted in order to facilitate snowball sampling to recruit subjects for the study. Participants were given 500 Indian Rupees (~$7.50 USD) as compensation for their time.

• With the help of a local interpreter, participants were interviewed on two validated mental health screens: PTSD Checklist for DSM-5 (PCL-5) and Patient Health Questionnaire-9 (PHQ-9).

RESULTS (CONT.)

• 25 participants were interviewed. Of these, 4 were excluded from the PCL-5 analysis and 2 excluded from the PHQ-9 analysis due to incorrect administration of questions or withdrawal from study.

• For the PCL-5, 11 out of 21 women (52.4%) met the criteria for a provisional PTSD diagnosis, with another 3 women meeting a score cut-off of 33 indicating the need for further diagnostic testing.

• For the PHQ-9, 13 out of 23 women (56.5%) met criteria consistent with a preliminary diagnosis of moderate depression.

• There was a significant correlation between PCL-5 score and PHQ-9 Score (p = 0.002)

REFERENCES

Sandeep R Sabhlok, Michael Lipnick, Gunisha Kaur. Mental Health in the Widow Colony: Assessing PTSD and MDD in Refugee Trauma Survivors in India. Global Health: Pathways to the Discovery. 2020

ACKNOWLEDGEMENTS

• George G. Gagany (Global Health Initiative, UCSF)
• Anesthesiology Global Health Initiative at Weill Cornell College
• Ganga Kaur, President of the 1984 Widow Colony Community Organization
• The survivors within the Widow Colony who participated within this study and shared their story with our research team

DISCUSSION

• In this pilot study, we demonstrate the likelihood of a high prevalence of PTSD and MDD in women within the Widow Colony

• There is a significant degree of PTSD features in this population, including re-experiencing and hyperarousal features (not shown)

• Limitations: screens may not be suited for Indian context; difficult for women to understand the “degree” of disturbance (often choosing “none” or “extreme” answer choices)

• Next steps: Further psychometric evaluations as well as working with local organizations and physicians to increase awareness and treatment options for women within the Widow Colony.

RESULTS

• Studies approved by UCSF and Weill Cornell IRBs. Key informants that were previously identified in the Widow Colony were contacted in order to facilitate snowball sampling to recruit subjects for the study. Participants were given 500 Indian Rupees (~$7.50 USD) as compensation for their time.

• With the help of a local interpreter, participants were interviewed on two validated mental health screens: PTSD Checklist for DSM-5 (PCL-5) and Patient Health Questionnaire-9 (PHQ-9).