

Mental Health in the Widow Colony: Assessing PTSD and MDD in Refugee Trauma Survivors in India

GLOBAL HEALTH



PATHWAYS
TO DISCOVERY

Sandeep R Sabhlok¹, Michael Lipnick¹, Gunisha Kaur²

¹Department of Anesthesiology & Perioperative Care, University of California, San Francisco, CA ² Department of Anesthesiology, Weill Cornell Medicine, New York, NY

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).

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “super-alert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

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PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use “*” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: 0 + + + + + Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

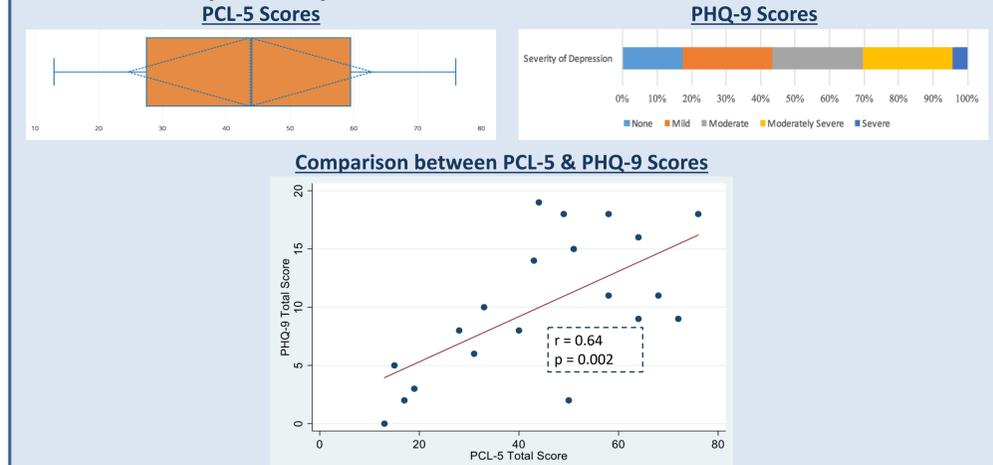
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>				

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RESULTS

- 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)

RESULTS (CONT.)



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

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