
PREVENTION AND REHABILITATION PROGRAM FOR STRESS-RELATED DISORDERS AMONG THE POPULATION OF THE FEDERAL REPUBLIC OF YUGOSLAVIA

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ABSTRACT

The purpose of this program is to alleviate the disastrous consequences of the events that took place in the territory of FR Yugoslavia in the past ten years – the psychological ones and all those resulting from the pollution of the environment that seriously jeopardises health. It is also an attempt to address the growing problem of the Balkan Syndrome. The program is an adapted and upgraded concept based on a twelve-year experience and excellent results of complementary medicine practised within the National Health Service of Great Britain.

Key words: psychology, stress, prevention, rehabilitation

INTRODUCTION

The vicinity of war, sanctions and the overall social and economic downfall have heavily imperilled human health and caused growing pollution of the environment in the Federal Republic of Yugoslavia (FRY). The NATO bombardment in 1999 left behind it the worst consequences for the health of the population in the long run. They can be classified as follows: 1) the consequences on the psychological plane and 2) the consequences related to the ecological catastrophe caused by: a) the use of unconventional munitions by NATO and b) destruction of the targets that released extremely toxic matters into the environment. The common denominator for the psychological consequences is stress while the most dangerous aspects of the ecological catastrophe are radioactive and cancerous substances that have polluted air, water, and soil – including the probability that they could also be found in the food chain. What links the above two groups of consequences in a very dangerous and disturbing way is the fact that stress reduces human defence mechanisms due to which it is known in medicine as one of the key hazards to develop cancer.

Out of the unconventional munitions used in the bombardment of FRY, there is no doubt that the ammunition containing depleted uranium (DU) was applied. The consequences of use of DU have already been seen in Iraq and the Republic of Srpska and in public they are known as the Gulf or Balkan syndrome respectively. The French President Jacques Shirac addressed the problem of the Balkan syndrome and protection of health of the soldiers at a Government session in Paris on January 10, 2001¹. It was the time when Europe started facing the existing problem among the peacekeeping forces stationed in the former Yugoslavia. A report from the Iraqi doctors, from the beginning of 1998, specified an increased incidence of cancer diseases among children in the southern parts of the country by 400 percent six years after DU² ammunition was used during the Gulf War. Many of the children dying of leukaemia and lymphoma cancer were not even borne when the war took place. A report from the General Hospital of the Faculty of Medicine in the Serbian Sarajevo evidences that the death rate and the number of those who have contracted malignant diseases have been increased by 500 percent five years after the NATO bombardment³. Relevant statistical data from the territory of FRY has not been available to the public since the spring of 2001. The number of newly registered patients in the oncology clinics in Sabac and Loznica in the year 2000 has increased by almost 50 percent⁴. The attitude of the Government and health-care institutions with regard to the Balkan syndrome two years after the bombardment could be deducted from a statement of the Command of the Third Army of the Military of Yugoslavia in Nis. It appealed to the relevant Government bodies to define a medical care strategy for the ever-growing cases of the Balkan syndrome among the professional staff of the Third Army. The Army stated that none of the relevant medical institutions in the country have taken a precise stand on the actual consequences of the use of radioactive ammunition during the NATO bombardment and that all the treatment available to those fallen ill due to their exposure to those substances “comes down to sheer improvisation”⁵.

STRESS

Stress conditions leave deep imprint in every being and the consequences depend on the subjective and objective “weight” of a stress condition, its duration and frequency, predisposition of a person, etc. A human being needs certain time to sort-out the consequences of a stress condition. Where stress conditions are quite frequent (like in day-in day-out air raids and bombing) fast accumulation of negative psychological contents is inevitable. In such a situation conscious mind is not able to cope with these negative contents and is bound to suppress them and push into the subconscious in their “raw form” – in order to prevent a breakdown. This is a shortcut mechanism to evade severe psychological trauma. At the same time, however, it represents an obstacle to achieve a complete and lasting relief from the negative psychological contents, which, if not dealt with, bear a threat to become psychosomatic disorders, even mental illnesses in the course of time.

Owing to the above and many other reasons it is necessary to initiate prevention and alleviation of the consequences of stress among the entire population as promptly as possible particularly among the most vulnerable groups. Conventional psychosocial methods of treatment do not yield the desired results. That is why the traditional and upon them based innovative treatments need find their righteous place in the contemporary health care. In the UK these treatments are recognised and implemented within the National Health Service (NHS) and referred to as complementary medicine.

ON THE METHOD OF WORK

The complementary medicine therapies are officially recognised both in the legislation and within the National Health Service (NHS) of the United Kingdom (UK). They are widely accepted and institutionalised in the British society owing to the good results in treating patients, especially those who do not respond well to the conventional treatments. Adverse financial status in the British government-funded health care system by the end of the eighties and the reality of market economy forced their leading experts to search for additional ways of improving the health of the nation. One of the best innovations of the General Practitioners' New Contract introduced in April 1990 features the Health Promotion Clinics (HPC) concept. It suggests a shift from treatment of diseases to prevention of illnesses by earlier intervention and health education. GP's are encouraged and financed by NHS to use services of the complementary therapists, who are not required to have medical or paramedical background. Most often, complementary practitioners are engaged in the following: Stress Reduction Clinic, Cancer Support Clinic, Dietary Advice Clinic, Reducing Tranquilliser Clinic, Menopause Clinic, Stop Smoking Clinic, and Hypertension Clinic. Patients have a free-of-charge option to assign themselves or be referred to any particular HPC, especially in a case of a chronic problem, or to undergo conventional treatments⁶.

The therapist may be able to demonstrate that the clinic itself is cost-effective by reducing drug prescribing, consultation attendance and possible long-term health promotion benefits which are cost-reducing, like decreasing stress, weight loss, stopping smoking.

Often it is the more difficult and chronic problems that face a GP that can be referred to HPCs and so relieve the GP of that burden. If it is a group like a Cancer Support Clinic or a Menopause Clinic the sharing of common symptoms and problems has been shown to be very beneficial to the patient and their illness.

The types of clinics that can be run by complementary therapists are in the area of real illness prevention and health promotion. It is also stimulating and educational for medical practitioners and complementary therapists to work together and discuss their different approaches to the same problems – helping people restore and/or preserve their health. Medical professional is in charge of a patient at all times. GP practice allocates a part of the funds received for each HPC, to pay for services of the complementary therapist. The rest can be used to pay for resources like employing staff and buy equipment.

Success rate of some complementary therapies exceeds 70 percent and it is manifested as follows: 1) the patients' health improves, 2) due to reduced health problems, they seldom call on their GP's and thus leaving them more time for patients with acute problems, and 3) they use less medication, particularly pain killers, tranquillisers, and sleeping tablets, making significant savings in the practice's budget. The official statistics indicates that NHS surgeries offering one particular complementary therapy have 25 percent lower PACT prescribing costs than the national average, even less for psychotropic drugs! South London GP Dr Michael Massey who referred his patients to the mentioned complementary therapy centre in Kent, never prescribed tranquillisers.⁷

Benefits of the HPC concept are self-evident, but better understanding could be obtained in the light of the relevant facts. GP practices within British NHS are self-managing and operate under allocated annual budget. The scope, number and quality of services available to local community, to a large extent, depend on the efficiency of treatment and preventive work. In order to help GP practices decrease expenses and maintain adequate health care standards NHS encourages application of approved complementary medicine therapies

through additional financing for this kind of service in surgeries. In short, HPC concept is an “all winner” solution for the patients, GP practices, complementary therapists and the society.

Complementary medicine is a very important issue in the British society. On June 18th 1992, the British Complementary Medicine Association (BCMA) was launched at the House of Commons. The meeting was hosted by David Tredinnick MP of the Parliamentary Group for Alternative and Complementary Medicine. The importance of BCMA is that it is a truly democratic body that formally represented 40 organisations in 30 therapies comprising more than 20,000 practitioners at the time. BCMA maintains a close liaison with MPs, members of the House of Lords, MEPs, and EU and has wide support in the corridors of power. Complementing, consulting and co-operating are the keynotes of BCMA in safeguarding the rights of its members, protecting the interests of the public and in continuing to raise the standards of the profession through education, research and training. Education in the field of complementary medicine is rather widespread both in the state-controlled and in the private sector of education. Some of the complementary therapies are very popular and have the status of community service. They are also appreciated in the world of business because they raise the working capacity of the employees on a higher level. Greenwich University, in South London, offers free sessions with qualified complementary practitioners to help students cope with stress. Moreover, apart from the existing counselling service, the University offers specially designed workshops to its 18,000 students. The workshops go beyond the normal advice on coping with stress related to exams in that they look at personal development. Students are taught relaxation techniques and breathing exercises and how to obtain deeper understanding of where exam fears come from⁸.

STRESS AND INTERNATIONAL EXPERIENCE

The recent medical surveys suggest that among the people in the developed countries stress is responsible for onset of terminal illnesses in 70-80% of the cases.

The World Health Organisation (WHO) draws attention to the fact that there are 400 million people on this planet who suffer from mental and neurological disorders and psychosocial problems. WHO estimates that, by the year 2020, depression is going to become one of the main causes of deaths in the world. Such a high increase of the rate of mental disorders is expected due to increasingly stressful styles of life, growth of poverty and violence in the years to follow. The above criteria are rather expressed in the territory of FRY and therefore, require full attention and adequate preventive measures and protection of health. The message of WHO is that attending to these problems should become a priority of the medical workers throughout the world; mental illnesses are the main cause of various disabilities that hamper normal life and work, cause huge problems in the families and society, and affect the economic development of the society. The governments of the countries are responsible for the absence of adequate means of treatment for their population. Inter alia, this includes violation of human rights in medical care and insufficient health protection on the community level. WHO promotes reorientation of health care towards improvement of health and prevention of illnesses within the strategy “Health for All”.

A report of the European Employment, Industrial and Social Affairs Directorate of the first quarter of 2001 indicated that job-and family-related stress is a problem that must be

seriously taken into account if for no other reason than because of its too high economic price. On average, stress affects one in three employees in EU. The expenses of medical care of the employees, decline of productivity and loss of 600 million working days – cause damage of 20 billion Euros each year! Stress related to the job, family and subsistence among the employees in FRY is certainly on a much larger scale compared to EU. In view of the initiated process of transition of the Yugoslav economy, the forecast for the three-year period cannot be comforting either for the working-age population or for economy.

MENTAL HEALTH IN FRY

The official position of the Federal Ministry of Health and Social Welfare is that the mental health of the local population has been seriously impaired in the past ten years and that the health care workers and the entire society are faced with a formidable task to improve the situation⁹.

The data from the Federal Public Health Institute indicate that 20-25 percent of the population suffers from emotional or behavioural disorders but only 4 percent of them ask for help in the local clinics. That same Institute also points out that the statistical data from the health care institutions are not meritorious since many sufferers withdraw trying to work out their mental problems on their own¹⁰.

The survey on the mental health of the population of FRY dated 2000 reveals the presence of certain problems: (1) emotional among 40 percent, (2) sleeping disorders among 42 percent, (3) depression among 44 percent, (4) nervousness among 62 percent, (5) almost unbearable life among 10 percent. The problems are more expressed among the urban population especially in Belgrade¹¹.

TRANSITION IN FRY

Stress in the context of the Yugoslav economy transition needs to be associated with the Autocratic Society Syndrome extensively present in the population of FRY. The past decade has contributed to this problem enormously. Among other things, individuals are discouraged to use their judgement, to act upon the problems, to take responsibility for their lives, etc. “Someone else, “someone in power” is supposed to work out a “happy end”. The transition of economy in FRY demands dismissal of dozens of thousands of workers. The stress of losing their jobs or simply anticipating such outcome is bound to create a variety of health/psychosocial problems. These people need to be helped to overcome the syndrome, to find courage and strength to deal with the situation and make a fresh start relying on their personal and other resources. The Program is capable of providing adequate help.

ADEQUATE TREATMENTS AVAILABLE

The question of adequate help to people with stress-related health/psychosocial problems comes down very much to available treatments. On the other hand, available treatments come down to “we have never heard of any other treatment, nor we want to” state of mind. In this context the cultural heritage certainly represents the aggravating circumstance.

Generally, a disease is something that is concealed, something people living here are ashamed of. This is particularly expressed in case of mental problems where the sufferers but their families as well, more often than not, do a lot to disguise the problem and little to resolve it. A visit to a psychologist, psychiatrist, psychotherapist is unacceptable from the cultural point of view and it is strongly stigmatised by the society with the prospects of further affecting the sufferer. One can take a hint of the proportions of this phenomenon from the unofficial statistics of an NGO that rendered psychosocial support to the refugees in FRY in 1993. Consultation with a psychologist was unacceptable for 90 % of refugee camps inhabitants – those people who were very much in need of adequate help. It must also be said that the foreign relief agencies very much insisted on performance of the programs of this and similar kinds for rendering of support to the people in need or they still do. Considerable amounts of money have been spent on humanitarian basis but the question remains: Is mental health in FRY any better?

SITUATION IN THE HEALTH SERVICE IN FRY

An official assessment of the Ministry of Health of the Republic of Serbia specifies that the overall debt to the medical institutions, incurred in the past decade, amounts to more than 2 billion German Marks.

The position of the Serbian Medical Society is that the institutions in the state sector have been ruined in the past decade; the scope and the number of services financed from health insurance funds must be reduced or otherwise there will be no sufficient funds to cover all of the specified patients' rights¹². The national health service has to undergo a thorough reform. The experts estimate that the whole process would last minimum ten years. In the meantime, the transitional solutions are indispensable¹³.

According to some unofficial data, there were some 6,000 unemployed doctors in Serbia by the end of March 2001. On the other hand, those employed are underpaid and very much dissatisfied with their position and this affects their practice. Hence corruption is very much at work same as a power struggle.

THE PROGRAM

The Program was developed by the author of this paper in July 1999. It is based on the best results of complementary medicine practice within the British health care system and personal 12-year experience as a complementary therapist – particularly in the field of work with people in distress and training of complementary therapists.

The Program represents an adapted and upgraded concept of Health Promotion Clinics of the UK's NHS. It includes: 1) training of persons in need and future therapists in application of non-invasive complementary medicine methods, 2) alliance with nature, 3) lectures addressing healthy lifestyle.

Complementary medicine as the essence of the Program is featured by a holistic approach and non-invasive methods of work on restoration of balance at all levels of being. The place where the stress-related symptoms are manifested or their nature very often do not indicate the source of the problem. Even if there is insight into the cause of a problem there is still a lack of the "tools to repair the damage". The Program is based on simple yet effectively intertwined methods that help the participant to ignite the healing forces within. He/she

gradually eliminates the causes of stress-related symptoms inside themselves and reduces the negative charge gradually more clearly identifying the ways of protecting themselves from external factors that could jeopardise the inner peace and the personal development potentials. This course of changes enables considerable improvement of the psychological and physical conditions and interpersonal communication. All this certainly contributes to the recovery of the society as a whole.

Apart from the obvious intention to help individuals deal with the acute stress-related conditions and prevent eventual or alleviate current health/psychosocial problems, the Program is tailored to educate and train the participants in self-help in any situation and in the long run. The Program strives to encourage people to take more responsibility for their health, lifestyles, and attitudes. The Program is primarily intended for the most vulnerable categories with regard to the 1999 NATO bombardment and all the others who have suffered in the past decade: the wounded, tortured, those who have suffered a personal loss, refugees, displaced people, emotionally exhausted, worn-out at work, those with impaired health, socially disadvantaged, etc. The overall aim of the Program is to teach people how to build up their health in order to try to overcome the effects of environmental contamination in Yugoslavia.

The Program envisages training of a sufficient number of future complementary therapists primarily from the ranks of the unemployed doctors. The intention is to ensure that all major towns in the country have a proportional number of practitioners of this complementary medicine therapy available. Local communities should provide adequate premises for their practice. Local health care services would refer those in need of therapy, especially the persons from the most vulnerable groups. Therapists would be compensated during their training and for their service from the Program donation fund. The service users would not be charged.

CONCLUSION

The Yugoslav health service is in a critical state and there are no indications of its successful recovery in the next three years. The examples of Iraq and the Republic of Srpska cast unfavourable prospects for the health care needs of the population of FRY in the forthcoming, crucial period. The expected increased rate of cancer and other serious disorders will many-times exceed the actual capacities of the Yugoslav health care system to render adequate services to the patients. Building on the best international experiences in prevention and treatment can only mitigate the expected catastrophe. Even if examples of Iraq and the Republic of Srpska in reference to DU and cancer rates are disregarded as unsubstantiated, the fact remains that extremely toxic matters were released from bombed sites into the environment and that environmental protection in FRY under the sanctions was insufficient. Long-term effects of the latter cannot be disregarded since they come down to the same problem of cancer and other diseases, possibly with lower rates than observed in Iraq. For that reason preventive programs need to start without any further delay. All the social groups that have preserved vitality, common sense and good will are entitled and obliged to contribute to the solution of this huge problem ahead.

Medical statistics had indicated three to five percent prevalence of cancer disease among the population of Yugoslavia before 1990. Therefore, the expected figure of cancer diseases in the next three years could reach between one and two million people unless adequate measures are urgently undertaken.

The Health Promotion Clinics concept with selected complementary therapies has proven to be cost-effective and socially acceptable in UK, the country with developed conventional medicine, human rights in the field of health care and market economy.

In the light of the presented evidence and estimates the issue of stress and its consequences should be treated with the utmost sincerity and determination in applying adequate measures throughout the spectrum of the society and particularly in reference to the health.

The absence of adequate treatment encourages and compels individuals in need to search elsewhere. Ever so often it leads either to finding comfort in psychoactive substances or resorting to “solutions” for their problems in “miracle cures and techniques”. Individuals with psychological problems are extremely vulnerable and susceptible to false promises of self-proclaimed “therapists” and quasi-spiritual con men only too ready to exploit other people’s misery in the most notorious ways. Consequences of the above phenomenon are devastating in many forms for the sufferers, their families, economy and the society.

The Prevention and Rehabilitation Program for Stress-Related Disorders among the Population of the Federal Republic of Yugoslavia with its preventive, therapeutic and educational aspects seems indispensable at this moment of time. The true value of the Program is in that it is based on human and nature resources. The cost of the Program implementation is quite acceptable compared to the average cost of treatment of a single cancer patient in FRY. It is even more acceptable bearing in mind the Program’s potentials to: 1) preserve lives, 2) enable long-term health benefits and savings to the health care budget, 3) motivate the individuals to help themselves and overcome the residues of painful past, re-establish true values participating in a birth of a caring society, achieve better quality of living – regardless of their material circumstances, and open up to new possibilities awaiting after the transition period.

REFERENCES:

1. “Politika”, Oprezno, bez prikriivanja, January 11, 2001
2. “Independent”, The West’s poisonous legacy, May 28, 1998
3. “Vecernje novosti”, “Maligni geleri”, March 12, 2001
4. “Politika”, Porast obolelih od karcinoma, March 12, 2001
5. “Blic”, Ko leci od “balkanskog sindroma”, March 6, 2001
6. Healing Review, Health Promotion Clinics, Winter, 1992
7. “GP NEWS SPECIAL”, December 8, 1989
8. ”Independent”, How one university fights stress, May 28, 1998
9. “Politika”, Cetvrtina mladih pati od psihickih poremećaja, April 7, 2001
10. “Politika”, Mentalno oboleli – zrtve diskriminacije, April 8, 2001
11. “Politika”, Cetvrtina stanovnika megalopolisa pati od psihickih poremećaja, April 29, 2001
12. “Politika”, Osiguranje bez novca, May 22, 2001
13. Studija profesora socijalne medicine Snezane Simic i ekonomiste Rajka Kosanovica “Osnove za reformu sistema zdravstvene zastite u Srbiji”