

*Medicinska edukacija/  
Medical education*

ASSESSMENT OF MENTAL HEALTH OF  
DISPLACED PERSONS ACCOMMODATED  
IN COLLECTIVE CENTERS IN THE  
NORTHERN KOSOVO AND METOHIA

PROCENA MENTALNOG ZDRAVLJA  
RASELJENIH LICA SMEŠTENIH U  
KOLEKTIVNIM CENTRIMA NA SEVERU  
KOSOVA I METOHIJE

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*Abstract*

**Background/Aim.** Mental health disorders inevitably lead to social health damage and exclusion of an individual as a valued member of the family and the community. The aims of this study were to determine the prevalence of mental health problems of internally displaced persons (IDPs) accommodated in collective centers in the north of Kosovo and Metohia, and to assess the relationship between the frequency of mental health problems and basic demographic and socio-economic characteristics of the IDPs in collective centers of northern Kosovo and Metohia.

**Methods.** The study was conducted as a cross-sectional study of a representative sample of the adult IDPs living in collective centers in northern Kosovo in 2008.

Questionnaire from 2006 Serbia Health Survey was used as a research instrument. Statistical analysis included descriptive statistics methods and hi-square tests for assessing the statistically significant difference in responses.

**Results.** Nearly three-quarters of the adult IDPs living in collective centers in northern Kosovo (74.3%) affirmatively answered the question of the existence of emotional problems in the month preceding the survey. Feelings of anxiety and nervousness as the most common emotional issues (79.8%) were significantly more frequent among older working respondents ( $\chi^2$  test = 17.415, df = 4, p<0.05); married ( $\chi^2$  test = 11.298, df = 6; p<0.05); those with two children ( $\chi^2$  test = 21.872, df = 10, p<0.05) as well as respondents who were employed ( $\chi^2$  test = 32.067, df = 14, p<0.05). Present emotional problems had moderate influence impacted on the social relations in the fifth of our respondents (20.3%).

**Conclusion.** The majority of adult IDPs accommodated in collective centers in the north of Kosovo and Metohia (74.3%) had emotional problems in the month preceding the survey. In that period, the most common mental health issues of our respondents were related to the presence of feelings of anxiety and nervousness (79.8%).

*INTRODUCTION*

The World Health Organization defines mental health as „a state of satisfaction in which an individual realizes his/her own abilities, effectively copes with any life stressors and contributes to the welfare of the community with his/her creative work” (1). It is a part of the general physical and men-

tal health that enables an individual to perform the functions and activities for which he or she is destined by nature. In contrast, mental health disorders are „isolated or combined disturbances of thinking, mood and behavior which are accompanied by pain and/or limited functioning on physical, personal and social level” (2). As such, they certainly lead to social health damaging and the exclusion of the individual as

a valued member of the family and the community. In addition to negative effect to the quality of life <sup>(3)</sup> mental health disorders are significantly associated with physical health disorders, especially chronic non-contagious diseases (cardiovascular disease, diabetes, and others) <sup>(4)</sup>. In this regard, the early detection of persons at risk of developing mental disorders is of a great importance, primarily because of these diseases prevention <sup>(5, 6)</sup>.

According to the International Law, the displaced persons are those who have fled their homes to avoid persecution, but they remained within their own country <sup>(7)</sup>. The persons who start the displacement leave their home, work, social environment in which they lived, their friends, relatives and even close family members. By the time they find a refuge in a new environment, most of the people are exposed to various stresses and they have gone through experiences involving threats to their own life or the life of those close to them or they have witnessed the suffering of others <sup>(8)</sup>. These persons may also be especially sensitive to the circumstances of life in a new environment <sup>(9,10)</sup> as well as the existential problems and the housing issue, not because of their individual characteristics but because of the situation they are in <sup>(8)</sup>. In such circumstances, due to the daily struggle for survival, these people cannot afford "the luxury" and that caring attitude towards their health, to keep it timely and to respond adequately to the early symptoms of the diseases <sup>(11)</sup>. In this way, "a vicious circle" is created between posttraumatic pathology which leads to less ability to adapt and poor social conditions in collective centers; because it has been shown that higher levels of posttraumatic symptoms were associated with poor living conditions, noticeable unemployment, social isolation and high dependence on welfare <sup>(12)</sup>.

A large number of studies have shown a connection between war, traumatic events and psychiatric disorders, and this relationship is especially important for the people who have experienced some form of violence or torture <sup>(13-16)</sup>. Similar results were also obtained by researching the health of those people who had suffered a variety of calamities and disasters: tsunami <sup>(17)</sup>, earthquakes <sup>(18)</sup>, hurricanes <sup>(19)</sup>, technological disasters <sup>(20)</sup>, fire <sup>(21)</sup> and explosion <sup>(22)</sup>. From the moment when the displacement has become the reality and an integral part of the postwar society image, only few significant studies of the mental health of these vulnerable groups have been conducted in our country. One of them was conducted in Vojvodina in 1999 by UNHCR and Novi Sad Humanitarian Centre with the goal to assess health of the refugees accommodated in collective centers in Vojvodina <sup>(23)</sup>. Some aspects of mental health were also investigated within the National Health Survey of the Republic of Serbia in 2000 and 2006 <sup>(24,25)</sup>. These studies were carried out on a representative sample of the population of Serbia and they did not cover areas of Kosovo and Metohia. In addition, refugees and internally displaced persons living in private housing and collective centers were observed and analyzed as two separate groups.

Based on the data from the Department of the Republican Geological Office in Kosovska Mitrovica, the area of northern Kosovo and Metohia covers a region of 997.44 km<sup>2</sup> and comprises four municipalities: northern Kosovska

Mitrovica, Zvečan, Zubin Potok and Leposavić. This entity is a part of the province of Kosovo and Metohia, which is under the interim administration of the United Nations after the NATO aggression against the Federal Republic of Yugoslavia in June 1999. The territory of northern Kosovo and Metohia is inhabited predominantly by the Serbs living under partial administration of Serbia (the health and education systems) and partially under the United Nations administration UNMIK (the judiciary and the police) <sup>(26)</sup>. The aim of this study was to determine the prevalence of mental health problems of displaced persons accommodated in collective centers in the north of Kosovo and Metohia, and to observe the relationship between mental health problems and demographic and socio-economical characteristics of the adult IDPs in collective centers of northern Kosovo.

## METHODS

The survey was conducted as a cross sectional study of a representative sample of the adult IDPs (over the age of 18) living in collective centres on the territory of the northern Kosovo and Metohia in 2008.

A list of displaced persons available in the Red Cross of Kosovska Mitrovica was used as a source of the sampling. 17 171 displaced persons have been living in the northern part of Kosovo and Metohia since 1999. A total of 1553 persons were accommodated in 18 collective centers in northern Kosovo in 2008. 587 persons were accommodated in four collective centers in the municipality of Kosovska Mitrovica, 519 persons in five collective centers in Zvečan municipality and 447 persons in nine collective centers in Leposavić. 7% of the total number of internally displaced persons entered the sample, which are 109 persons. We came up with this number by the experience of two health surveys performed in Serbia without Kosovo and Metohia in 2000 and 2006 <sup>(24, 25)</sup>.

The questionnaire from the 2006 Serbian National Health Survey was used as a research instrument for collecting data <sup>(25)</sup>. Questions about socio-demographic characteristics of respondents (seven questions), and mental health questions (five questions) were derived from the questionnaire for the purposes of the study.

The sample was elected by the principle of probability - random or systematic sample. The number of respondents who were interviewed was determined for each collective center (7% of total). In any collective center we would have started from the first household on the right side of the entrance to the center and then the respondents from each other would have been questioned, i.e. one household was skipped. In case of the refusal of cooperation we would have exceeded to the household following the sequence number. The survey in a collective center would be completed when it was polled as many respondents as it had previously been set. Persons over the age of 18 were interviewed. The questionnaire was completed by respondents in person or an interviewer read the questions and recorded answers. If some of the adult members of the household were not present, an interviewer repeated the visit at the agreed time. The survey was conducted in 18 collective centers (4 in Kosovska Mitrovica, 5 in Zvečan and 9 in Leposavić). Study covered 47 households, where total of 109 adult people were

surveyed. The study was conducted from May 5th to June 10th 2008.

The significant differences between mental health and demographic and socioeconomic characteristics (sex; age; education; marital status; the year of arrival; employment status) were assessed using  $\chi^2$  test with a significance level of 0.05. When asked about the age the respondents identified themselves by completed years of life, but while displaying the results had been transformed into three categories: younger working age population (from 18 to 44 years old), older working age population (from 45 to 64 years old) and elderly people (from 65 years old and plus). The transformation was also performed with the question of the year of arrival in the current place of residence (before 1999; from 1999 to 2001; from 2002 to 2004 and after 2004).

### RESULTS

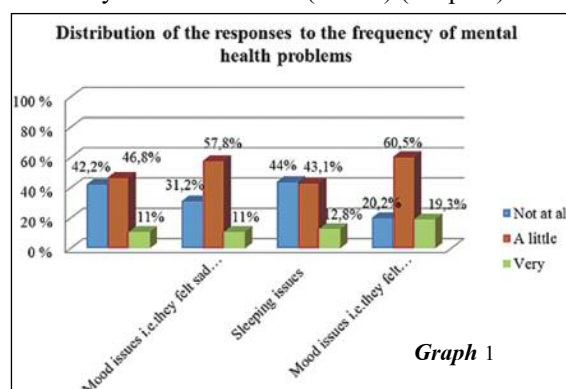
The survey included 109 respondents. Our research shows that almost an equal number of male (50.5%) and females (49.5%) are accommodated in collective centers in the northern Kosovo. The average age was 43.0 years (sd = 17.3). More than two-fifths (44.0%) were married and the greatest number of respondents, four-fifths (82.6%), came in the current place of residence in the period from 1999 to 2001. Slightly more than three-fifths (62.4%) have completed high school. The largest proportion of respondents pleaded employed (35.8%), while the most of the women, 57.4% of the total number of women were housewives (Table 1). Nearly three-fifths of household heads (59.6%) rated their

**Table 1.** Demographic and socio-economic characteristics of respondents

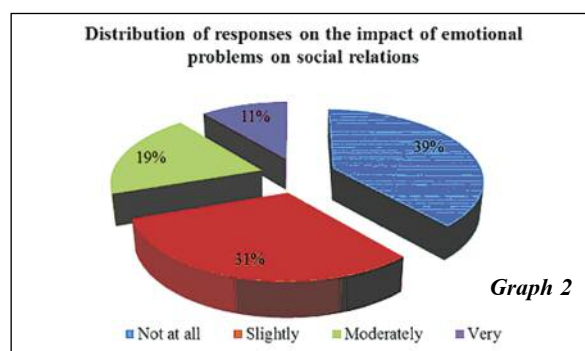
Characteristics	N	%
<b>Sex</b>		
Male	55	50.5
Female	54	49.5
<b>Age</b>		
18-44	57	52.3
45-64	41	37.6
65+	11	10.1
<b>Education</b>		
No education or uncompleted primary school	16	14.7
Completed primary school	14	12.8
Secondary school	68	62.4
University or collage	11	10.1
<b>Marital status</b>		
Married	48	44.0
Single	39	35.8
Divorced	4	3.7
Widow/widower	18	16.5
<b>The year of arrival</b>		
Before 1999	0	0
From 1999 to 2001	90	82.6
From 2002 to 2004	17	15.6
After 2004	2	1.8
<b>Employment status</b>		
Employed	39	35.8
Retired	15	13.8
Housewife	31	28.4
Student	10	9.2
Unemployed	14	12.8

household financial situation as poor. It is interesting that none of the household heads did enter the financial situation of his household as well or very well. More than a half of the household heads (55.3%) said that they or members of their families lived in one room.

Nearly three-quarters of the adult IDPs living in collective centers in Northern Kosovo and Metohia (74.3%) affirmatively answered the question of the existence of emotional problems in the month preceding the survey. As far as to the frequency of symptoms and signs associated with the mental health of our respondents, the majority had problems with anxiety and nervousness (79.8%) (Graph 1).



Asked about problems with concentration and memory in the last thirty days, most of the respondents (46.8%) said that they had a little of these problems. More than a half of respondents (57.8%) had little problems with that sentiment in the previous month i.e. they felt sad, miserable or depressed. More than two-fifths (44.0%) had no trouble with sleeping in the past month, while an almost equal number of respondents (43.1%) stated that they had a bit of trouble with sleeping. Three-fifths of respondents (60.5%) had a little trouble with that sentiment in the past month i.e. they felt anxious or nervous (Graph 1). Almost two-fifths (38.5%) said that emotional problems had no impact on their social relationships, while emotional problems highly influenced the social relations of 11% of the respondents (Graph 2).



Four-fifths (79.8%) of IDPs in collective centers of northern Kosovo had problems with a sense of anxiety and nervousness. The feeling of anxiety and nervousness, in the month preceding the survey, had a significantly higher share with older working respondents ( $\chi^2$  test = 17.415, df = 4, p<0.05), married ( $\chi^2$  test = 11.298, df = 6, p<0.05), those with two children ( $\chi^2$  test = 21.872, df = 10, p<0.05) as well as respondents who were employed ( $\chi^2$  test = 32.067, df = 14, p<0.05) (Table 2).

**Table 2.**

*Emotional issues (feelings of anxiety and nervousness) regarding age, marital status, number of children and employment*

Feelings of anxiety and nervousness								
Variable	Not at all		A little		Too much		Total	
	No.	%	No.	%	No.	%	No.	%
<b>Age</b>								
18-44	14	24.6	38	66.7	5	8.8	57	100.0
45-64	6	14.6	19	46.3	16	39.0	41	100.0
65+	2	18.2	9	81.8	0	0	11	100.0
<b>Marital status</b>								
Married	8	16.7	28	58.3	12	25.0	48	100.0
Unmarried	12	30.8	24	61.5	3	7.7	39	100.0
Divorced	0	0	4	100	0	0	4	100.0
Widow/ widower	2	20.2	10	60.6	6	19.3	18	100.0
<b>Number of children</b>								
No children	12	34.3	20	57.1	3	8.6	35	100.0
One	2	20.0	6	60.0	2	20.0	10	100.0
Two	2	5.9	24	70.6	8	23.5	34	100.0
Three	2	11.1	8	44.4	8	44.4	18	100.0
Four	2	25.0	6	75.0	0	0	8	100.0
Five	2	50.0	2	50.0	0	0	4	100.0
<b>Employment</b>								
<b>Industry, mining,</b>								
Construction	0	0	12	75.0	4	25.0	16	100.0
Trade	0	0	2	33.3	4	66.7	6	100.0
Administration	0	0	4	80.0	1	20.0	5	100.0
<b>Employed in</b>								
Public Services	2	16.7	8	66.7	2	16.7	12	100.0
Housewife	6	19.4	19	61.3	6	19.4	31	100.0
Student	6	60.0	4	40.0	0	0	10	100.0
Retired	2	13.3	9	60.0	4	26.7	15	100.0
Unemployed	6	42.9	8	57.1	0	0	14	100.0

The mentioned emotional problems affected the social relations of significantly higher rate of the older working respondents ( $\chi^2$  test = 23.696, df = 6, p = 0.001), widow/widower ( $\chi^2$  test = 22.129, df = 9, p = 0.008), those with two children ( $\chi^2$  test = 35.310, df = 15, p = 0.02), respondents who came in the current place of residence in the period from 1999 to 2001 ( $\chi^2$  test = 18.773, df = 6, p = 0.005), those with a high school degree ( $\chi^2$  test = 23.694, df = 9, p = 0.005) and displaced persons who assessed their own financial condition as bad or very bad ( $\chi^2$  test = 16.675, df = 9, p = 0.002) (Table 3).

## DISCUSSION

Most of the respondents involved in our study (74.3%) had emotional problems in the month preceding the survey. This is a slightly larger proportion of our respondents compared to residents of northern Kosovska Mitrovica, where 66.2% of respondents claimed having these problems in the previous month (27). The difference was significantly higher comparing to the population of Serbia without Kosovo and Metohia, where 28.1% of respondents had emotional problems during the month preceding the survey (25). In the mentioned surveys (25, 27) used the identical research instrument. It is almost the same proportion of our respondents (55.9%) and respondents from northern Kosovska Mitrovica (56.3%) who had problems with sleeping in the preceding month, which is more compared to the respondents from Serbia without Kosovo and Metohia (22.0%). Emotional problems affect social relationships of 20.3% of inhabitants of collec-

tive centers in northern Kosovo. It is almost an identical proportion of respondents in northern Kosovska Mitrovica (21.0%), and is significantly higher in comparison to the respondents in Serbia without Kosovo and Metohia, there are fewer (11.7%) of those persons whose emotional problems affect their social relationships. When analyzing these results one should start from etiological factors on these problems. It is not difficult to understand the results because our respondents are challenged by very underprivileged socio-economic factors, they primarily live in very poor conditions, in a difficult financial situation, in constant danger of possible new and traumas from past conflicts, as well as complete uncertainty about their existence. What makes the difference seem particularly important to note is the fact that our respondents are significantly younger than the respondents in Serbia (without Kosovo and Metohia), but there is a significantly higher percentage of affirmative answer to the question of the existence of any emotional problems, sleep problems or the impact of these issues on social relations. Namely, the fact is that older respondents mostly describe their health as poor (19). However, it is well known, and this is confirmed by our results, that the people who live in areas affected by war and with unstable political and security situation, have their mental health deteriorating (28-31).

## CONCLUSION

Nearly three-quarters of adult IDPs accommodated in collective centers in the north of Kosovo and Metohia (74.3%) had emotional problems in the month preceding the survey. The most common mental health issues of our patients, were related to the presence of feeling anxiety and nervousness (79.8%). Older working respondents, those who were married, with two children, and respondents who were employed felt anxious or nervous significantly more frequent in the month preceding the survey.

Emotional problems usually (30.3%) or moderately had impacted on the social relations of IDPs in collective centers of northern Kosovo. Emotional problems had affected social relations of significantly larger number of older working respondents, widow / widower, those with two children, those who came in the current place of residence from 1999 to 2001, and those respondents with a high school degree.

The results testify to the significant prevalence of symptoms and signs associated with the mental health of our respondents. In order to improve the mental health of IDPs accommodated in collective centers in northern Kosovo, it is necessary to take measures of health and social character, which implies the engagement of not only health care but all other systems and the effort investment in promoting mental health and mental disorders prevention.

**Table 3**  
Distribution of responses of on the impact of emotional issues on social relations regarding age, marital status, number of children and year of arrival

Impact of emotional issues on social relations													
Variable	categories	Not at all		Slightly		Moderately		Very		Extremely		Total	
		N	%	N	%	N	%	N	%	N	%	N	%
<b>Age</b>													
	18-44	26	61.9	20	58.8	9	42.9	2	16.7	0	0	57	100.0
	45-64	12	28.6	7	20.6	12	57.1	10	83.3	0	0	41	100.0
	65+	4	9.5	7	20.6	0	0	0	0	0	0	11	100.0
<b>Marital status</b>													
	Married	16	38.1	14	41.2	12	57.1	6	50.0	0	0	48	100.0
	Unmarried	20	47.6	14	41.2	5	23.8	0	0	0	0	39	100.0
	Divorced	0	0	2	5.9	2	5.9	0	0	0	0	4	100.0
	Widow/widower	6	14.3	4	11.8	2	9.5	6	50.0	0	0	18	100.0
<b>Number of children</b>													
	No children	18	42.9	12	35.3	5	23.8	0	0	0	0	35	100.0
	One	6	14.3	0	0	2	9.5	2	16.7	0	0	10	100.0
	Two	6	14.3	14	41.2	6	28.6	8	66.7	0	0	34	100.0
	Three	4	9.5	4	11.8	8	38.1	2	16.7	0	0	18	100.0
	Four	6	14.3	2	5.9	0	0	0	0	0	0	8	100.0
	Five	2	4.8	2	5.9	0	0	0	0	0	0	4	100.0
<b>Year of arrival</b>													
	Before 1999.	0	0	0	0	0	0	0	0	0	0	0	0
	From 1999 to 2001	40	95.2	21	61.8	17	81.0	12	100.0	0	0	90	100.0
	From 2002 to 2004	2	4.8	11	32.4	4	19.0	0	0	0	0	17	100.0
	After 2004	0	0.0	2	5.9	0	0	0	0	0	0	2	100.0
<b>Education</b>													
	No education or uncompleted primary school	4	9.5	8	23.5	2	9.5	2	16.7	0	0	16	100.0
	Primary school	4	9.5	0	0	8	38.1	2	16.7	0	0	14	100.0
	Secondary school	28	66.7	24	70.6	8	38.1	8	66.7	0	0	68	100.0
	Faculty or college	6	14.3	2	5.9	3	14.1	0	0	0	0	11	100.0

### Sažetak

**Uvod/Cilj.** Poremećaji mentalnog zdravlja neizbežno vode ka pogoršanju socijalne komponente zdravlja i isključivanja pojedinca kao korisnog člana porodice i zajednice. Ciljevi rada bili su da se utvrdi učestalost problema mentalnog zdravlja, kao i da se ispita povezanost problema mentalnog zdravlja i osnovnih demografskih i socijalnoekonomskih karakteristika odraslih raseljenih lica koji su smešteni u kolektivnim centrima na severu Kosova i Metohije.

**Metode rada.** Istraživanje je urađeno kao studija preseka na reprezentativnom uzorku odraslih raseljenih lica koja žive u kolektivnim centrima na teritoriji severnog Kosova i Metohije u 2008. godini. Kao instrument istraživanja za prikupljanje podataka korišćen je upitnik koji je korišćen i u ispitivanju zdravlja stanovnika Srbije u 2006. godini. Za potrebe rada korišćena su pitanja o mentalnom zdravlju. U statističkoj analizi su korišćene metode deskriptivne statistike i  $\chi^2$  test za ocenu značajnosti razlike odgovora.

**Rezultati.** Gotovo tri četvrtine odraslih raseljenih lica koja žive u kolektivnim centrima na teritoriji severnog Kosova i Metohije (74,3%) je na pitanje o postojanju emocionalnih problema u mesecu koji je predhodio istraživanju odgovorilo potvrdno. Osećanje zabrinutosti i nivoze kao najprisutniji emocionalni problem (79,8%) značajno češće se javljalo kod starijih radnoaktivnih ispitanika ( $\chi^2$  test=17,415; df=4; p<0,05), oženjenih/udatih ( $\chi^2$  test=11,298; df=6; p<0,05), ispitanika sa dvoje dece ( $\chi^2$  test=21,872; df=10; p<0,05) kao i ispitanika koji su bili u radnom odnosu ( $\chi^2$  test=32,067; df=14; p<0,05). Prisutni emocionalni problemi su umereno uticali na socijalne odnose petine naših ispitanika (20,3%). Zaključak. Većina odraslih raseljenih lica smeštenih u kolektivnim centrima na severu Kosova i Metohije (74,3%) u mesecu koji je predhodio istraživanju je imala emocionalnih problema. Najčešći problemi u oblasti mentalnog zdravlja naših ispitanika, u posmatranom periodu odnosili su se na prisustvo osećanja zabrinutosti i nivoze (79,8%).

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