



Inter- Play of Vocational Rehabilitation and Posttraumatic Stress Disorder: A Critic of Adolescents Affected by the Conflict in the Anglophone Regions of Cameroon

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Abstract: The conflict in the Anglophone regions of Cameroon has devastating effects on adolescents' wellbeing. Some of the adolescents who have moved from the war zones to other parts of Cameroon seem to be suffering from Post-Traumatic Stress Disorder (PTSD). It is against this backdrop that this study was designed to investigate the effects of vocational rehabilitation on posttraumatic stress disorder (PTSD) among adolescents affected by the conflict in the Anglophone regions of Cameroon. The study made use of convergent parallel design wherein both quantitative and qualitative data were collected simultaneously. A purposive sampling technique was used to select 40 internally displaced persons (IDPs) specifically adolescents who were diagnosed with PTSD and had settled at Etoug-Ebe and Mvog-Betsi in Yaounde VI. The questionnaire and a focus group discussion were used for data collection. The results revealed that vocational rehabilitation had an F-ratio of 186.653, giving a p-value of 0.000 ($p < 0.05$), which implied that vocational rehabilitation significantly reduced PTSD among the participants. It was realized that participants of the experimental group recorded a decrease in PTSD symptoms such as avoidance, intrusive thoughts, flashbacks, depression, anger and mood swings as compared to those in the control group who registered no significant change. It was concluded that there is a need to valorize rehabilitation opportunities for a better wellbeing of those suffering from PTSD.

Keywords: Adolescents, Anglophone Regions of Cameroon, Conflict, Posttraumatic Stress Disorder and Vocational Rehabilitation

1. INTRODUCTION

Mental health-related issues are largely responsible for the general burden of diseases worldwide (Murray et al., 2012 & WHO, 2008, as cited in Whiteford et al., 2015). Everyone who has experienced crisis is likely to suffer from either the shock from the actual event or grief due to loss and distress caused by other daily stressors (Goldberg et al., 2009). Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally (Patel et al., 2000), but those who continue to experience problems may be diagnosed with PTSD. Taylor-Desir (2022) considers posttraumatic stress disorder (PTSD) as a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster or an accident. He adds that in the past, PTSD has known several appellations such as "shell shock" during the years of World War I and "combat fatigue" after World War II, but it does not concern solely combat veterans. It can occur in people of any ethnicity, nationality, culture and age. PTSD affects approximately 3.5 per cent of US adults yearly, and an estimated one in eleven people will be diagnosed with PTSD in their lifetime. Women are twice as likely as men to have PTSD. Taylor-Desir (2022) argues that people with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong adverse reactions to something as ordinary as a loud noise or an accidental touch.

While clinical interventionists are trauma-focused and argue that prolonged war is at the centre of trauma, psychosocial interventionists hold that distress is deep-rooted in the daily stressors encountered in crisis settings (Miller & Rasmussen, 2010). Accordingly, the psychosocial interventionists maintain that altering these stressful conditions will improve the mental health and promote the innate ability of survivors to cope and recover from the prolonged effects of war exposure. This could be done through emergency responses such as psychological and psychosocial assistances.

Community-based psychosocial interventions are founded on the basis that if people are empowered to be their proper caretakers, it will boost their recovery and strengthen their ability to deal with future challenges (Hobfall et al., 2007). Psychosocial interventions thus facilitate resilience within families and communities by respecting their independence, dignity and coping mechanisms (IFRC, 2009). Psychosocial interventions handle the psychological and social welfare of the community, promote and repair social cohesion (Flynn, 1999). Subsequently, they link the psychological (emotions, behaviours and memory) and social effects (altered social harmony). Psychosocial interventions can be preventive and curative (International Federation of Red Cross and Red Crescent Societies [IFRC], 2009). They are preventive when they decrease the risk of developing mental health problems and curative when they help overcome or deal with psychosocial issues resulting from crisis. These two aspects of psychosocial interventions help to build resilience when faced with new challenges (IFRC, 2009). Amongst the many psychosocial interventions used to rehabilitate survivors with mental health related issues, there is vocational rehabilitation. According to Ross (2012), vocational rehabilitation is a psychosocial intervention that aids persons with mental health problems with training for new occupations, locating jobs, retaining jobs, and building permanent careers to alleviate their mental health challenges.

Vocational rehabilitation is an individualized employment programme where participants receive diagnosis, counselling and guidance, training, job placement, and services to support job retention (Hirshfeld-Becker et al., 2010). Its main objective is the return of survivors affected by disability or mental disorders to gainful employment in conformity with either their physical or mental impairments or even both. This is feasible through a programme of reevaluation, redirection of their abilities, retraining in another occupation, or even through selective job placement assistance. However, most vocational rehabilitation programmes are usually opened to training for job locations, job retention and career building. This explains why the present study sought to investigate whether vocational rehabilitation could affect the level of PTSD among adolescents affected by the conflict in the Anglophone regions of Cameroon.

The Office for the Co-ordination of Humanitarian Affairs [OCHA] (2019) reports that trauma shows up in people based on the unique ways they experience circumstances associated with the losses and pain they have suffered. OCHA (2019) maintains that most of those affected by the Anglophone crisis in the North West and South West regions of Cameroon were already dealing with other forms of trauma, be it from their childhood and other periods of their lives. Additional shocks from the Anglophone crisis end up complicating their situation. Furthermore, the vulnerability of persons to psychological trauma and its dangers is rendered complex by the reality that it can either be primary or secondary. Primary trauma is from events experienced by the victims directly, while secondary trauma results from exposure to the suffering of others (OCHA, 2019). According to Human rights Watch (2019), some of the effects observed during the conflict in the Anglophone regions of Cameroon by mental health and psychosocial support experts include; inability to focus in class for teenagers in school, depression and alienation between spouses, lack of motivation and overall low energy, suicidal thoughts in some cases, anxiety, trauma-induced insomnia, emotional outbursts and vengeful thoughts, isolation accompanied by feelings of inferiority, etc.

Kindzeka (2019) argues that Cameroon's five-year separatist conflict has left close to 3,000 people dead and growing numbers in need of psychological care. He maintains that an influx of people impacted by the conflict are flooding into trauma centres across the English-speaking regions of the Central African state and medical officials say they are running short of supplies, and trauma workers are struggling to provide care. Survey results of Me4real International (2019, as cited in Fanfon, 2020) put the prevalence of primary trauma at over 75% amongst internally displaced persons (IDPs)

and a surprising 45% prevalence of secondary trauma amongst the hosts of IDPs in the non-affected regions of the country. Fanfon (2020) adds that whether it is with those who are struggling to stay alive in the different towns in West Cameroon or those who have escaped to other regions, the prevalence of emotional and psychological ailments such as anxiety, depression, and other symptoms of psychological trauma is on the increase. As such, trauma-informed care is vital for sustainable assistance to IDPs. From observations therefore, the conflict in the Anglophone regions of Cameroon has caused significant mental health problems to the populations, especially PTSD among adolescents who are in dire need of treatment. There is therefore need for curative and preventive measures to set in, so as to treat the survivors in accordance with their vocational skills and capacities. This study therefore focused on the relationship between mental health related issues and their mitigation through vocational rehabilitation among adolescents affected by the conflict in the troubled Anglophone regions of Cameroon.

2. METHODS

2.1. Design

The convergent parallel design was used for this study. It consisted in collecting both quantitative and qualitative data simultaneously and analysing them separately. Qualitative data was collected through a quasi-experiment (comprised of a pre-test-post-test non-equivalent control group) and qualitative data through focus group discussions. After analysing both data, the results were compared, combined and an overall conclusion drawn.

2.2. Participants

The accessible population was made up of 258 internally displaced persons (IDPs) resettled in the Yaounde VI municipality as a result of the conflict. Among them, 74 were between mid-late adolescence (14 and 21 years old). From the 74, 53 were diagnosed with PTSD following the criteria of the PTSD checklist for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [DSM-5] (PCL-5). Simple random sampling was used to attain the sample size of 40 participants who were distributed into the experimental and control groups of 20 each for a quasi-experiment. The participants in the experimental group were thus mid-late adolescents ($n = 20$: 45% male and 55% female).

2.3. Instruments

The instruments used for data collection included the PTSD Checklist for DSM-5 (PCL-5), a questionnaire and focus group discussions (FGDs). The PTSD Checklist for DSM-5 (PCL-5) produced by the National Centre for PTSD (2018) was adopted to diagnose 74 adolescent survivors who were suffering from PTSD. A semi structured questionnaire on vocational rehabilitation and PTSD was used for pre-testing and post-testing to measure the level of acuity of posttraumatic stress disorder (PTSD) and its effects of the treatment (vocational rehabilitation) on the PTSD of the participants. Focus group discussion was used at the end of the activities to have in-depth qualitative information on the effects of the treatment on the participants.

2.4. Procedure

After having carried out a psychological evaluation with the survivors, random sampling was used to attain the sample size of forty participants who were equally and purposively distributed into the experimental and control groups of 20 each for experimentation. A quasi-experiment was carried out on the 40 participants assigned to either the experimental group or the control group of 20 participants each based on a purposive criteria. The study began with a pre-test that lasted 120 minutes on both groups by use of a questionnaire. This was followed by the separation of the control and the experimental groups and treatment administered only to participants of the experimental group.

2.5. The Quasi Experimental Process

The experiment focused on providing gainful business opportunities to the participants. The vocational rehabilitation activities were vocational assessment, economic empowerment, and functional capacity evaluation. The individual and group sessions for these activities were conducted over a period of six weeks with one session per week coordinated by a business management professional and one of the researchers. Four sessions were carried at the seating hall of A Hand to Humanity (A.H2) Medical Center. The sessions were as follows:

The first session focused on the assessment of participants' potentials to carry out a job or any business. The facilitator introduced the participants to the purpose and benefits of vocational assessment and career guidance. He carried out group and individual talks to help participants find a suitable vocational choice. There was need to know which career path was going to be most satisfying to the participants. The participants were guided to know more about their interests, values, personality, aptitudes, skill, developmental needs and preferred work environments, so as to make a better decision. At the end of the self-assessment process, the participants were able to identify the various career/business openings that were good for them. Based on the outcome of the self-assessment, participants listed possible business options that appeared to match with their values, strengths, interests, personality, aptitudes and skills. Each participant selected one occupation/business and alternative from the narrowed list. During the second session, with an idea of the type of business to pursue, the participants needed to prepare for the business. This consisted in identifying all the necessary requirements such as costs and resources or budgeting. With the aid of the facilitator, the participants created an action plan to help them reach their goals. They identified their short-term and long-term goals, carried out needs assessment, identified the target area and marketing strategy. The third Session focused on economic empowerment. This was to help the participants gain financial independence. The session began with the facilitator presenting the chosen businesses and training them with the assistance of some two experienced individuals in the respective domains. Economic empowerment consisted in allocating the sum of Twenty Thousands Francs (20,000FCFA) each to the 20 participants to start a turn-over business within the Yaounde VI municipality. Eleven (11) of the participants (females) set up a space at the districts of Etoug-Egbe, Mvog-Betsi and Melento fry puff rolls, sell fruits and cook beans in the morning and evenings. The nine (9) participants (males) engaged as hawkers selling towels, biscuits, and balls in inter-urban bus stations in Biyem-Assi district. The participants were allowed to carry out their businesses for three weeks before the last session. The fourth and last session was aimed at evaluating the business activities and the effects of the economic empowerment on the mental health of the participants. The session took the form of a focus group discussion with two facilitators. The participants explained how the rehabilitation was of help to them especially in relation to the reduction of the PTSDs.

2.6. Data Analysis

Multiple regression analysis was used to determine whether vocational rehabilitation had a significant relationship with the management of PTSD. Quantitative data collected was first examined to detect and eliminate errors and omissions, and then coded according to categorisation for entry into the computer. Descriptive statistics was used to present and describe the participants' responses on vocational rehabilitation and its effects on PTSD among survivors. ANCOVA was employed to analyse the significant effects of the programme on PTSD among the survivors. Qualitative data was analysed using content analysis.

3. RESULTS

Effects of Vocational Rehabilitation on PTSD among Adolescents Affected by the Conflict in the Anglophone Regions of Cameroon

Table 1. *Descriptive Statistics for Participants' Responses on Vocational Rehabilitation*

GROUPS		Pretest on vocational rehabilitation	Posttest on vocational rehabilitation	Mean Difference	Decision
Control	Mean Score	14.35	14.90	0.55	Effective
	N	20	20		
	Std. Deviation	2.110	2.360		
Experimental	Mean Score	18.80	38.20	19.40	
	N	5	5		
	Std. Deviation	5.586	1.789		

Table 2 shows that the pretest mean for those in the control group was 14.35, while the posttest mean was 14.90, giving a mean gain of 0.55. On the other hand, the pretest mean for those in the experimental group on vocational rehabilitation was 18.80, while their posttest mean was 38.20, giving a higher mean difference of 19.40. This suggests that vocational rehabilitation had a high potential of reducing PTSD among adolescents affected by the conflict in the Anglophone regions of Cameroon.

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Table2. Descriptive Statistics for Effects of Vocational Rehabilitation on PTSD among Adolescents

GROUPS		Pretest on vocational rehabilitation	Posttest on vocational rehabilitation	PTSD Mean Difference	Decision
Control	Mean PTSD Score	35.45	34.50	-0.95	PTSD
	N	20	20		
	Std. Deviation	1.820	2.503		
Experimental	Mean PTSD Score	34.80	14.80	-20.00	Reduced PTSD
	N	5	5		
	Std. Deviation	3.347	4.087		

Table 2 shows that the PTSD pretest mean for those in the control group was 35.45, while the posttest mean was 34.50, giving a mean difference of -0.95. This indicates a very slight decrease in PTSD for those in the control group. On the other hand, the PTSD pretest mean for those in the experimental group on vocational rehabilitation was 34.80, while their posttest mean was 14.80, giving a much higher absolute mean difference of 20.00. This suggests that vocational rehabilitation greatly reduced PTSD among adolescents affected by the conflict in the Anglophone regions of Cameroon.

Ho₁: Vocational rehabilitation has no significant effects on PTSD among adolescents affected by the conflict in the Anglophone regions of Cameroon.

Table3. ANCOVA Indicating the Effects of Vocational Rehabilitation on PTSD among Adolescents

Dependent Variable: PTSD Post Vocational Rehabilitation						
Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Decision
Corrected Model	1561.452	2	780.726	97.200	.000	
Intercept	18.128	1	18.128	2.257	.147	
PTSDPREVOCREHAB	9.092	1	9.092	1.132	.299	
GROUPS	1499.230	1	1499.230	186.653	.000	Significant
Error	176.708	22	8.032			
Total	25086.000	25				
Corrected Total	1738.160	24				

Table 3 indicates that the F-ratio for the test was 186.653. This gave a p-value of 0.000 ($p < 0.05$), suggesting that the p-value was significant at 5% level of significance. Hence Ho₁ was rejected. It can therefore be established that vocational rehabilitation significantly reduced PTSD among adolescents affected by the conflict in the Anglophone regions of Cameroon.

Qualitative Data from the Focus Group Discussions on the Vocational Rehabilitation Programme

Table4. Participants feelings at the end of the intervention Programme

Vocational rehabilitation	Code	Code Description	Grounding	Quotation
	Happiness and self confidence	Participants felt happier, had more self-confident and proud of themselves	Majority	“As for me I am feeling very happy as compared to how I was” “I feel more confident in myself presently than before” “I am proud of myself and not ashamed as before”
	Satisfaction	Participants had a feeling of satisfaction	Majority	“I am satisfied with the activity because it has freed me from negative thoughts” “I used to be angry with almost everyone even for nothing, but today, I can laugh and joke with all my customers”
	Positive self-esteem	Participants felt a sense of positive self- regard	Some	“I now see myself as someone who can do many positive things for myself and the society” “At least, I am capable of something good too”

Table5. *Benefits of the activities to the participants' wellbeing*

Vocational rehabilitation	Code	Code Description	Grounding	Quotation
	Hunger reduction and increase in physical stability	Participants have registered an increase in hunger satisfaction as compared to how they were before	Majority	“ This activity gives me what to eat and have the physical strength to carry on with other activities”
	Self-organization and time management	Activities have helped participants to be self-organised and to manage time well	Majority	“It has helped me to organise myself, manage my time and have the chance to sleep better”
	Overcome guilt and shame	Activities have enabled participants to overcome feelings of guilt and shame	Few	“Out of the centre, I was always feeling guilty and ashamed but now, I can interact with other people freely”
	Overcome intrusive thoughts	Participants are occupied by activity and are able to overcome intrusive thoughts	Majority	“With the busy nature of the business, I am not still overthinking” “No more flashbacks”
	Overcome fear of people and places	Participants have overcome fear of people and places	Many	“I am no longer avoiding people and certain places as before” “I used to be afraid of strangers and the crowd but now fear is not still my portion”

4. DISCUSSION

The results suggest that vocational rehabilitation had a positive significant effect on PTSD among adolescents affected by the conflict in the Anglophone regions of Cameroon. The vocational rehabilitation programme was basically economic empowerment after having carried out a vocational assessment. This was accompanied by functional capacity evaluation, focus group discussions and follow-up. Among the twenty survivors of the conflict with PTSD in the experimental group who were randomly selected and empowered economically to start a turn-over business, major symptoms of PTSD significantly decreased at the end of the programme. The findings are likened to those of Glass et al. (2020) who found that integrating economic empowerment programmes with both parents and young adolescents to improve economic, educational and health outcomes for young adolescents growing up in rural and complex humanitarian settings had a potential underscore. Though the research by Glass et al. (2020) involved parent survivors, both studies had in common the fact that adolescents were part of the participants and were from rural areas faced with crises. In all, economic empowerment was confirmed to have a significant effect on the psychological health and wellbeing of adolescents affected by the conflict in the Anglophone regions of Cameroon. The results of this study also tie with those of Cardenas et al. (2022) who examined among others, the relationship between the quality of life and economic empowerment among Latina Intimate Partner Violence (IPV) (i.e., psychological abuse, physical violence, sexual violence and other types of economic abuse) survivors and found that economic empowerment interventions could be an effective mechanism capable of improving their quality of life and overall well-being. This indicates that economic empowerment could be used as a beneficial service offered to survivors of traumatic experiences in general and particularly adolescents affected by the conflict in Anglophone regions of Cameroon.

Other scholars (Davis et al., 2012) in a randomised controlled trial of supported employment among veterans with PTSD, examined the outcome of evidence-based supported employment on the survivors and found that individual placement and support (IPS) supported employment was patient centred as it comprehensively addressed individual vocational needs, thereby potentially enhancing clinical recovery and quality of life. Nevertheless, the findings of Davis et al. (2012) differ from the

present findings as they revealed that work was central to recovery of veterans with PTSD as participants manifested a decrease in hospital use after starting their vocational programmes even though the reductions were not significant. The clear difference is that the level of PTSD in the clients of the present study reduced gradually and significantly as they followed the vocational rehabilitation programme, meanwhile for the former study, the reductions were not significant. Furthermore, the study revealed that the more the participants had contact with the society and the market setting, the more the symptoms of PTSD decreased. Such symptoms included avoidance, dissociation, intrusive thoughts, mistrust, flashbacks, depression, anger and mood swings. These non-vocational benefits support the view of Drake et al. (1996) who saw that engaging in competitive employment enhanced other recovery outcomes, such as self-esteem and quality of life among people with serious mental illness. It was realized that constant contact with other people in the communities and society, helped the survivors to regain or develop a high sense of self-esteem. They also derived some self fulfilment as they had a positive turn-over in the small scale business enterprise they were managing. The joy of seeing significant growth in capital and satisfying basic needs was a booster to their wellbeing.

5. CONCLUSION

This study has clearly indicated that vocational rehabilitation has a significant positive effect on the reduction of PTSDs among adolescent survivors of the conflict in the Anglophone regions of Cameroon. This is seen in the fact that participants of the experimental group recorded significant decreases in PTSD symptoms such as avoidance, intrusive thoughts, flashbacks, anger and mood swings; and gained some benefits in their psychological wellbeing such as happiness, satisfaction, high self-esteem, self-confidence and hunger satisfaction. The findings of this study have an implication on community psychology and psychological research as it reveals that vocational rehabilitation as a community-based psychosocial intervention is effective in treating adolescents with PTSD resulting from conflicts. These findings can provide a safe, reliable and accessible response to people suffering from PTSDs especially as a result of war. Though the sample of this study was small and maybe difficult for the findings to be generalised, vocational rehabilitation could be used extensively to socialize other survivors of the conflict in other regions of Cameroon and other parts of the world. There is need for individuals affected by conflicts to be educated by humanitarian agencies about PTSD, so as to distinguish when to seek health care and maintain holistic wellbeing.

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