A Community Based Mental Health Intervention for Syrian Refugees

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Background

History of Current Civil War

The current conflict in Syria is a result of an accumulation of many years of totalitarian rule by the government, known as the Ba'ath party (Ajami, 2012). The government has been restricting the religious freedoms of Sunni Islamists and enforcing the religion of the Shiite Islamists of Assad’s regime. The rebellion began in 2011, with a series of political demonstrations against President Bashar Al-Assad's totalitarian regime. These protests were triggered by a democratic movement in the Middle East called Arab Spring. President Assad has been in power since 2000 and his family has ruled over Syria since 1971, although Syria has been under socialist rule for much longer. The demonstrations began with a few people committing minor acts of protest against the government in order to fight for their right to democracy, including democratic elections. Assad’s regime responded to these efforts through military acts of violence, which only increased the protesting. These protestors formed armed rebel groups, including people fighting for democracy and jihadists, fighting for more extreme government control. The fighting between the military and the rebel groups escalated, leading to thousands of civilian deaths. Most of the opposition are Sunni Muslims, which happens to be the dominant religious group in Syria, while the government officials are mostly Alawites, a sect of Shia Muslims, a religious minority in Syria. Due to the escalating violence, the people of Syria were forced to flee for their lives to the neighboring countries of Turkey, Lebanon and Jordan. Some are internally displaced people in Syria, seeking shelter wherever they can find it. Over 75
percent of all Syrian refugees living in camps are women and children (Islamic Relief USA, 2013).

**Current Factors Affecting Refugee Well-Being**

The majority of the Syrian refugees have retreated to Jordan (Murshidi, Hijjawi, Jeriesat, & Eltom, 2013). Jordan receives large numbers of refugees from all over the Middle East, some of these people include Palestinians, Iraqis, and Sudanese (Refugees International). However, Jordan has a high rate of unemployment, depends significantly on foreign aid, and has few natural resources, making it difficult to accommodate the huge numbers of refugees coming in. Jordan is one of United Nations High Commissioner for Refugees (UHSCR)’s few countries acting as a haven for large numbers of refugees. 420,000 Syrian refugees have registered as refugees there, however the government estimates the numbers to actually be around 600,000. As of July, about 500,000 Syrian refugees have registered in Lebanon. Because of the mass amounts of people coming into these countries, there is a growing demand for every type of supplies, especially medical supplies, due to the large amount of injuries people are sustaining. Also, delivering supplies as well as various health services to conflict areas in Syria is not easy, due to the physical danger of the workers as well as the destruction of community buildings like hospitals, schools, and medical centers, and death of hospital staff (Murshidi, Hijjawi, Jeriesat, & Eltom, 2013). Some of the major obstacles to providing appropriate healthcare in Syria are the lack of updated health assessments, due to the difficulty of conducting thorough holistic assessments in conflict zones (Kherallah, Alahfez, Sahloul, Eddin, & Jamil, 2012). Also, long distances to hospitals and difficulties in available public transportation make it impossible for internally displaced refugees to commute to school or work. In Lebanon, the influx of refugees
going into the labor force is driving down the labor pay and causing resentment among the citizens, making it more difficult for refugees to find jobs (Loveless, 2013). Therefore, it will be important for many of the refugees in camps who lost their jobs to find meaningful jobs and activities while living in the camps.

There is also inter-communal tension in Lebanon, because resources are not being evenly distributed amongst the Syrian refugees and the Lebanese citizens who are also struggling. These are just some of the issues arising as a result of this conflict. Because of medical injuries, witnessing violence and death of family member and friends, and overall loss of normalcy, the Syrian people are experiencing enormous trauma and are undoubtedly facing mental health issues such as PTSD, anxiety, and depression, which often result from becoming refugees of political violence (Miller, 1999).

Service Needs

**Strengths and Needs Demanding Further Attention**

Currently the strengths for Syrian children are that most of the countries that they are fleeing to share their language and culture, which makes the acculturation process easier (Murshidi, Hijjawi, Jeriesat, & Eltom, 2013). So although the children are still having to adapt to the abrupt change in living situation, and economic need, there are many similarities in language and cultural customs to help ease the transition into the camps. Most Syrians are Muslims, and their strong religious beliefs that can act as supports as well as help Muslim refugees make meaning out their tragic circumstances (Maloof, Ross-Shjeriff, & Asanik 2003). Muslims are also usually very family oriented, which is a strength for them in times of crisis (citation?). Also,
although there are a variety of religious sects in Syria, including Christians, Jews and other religious factions, most of the refugees will share the core common values of the Islamic faith (Ajami, 2012). Since a community intervention requires peer support and many people working together and helping together within the community, it will be helpful that many of these people probably already have a basis of strong family values and commonality of faith.

A comprehensive mental health assessment will be required in Jordan and Lebanon where there are the greatest numbers of Syrian refugees in order to find out what the needs are, because of the lack of available information (Murshidi, Hijjawi, Jeriesat, & Eltom, 2013). Psychosocial interventions will be necessary to address the major loss the Syrian people have experienced; children have lost their fathers and women have lost their husbands in the conflict (Islamic Relief USA). Also, interventions in the form of gainful activities that refugees can engage in will be important for recreating the lost sense of meaning in the lives of many in refugee camps, who are no longer able to do the same jobs, hobbies, perform the roles they were able to do before they left their homes (Miller, 1999). Also there are not many organized efforts to attend to people's psychosocial needs in Syria or in the surrounding countries receiving Syrian refugees (Abo-Hilal & Hoogstad, 2013). More services can be put into place to address mental health needs in refugee camps as well as for displaced people in Syria, while simultaneously addressing basic needs. According to Islamic Relief USA’s website, there is a huge need for this type of intervention, considering most of the services that they are providing are meeting mostly their basic needs (Islamic Relief USA).

Proposed Intervention
An effective intervention that can be used to increase mental health and overall well-being for Syrian refugees in refugee camps in Jordan and Lebanon would be one that can reach a large and increasing number of people effectively and be culturally relevant. An ecological, community-based mental health program that reaches large amounts of people, like the one suggested by Miller (1999) would be effective in addressing the needs of refugees in Syria’s bordering countries, because research has shown that much of the stress that political refugees suffer from results from loss of social roles, community and social network, and meaningful structure in daily life (Gorst-Unsworth & Goldenberg, 1998; Pernice & Brook, 1996). In this model resources that are already available within the community are assembled and the community works together to create a more self-sustaining and culturally relevant intervention (Tribe & Silva, 1999). Research shows that ecologically-based community mental health interventions are effective in developing and developed countries where resources are underutilized and where people are suffering as much from environmental causes as they are from psychological ones (Miller, 1999). In Syria, there are similar circumstances that would suggest that a community-based intervention would be effective, given that it is adapted to the treatment population. In this program refugees would be trained in the basics of mental health and taught important counseling skills and would work with the clinicians to provide culturally relevant psychosocial interventions to their fellow refugees.

Syrian cultural beliefs and practices should be integrated into these interventions for them to be effective. Since family is important in Muslim culture, creating support networks and groups will be an important part of the healing process (Maloof, Ross-Sheriff, & Asani, 2003). These community interventions can be tailored to address issues such as loss of environmental mastery and loss of social and occupational roles (Miller, 1999).
This intervention would involve training Syrian refugees to become para-professional mental health workers in order to better fill a large need for mental health services in refugee camps in Syria’s neighboring countries. Services would also be more culturally competent, because members of the refugee community would be delivering the services. The program would entail teaching refugees basic counseling skills including active listening, and empathetic responding. Although there is some evidence for the efficacy of community-based programs around the world, there is not much research of these programs implemented in the middle-East (Miller, 1999). This program could double as a research study to provide evidence about the effectiveness of a community-based intervention with this specific population.

The refugees receiving the training will also need counseling themselves. So, it will be important for there to be a variety of interventions available for these refugees at the clinics that do the training, in order to address the wide spectrum of needs. The mental health professionals who do the training need to be competent in Syrian culture and will need to understand the diversity of religious practices. A mental health clinic outside a refugee camp in Lebanon found that offering multiple levels of therapy, including individual, family, and group, and art-therapy was effective in treating the unique needs of the refugee population (Bastin, Bastard, Rossel, Melgar, Jones, & Antierens, 2013).

Many of these interventions would be geared towards women and children since they make up the majority of the Syrian refugees living in camps (Islamic Relief USA, 2013). Women could be trained to lead peer support groups to help other women adjust. Adults can be trained on work with children through helping children discuss and deal with the trauma they went through, through focusing on peer-support and various cultural activities such as story-telling, drama,
drawing, and dance. Studies with refugees have shown that such activities have reduced trauma symptoms, including externalizing and internalizing symptoms for refugee children (Miller, 1999; Murshidi, Hijjawi, Jeriesat, & Eltom, 2013). Women can organize support groups where they can talk about their experiences. Peer support groups for refugee women have been found to be effective for reducing mental health issues for various refugee populations (Tribe & Silva, 1999).

A similar community based intervention was implemented in Sri Lanka for widowed women living in refugee camps due to the violent conflict of an ongoing civil war (Tribe & Silva, 1999). The aim of the intervention was to increase mental health among the community. A non-profit Family Rehabilitation Center was established that provided people with psychosocial support, job-finding skills, self-employment training, counseling, and medical care. Another one of its goals was to work with other NGOs to organize and gather resources and to promote ethnic harmony among the residents. One component of the program was the Women's Empowerment Program, which was aimed to promote women's mental health through helping them access resources, and through teaching them about trauma and a variety of coping skills. It was run as a residential program over three to five days to teach the women coping skills which they could utilize to form other self-help groups. The program had mental health counselors and health workers who were available for individual and group consultation. There were also workshops available on trauma and treatment of trauma, as well as role-plays, exercises, lectures, small group discussions, and other events.

The program was evaluated through qualitative means, using group discussions and semi-structured interviews (Tribe & Silva, 1999). Outcomes were promising, as many women
launched their own small-scale businesses and have expressed that this program has helped them manage their mental health issues. However, quantitative measures are still needed to fully evaluate this program. Some barriers to the implementation of this intervention were probably getting community and NGO buy in. Such a large scale intervention would take a lot of coordinating and organizing of resources. Another difficulty that the authors mentioned in implementing community-based mental health interventions overseas was using psychological theory and Western-based mental health treatment. So, it is imperative that these programs and the proposed program work closely with the community members and be more creative, innovative, and culturally relevant.

**Organizational Case Study**

Islamic relief (IR) is an international humanitarian agency that is currently assisting Syrian refugees as well as displaced persons by flying in food and supplies (Islamic Relief USA, 2013). Although 59% of hospitals have been destroyed inside Syria, IR is providing medical supplies, first aid, and intensive care units, although funds for medical supplies are direly needed still. By partnering with the World Food Programme, they are able to provide various food supplies to Syria and the surrounding countries holding refugees. Currently there are efforts to provide supplies to meet people’s basic needs (including food, water, blankets) in the conflict zones of Syria. They are also providing various living and medical supplies around Lebanon. In Iraq IR is currently managing a refugee camp, which provides supplies, primary and secondary education, as well as access to healthcare and are working on managing two more refugee camps. In Lebanon IR is providing some psychosocial supports for children, including two carnivals they recently put on in which they gave away food and toys. IR would be a good
location for this program, because they are already working with this population in various capacities, and although they do not have a community-based mental health program currently, they are providing some psychosocial services to the populations, and would have a good idea about which services are currently needed.

Resources for this program include a program director who will come up with manualized procedures for licensed mental health clinicians to follow. A funding coordinator will need to apply for grants and acquire other funds. This intervention also requires mental health professionals who are willing to devote time to providing on the ground mental health counseling as well as mental health training to Syrian refugees outside the camps in Lebanon and Jordan. Other resources include refugees willing to be become trained. These refugees will also need to provide the clinicians with cultural knowledge about the types of activities the refugees would like to engage in terms of being productive and regaining meaning in their lives. Tools to conduct mental health assessments in the refugee camps will be important to learning what the psychosocial needs are. Also, art supplies and various materials will be needed for the refugees to participate in various therapeutic and gainful activities.

Steps necessary to carry out this program include creating a logic model with short, medium, and long term outcomes to present to the funding bodies. Short term outcomes of this program include manualized training tools, which will be created for on the ground mental health clinicians, a mental health needs will be determined in Lebanon and Jordan through conducting a formal health assessment. Medium term outcomes include refugees will be trained to become paraprofessional or lay community mental health workers to provide interventions for the refugees in the community. Long term goals of the program will be that enough lay mental
health workers will organize informal treatment interventions with their community members that there will be a significant reduction in mental health issues and a higher quality of life for the people involved. The refugee paraprofessionals will be taught basic counseling techniques and will work together with the clinicians to develop interventions that are culturally relevant, as well as for implementation within their community. The final long-term outcome for this intervention is to have a continuous source of funding. This program will probably need to be long term, because as long as the conflict in Syria is on-going, there will be a continuous need for mental health workers.

Funding will need to be obtained for this program to pay the salaries of the on-the-ground mental health workers/trainers. Funding will be gathered from paid media and advertisement campaigns, online advertisement through Islamic Relief USA, as well as application for various grants. For research purposes this intervention will need to be continuously evaluated, possibly every three to six months to see how effective it has been and mental health assessments will need to be conducted, whether they are formal or informal. The evaluation process could be part of an official research study showing the efficacy of such a program. A possible source of funding could be Grant Challenges, which is a family of grant programs that provides money for international efforts that address key global health and developmental problems (Global Challenges in Global Health, 2013).
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**Annotated Bibliography**

This paper explores mental health interventions organized by World Bank and affiliated organizations in post-conflict areas for refugees. World Bank is an international financial institution that loans money to developing countries for capital programs, and whose main goals is to reduce poverty. The effectiveness of these interventions for reconciliation and reconstruction of post-conflict countries is evaluated. World Bank argues that interventions mental health and psychosocial interventions can be adapted from the ones World Bank conducted in West Bank and Gaza, Bosnia-Herzegovina, Uganda, Burundi and Afghanistan. Also, future research needs and presentation points are explored for future development in this area. When developing a plan for presenting a community-based intervention for Syrian refugees this article is helpful in evaluating the reasons and effectiveness of psychosocial interventions in post-conflict areas, showing the need for more research in this area, and providing ideas of how to come up with outcomes that can be presented to a funding body.


This study looked at the outcomes of a therapeutic intervention addressing various mental health disorders of middle eastern refugees living in refugee camp in Southwest Beirut with mostly Lebanese, Palestinians, and Iraqis. Interventions were given at a health center and were either offered individual, family, group, or art-therapy. Psychotropic medications were also prescribed as needed. This results of the GAF showed that the interventions successfully reduced symptoms of various disorders including, Depression,
Anxiety, and Psychosis. Although this type of intervention is not community-based it mental health centers are definitely needed near Syrian refugee camps to treat some of the more serious mental health issues. Also these centers could train the refugees that come to their clinic to become paraprofessionals and help others in their camps to more effectively reach more people.

Islamic Relief USA. (2013). *Syrian Humanitarian Relief*. Retrieved from: 
http://www.irusa.org/emergencies/syrian-humanitarian-relief/

Islamic Relief USA is a humanitarian group involved with various relief efforts in the United States as well as the Middle-East. The page gives the current estimated numbers of Syrian refugees living in bordering countries as well as the estimated number of displaced refugees. Their relief effort in Syria involves delivering food and various supplies to displaced Syrians within Syria's borders. Since the situation in Syria is so dangerous more long-term psychosocial services for the children are not available like they are in the refugee camps.


This article describes the healthcare situation in Syria before the conflict and during the conflict. It also provides a necessary healthcare plan post-conflict, which includes a thorough community assessment in order to determine the current healthcare needs of the various sects of the population as well as the current state of healthcare resources. The authors call for a huge need to reassess the healthcare needs of the current populations in order to better address the situation. It will be important to do mental health assessments
in order to find out the severity of the mental health issues the internally displaced
Syrians as well as externally displaced refugees in the camps are facing in order to better
understand the type of interventions needed and the best way to deliver them.


This article explains the current need for economic assistance in Jordan. With over half a
million refugees flooding in from Syria, there is a need for more medical equipment.
Although 70% of the Syrian population in Jordan is living in refugee camps, the rest are
mixed in to the communities. The potential for disease outbreak is high and there are not
enough trauma supplies to meet the growing demand. However, Jordan is welcoming the
refugees in despite this struggle, because of their shared history and culture. The growing
need for supplies in Jordan means that there will be less resources of all kinds, including
mental health resources for children.

“I have neither given nor received unauthorized aid on this assignment.”

Sonya Deulina