



Healing Iraqis

The challenges of
providing mental
health care in Iraq





Streetview Basra. Iraq, April 2009.

INTRODUCTION

Mental health disorders and emotional distress are as debilitating and agonizing as physical health problems. According to The World Health Organisation, mental health disorders are the fourth leading cause of ill health in Iraqis over the age of 5 years.¹ There is little doubt that years of political and social repression, punctuated by wars, and followed by a post-war period characterised by interrupted and insufficient basic services have taken their toll on the Iraqi people.

Few people in Iraq have remained untouched by the trauma associated with years of unrest and instability.

- *"I almost had a nervous breakdown. I hit everything that I see in my way. I get angry and hit things. I'm worried that my children will get sick. I witnessed an explosion four years ago and I still have shrapnel in my head from the incident. Six years ago I was imprisoned in Abu Ghraib for a year and a half. I became an angry person, I would get irritated so easily and always felt miserable. After the first session of counseling I felt that I had been helped. The problem is I'm always worried about the cost of living since I don't have enough money... and I'm always afraid and worried that something bad could happen to my family". 47 years old male, married with 10 children. First session.*

Societies which have experienced years of suffering and social upheaval due to long periods of violent conflict not only face high levels of emotional distress, but have great need of a healthy, productive population to rebuild their country. However, as mental health problems are often less visible than physical ill health, and often less understood by most in the community, mental health care is frequently significantly less resourced than physical health care.

In 2009, Médecins Sans Frontières (MSF) in collaboration with the Iraqi Ministry of Health (IMoH) launched a program aimed at opening up access to psychological counselling, and at catalyzing the integration of mental health care as a crucial component of the Iraqi health system. The project focussed on non-pharmaceutical approaches to address the anxiety and depressive disorders, which research shows are the most common of the mental health disorders experienced by the Iraqi population^{2,3,4}, and which are considered highly amenable to psychological counselling approaches.

Over the past 4 years, MSF and the IMoH have introduced psychological counselling services in two hospitals in Baghdad and one in Fallujah. The intention is for the model of care to be replicated in other health care facilities throughout Iraq and particularly, consistent with current worldwide approaches to mental health care, to integrate psychological counselling into community-based primary health care services. As in many countries with under-developed mental health care services there is also an urgent need to increase public awareness of mental health issues and encourage those in need of care to seek assistance. Raising awareness can also help reduce the stigma associated with mental health disorders by the public, other medical professions and at the political level.

■ *"I came here for the first time, to overcome the situation I'm in. I always have negative thoughts and when anyone starts talking to me I suddenly can't stop crying. I witnessed several explosions go off in front of my house and have had my homes searched by the police several times. These experiences affected my life and my work so much. I tried to talk to my family, but they didn't understand me and didn't listen to me. They say I'm crazy. That's why I came here I want someone to listen to me. I left my work and now I'm a house wife, I don't like socializing with the family at all."*
27 years old female. Married. House wife. First session.

The Iraqi MoH is committed to addressing the issue on a broad scale, but much more work needs to be done to improve and replicate services, increase community awareness about services, and reduce the stigma associated with mental health.

HOW WIDESPREAD ARE MENTAL HEALTH NEEDS IN IRAQ?

Between 2003 and 2011, the total recorded number of violent Iraqi civilian deaths was 116,788.5 But the number of people impacted by these deaths, through injury, losing loved ones, and/or witnessing violent events is many times higher. Iraq and Iraqi society has been devastated by violence.

Over the years, studies have repeatedly shown high prevalence of mental health problems in the Iraqi population.^{6,7,8} In 2006 researchers who assessed children and adolescents in Baghdad, Mosul and Dohuk found 14% to 36% (depending on location) showed symptoms of post-traumatic stress disorder (PTSD). In Mosul where rates of PTSD were in the highest range, less than 10% of the ill children had received any treatment or care.⁹

■ *"My heart beats so fast, I don't sleep comfortably, when my heart starts to hurt I'm unable to move. I always feel like vomiting from fear when my brothers start to beat me I get so angry and I start screaming. They beat me, make fun of me, and I start screaming crazily. I'm scared of fire, it frightens me. My uncles car was burnt in front of me., I'm afraid from fire, from hearing the sound of bullets. I'm most scared of machine gun fire."* 8 year old girl. Second grade. First session.

In 2007, over 35% of 9000 household members interviewed in a family health self-report survey were considered to be suffering "significant psychological distress". More than 300 respondents (3.5%) stated that they had thought of ending their own life, while 8% had thought that they were a worthless person at some point in the month before the survey.¹⁰

2 The Lancet, volume 368, issue 9538, September 2006 Mental Health of Iraqi Children, Razokhi, A.H. et al.
3 World Psychiatry, June 2009, 8 (2) "The prevalence and Correlates of DSM-IV disorders in The Iraq Mental Health Survey (IMHS)" Salih Alhasnawi et al.
4 Intervention, March 2010, Volume 8 issue 1 Child and adolescent mental health in Iraq: current situation and scope for promotion of child and adolescent mental health policy, Al-Obaidi, A. et al
5 Source Iraq Body Count, <http://www.iraqbodycount.org/analysis/numbers/2011/>
6 The Lancet, volume 368, issue 9538, September 2006 Mental Health of Iraqi Children, Razokhi, A.H. et al.
7 World Psychiatry, June 2009, 8 (2) "The prevalence and correlates of DSM-IV disorders in The Iraq Mental Health Survey (IMHS)" Salih Alhasnawi et al.
8 Intervention, March 2010, Volume 8 issue 1 Child and adolescent mental health in Iraq: current situation and scope for promotion of child and adolescent mental health policy, Al-Obaidi, A. ET AL.
9 The Lancet, volume 368, issue 9538, September 2006 Mental Health of Iraqi Children, Razokhi, A.H. et al.
10 Iraq Family Health Survey Report, Iraq Ministry of Health, WHO, IFHS 2006/2007.



In 2007 MSF-teams started working in hospitals in the Northern provinces of Iraq. August 2007..

In the same year, Iraq's first national mental health survey in collaboration with the World Health Organization (WHO)¹¹ assessed the prevalence of common mental health disorders (such as anxiety, depressive, PTSD, behavioral conditions, substance abuse) in the general population. This survey also addressed the impact of violence and trauma on the population by assessing the relationship between trauma and mental health disorders.

The survey revealed significantly high levels of psychological distress in the population, finding for example that 1 in five women and 1 in 7 men were likely to suffer a mental disorder in their lifetime, Those exposed to even one traumatic event had even higher prevalence. Almost 70% of those with any mental disorder reported experiencing suicidal thoughts. Fewer than 10% of these people reported receiving care.

■ *"I started attending the mental health counseling sessions when I felt I'm so tired and very sad. I felt I had a psychological problem and that made me disturbed because I'm unable to cope well with others. . I lost my husband two years ago and that incident affected my life. It changed my life, it turned my life upside down. I'm now the only one left responsible of raising the kids."* Widowed female, 36 years old, 3 children. Second session

But it is also likely that these rates were a significant underestimate, since as the researchers acknowledged they had to exclude those who were homeless or internally displaced, those living in areas deemed too dangerous to carry out interviews, those who were institutionalized or too ill to be interviewed and those who had migrated out of the country in response to the conflict. The survey also did not assess the prevalence of somatisation where patients exhibit symptoms of physical distress where no physical cause can be found.

While circumstances in Iraq may be considered to have improved to some extent since these surveys, there is little reason to believe that the burden of mental ill health has reduced and access to appropriate mental health care is still a critical issue.

11 Iraq Mental Health Survey, Ministry of Health, Iraq 2006/2007



Children play in the ruins of buildings in Nazariyah. Iraq, April 2003.

After the survey, several issues were identified as key challenges for how Iraq could respond to these needs.¹² They included the lack of human and financial resources, the stigma associated with mental health disorders and the lack of suitably trained mental health professionals, particularly in the areas of psychology and social work. Experts also stressed the risk of marginalizing mental health, and those who need it, if mental health care is not included in the broader aspects of health reform in Iraq. MSF's collaboration with the MOH has attempted to address some of these key issues in mental health reform.

■ *"I started attending the sessions because I was mentally disturbed and not able to take decisions. I'm always worried and I fear something bad could happen to my family. This fear leads to me not sleeping. I can't sleep or eat. My friend was killed while we were volunteering in the army. I stopped working with the army and started working as a taxi driver. After attending the first counseling session I felt relieved in a way when I'm not working I'm not focused and I usually lose my temper".* 38 years old male, married with 2 daughters. First time.

HOW TRAUMA AND GRIEF IMPACT ON THE MIND AND BODY

According to data from MSF/MoH units in 2012, being a direct victim of physical or psychological violence is the most common precipitating event of mental problems of patients who have presented (33%). This is followed by domestic discord and violence, a category often seen to increase in societies at war or suffering instability due to the strain this puts on families (27%) and witnessing a violent incident (13%). Together these three categories make up almost 75% of the cases seen. Even excluding domestic conflict, almost half of all cases seen in the programme (48%) were violence-related. Anecdotally, nearly all staff and patients in MSF's mental health program have either experienced or know someone near to them who has been directly impacted by a violent event over the past few years.

¹² Psychiatric Services 58,10, 2007, Developing Iraq's Mental Health Policy, Hamada, I H., Everett, A.

The following stories are examples of the type of cases that the counsellors see every day.

A woman kept coming to the hospital complaining of lower back pain thinking that she had some sort of tumor. The doctors couldn't find anything wrong with her so referred her for counseling. Eventually, through the counseling she revealed that during the past year her son had been killed in an explosion. He has stepped outside his home to smoke a cigarette when he died in a blast. The woman's mental grief was so deep it manifested physically as lower back pain.

A trader in Iraq had to stop working when shrapnel from an explosion disfigured and blinded him in one eye. The man lost his confidence and felt stigmatized. At home he took out his frustration on his wife and son by being violent towards them. They are receiving counseling.

A young boy developed a speech impediment and started becoming aggressive towards his siblings and school friends after he witnessed the death of several people in a bombing in his neighborhood. The boy avoids going to areas close to where the bombing took place and says that he can still smell the odor of burning bodies. The boy is receiving focused trauma therapy, the use of drawing aids to help the boy articulate his feelings and fears and it's hoped that this will help address his stammer and social anxiety issues.

A female presented with a history of obsessive compulsive disorder that has worsened over the past few months. Her intrusive thoughts include perceptions of being unclean and fears of infecting her family. Her compulsive behaviors included excessive hand washing, cleaning and checking. These behaviors take up much of her day and significantly impact on her day to day functioning.

A woman who was widowed 6 months ago when her husband was killed in a bomb explosion has developed headaches and has difficulty breathing. She says she is at times unsure if her husband is dead because she has visions of him. She often feels that he might still be alive. She's constantly seeking reassurance from her family that he may be still alive. She has also become increasingly house bound and is fearful of leaving her house. Proposed interventions include addressing grief and trauma issues.

WHAT MENTAL HEALTH SERVICES ARE AVAILABLE IN IRAQ TODAY?

As with many countries with underdeveloped mental health systems of care, the main component of Iraq's mental health service has been institutionalised care for those suffering chronic psychiatric disorders such as schizophrenia. Despite this focus, there are currently only 4 psychiatrists per a million residents, far below what is needed.¹³ Even fewer people are trained in the related mental health professions including psychological counselling. As a result there is a significant gap for those experiencing conditions that are better resolved without hospitalisation or medication, such as the much more commonly occurring anxiety and depressive disorders, in particular in community-based services providing evidence-based psychological interventions. Recognising this gap between need and response, the IMoH has expressed its intention to integrate mental health services into existing primary health care facilities.

■ *"My mother passed away after my father left her. That was the most difficult incident in my life. The continuous war in Iraq means I have lost many of my friends who were killed in front of my eyes. I used to be part of the army. When I hear explosions I feel anxious. I fear from the unknown and the future, I'm not excited and find it hard to work. My children and my wife need everything but I can't afford anything as I'm unable to work. I feel hurt and sad because I don't feel like I'm a good father.*
40 years old male, married with 5 kids 2 girls and 3 boys. First session.

¹³ IMoH



Streetview Basra, Iraq, April 2009.

BRINGING CARE TO THE PATIENT

Against this background of high need, MSF has been working closely with the MOH to implement psychological counselling services and to develop a counselling model that can exponentially increase patient access and can be replicated in primary health care settings as well as in day-visit mental health units in general hospitals. By adapting strategies drawn from its experience of working in a wide range of emergency and conflict contexts, MSF has been able to assist the IMoH in developing a model of counselling care that will allow essential scale-up of activities.

The IMoH/MSF program has had two primary goals:

1. Establish and replicate a model of mental health counselling in health centres throughout Iraq, including the training and supervision that is necessary for sustainability
2. Increase public awareness about psychological problems in order to encourage people to seek assistance and to reduce the stigma associated with mental ill-health

Between 2009 and 2012, over 25,000 counselling sessions¹⁴ were provided by MSF-trained MoH counsellors in Mental Health Units in Baghdad and Fallujah, and teams in the two units currently carry out around 600 counselling sessions a month¹⁵. Teams of counsellors have been trained from scratch using a training module developed together with the IMoH which can continue to be used by the MoH for future training of counsellors. While the security circumstances of Iraq have often complicated implementation, the challenges have also brought out innovative solutions which may help sustain services in future. For example, video conference links were trialled and then used extensively for training, technical support through case discussions and clinical supervision. When face to face visits have not been possible, this has also been used for ‘interview’ – the personal support all counsellors need to remain effective.

MSF also provided a train-the-trainer (TOT) program to help promote the sustainability of services by preparing IMoH-nominated personnel in clinical supervision skills and in using the counselling manual. For its part, the IMoH has replicated the model in two additional sites, and is now exploring the feasibility of

¹⁴ MSF Data 2009-2012

¹⁵ MSF Data, December 2012- January 2013

starting counselling services at the primary health care level where potentially many more people can access the services, particularly women who the IMH survey showed are disproportionately affected by mental health conditions.

- *“I started attending the sessions to help improve my speech and help me overcome my fear. I’m scared of everything. My body is always shivering I can’t spell words correctly anymore. My teacher and my fellow classmates beat me all the time in school I can’t study or learn anything I’m Unable to concentrate. I don’t talk to anyone. This is the first time I’ve talked to someone about my problems. I hope the advice I’m given will help me overcome my problems because I’m always isolated, nervous, and upset especially from my family”.* 10 years old female. First session.

MEASURING THE RESULTS

Psychological counselling is a proven approach for the mental health disorders prevalent in Iraq. Nevertheless confirming the counselling model’s effectiveness in Iraq has been an important goal for the IMoH and MSF. To do so, the teams developed a data collection and evaluation strategy using two standardised and validated tools, the results from which confirm that patients achieve significant gains in psychological functioning and emotional status after receiving counselling.

The SRQ 20, a culturally validated self-report tool for measuring presence of mental ill-health endorsed by the WHO, was introduced to the programme in 2012.¹⁶ Analysis of patient data for 2012 shows that 97% of the people who presented for counselling reported clinically significant psychological symptoms at admission. When measured on the last visit, this figure had reduced to 29%.¹⁷

The second tool measures Improvement in patient complaints and functionality. Clients are asked to record the level of their main complaint and their functionality at the outset of counseling. The results are then compared to what they themselves report at the end of counseling. In almost all cases there is a clear trend toward reduced intensity of complaints and increased ability to function.

Using these two measurement methods, the project has demonstrated a clear benefit of counseling for patients. It is also one that can be scaled up relatively rapidly.

- *“I have problems breathing and I don’t feel comfortable within myself. My elder brother got kidnapped this incident destroyed my life, and now I fear everything. This is the only place that I can express my fears. I’m always isolated from my family and these sessions helped me to talk without fear. After the second session I already felt a little bit better I have fewer nightmares now”.* 28 years old male, single. Second session.

REACHING OUT TO THE COMMUNITY

“People who suffer from mental illness, the professionals who treat them, and indeed the actual concept of mental illness are all stigmatised in public perception and often receive very negative publicity.” This was the conclusion of the first systematic survey to investigate the public perception of mental health in Iraq in 2010.¹⁸ Stigma manifests in many ways. While the survey showed people in Iraq often understand that mental illness can be caused by a traumatic events, it also noted that are many who believe that people suffering a mental health disorder are to blame for their condition. While a large number reported that they believed they would be able to maintain a friendship with someone with mental health problems, an similarly large number said people should avoid all contact. MSF has found a similar range of responses: shame, fear of discovery, fear of being abandoned or ostracised are all frequently mentioned by patients in the IMoH/MSF programme. Acts of kindness and support are also spoken of but clearly more knowledge and understanding is needed to extend such responses.

¹⁶ SRQ20 A user’s guide to the self reporting questionnaire (SRQ) Division of Mental Health WHO Geneva 1994

¹⁷ MSF Data, 2012 – 12M report

¹⁸ . Public perception of mental health in Iraq: Sabah Sadik, Marie Bradley, Saad Al-Hasoon, Rachel Jenkins; International Journal of Mental Health Systems, <http://www.ijmhs.com/content/4/1/26>

- *"I'm tired I came here for comfort and be at ease. I'm worried about my husband's situation. There is always shooting at checkpoints and around the house. This affects my daily routine and my life. I'm worried about my husband. Before coming here I tried to talk to my sister but she didn't care at all. My family says I'm mentally ill. That's why I try to be isolated from the family and I'm so stressed when I'm around them. Now I feel better after I talked."* 40 years old female. Married with 8 children. House wife. First session.

Changing attitudes to mental health takes time but raising public awareness of about mental health and about care services available are an important first step. As part of this, MSF has provided training to community awareness officers to develop education and promotion activities aimed at increasing the public and health professional awareness about mental health problems and facilitating the referral of people in need of services. Outreach workers take the issue of mental health among the medical community - in pharmacies, clinics and hospitals - as well as in public spaces such as schools, and in 2011 MSF produced a short film as part of the community awareness package. However, as with all aspects of the programme, more needs to be to combat stigma and publicize the availability of services.

CALL FOR HELP

Telephone helplines are another initiative created to raise awareness and increase access to care. Technically supported by MSF, the IMoH established a telephone help-line in Yarmouk Hospital to provide information about counselling services and to facilitate referral to the Yarmouk Mental Health Unit. Experience with the service so far shows it to be valuable for clients who want more information before committing themselves to visiting, or who cannot access the counselors in person. Uptake is increasing and this method has potential to reach a group of people - including women unable to leave their homes or their duties – who may otherwise be unable to access care.

- *"I came here because I feel sick. I feel so down. My life is miserable I think about my four girls. Their father was killed. A group of people killed my husband. I felt sick and I got hospitalized I'm so depressed. I haven't talked to anyone about this before except the counselor, I felt a bit relieved after talking to her. At home I try to get busy and do many things and laugh with my daughters so they won't feel sad I try to take them out as well".* 32 years old female, married with 4 girls. First session

CONCLUSION

In June 2013, MSF will complete its mental health collaboration with the IMoH in the Fallujah and Yarmouk hospitals, and hand over all aspects of technical expertise and supervision. While significant gains have been made in adapting psychological counselling to Iraqi needs, and modelling effective services, it's clear there are still many challenges ahead to ensure that all Iraqis in need of care have access to appropriate mental health services.

Counsellors trained in the MSF/IMoH collaboration have already helped thousands of people to cope better with the mental anguish of what they've experienced. But the gap between needs and services is still huge, and the stigma felt by those affected real and painful. The long term goal is to see counselling integrated into existing health facilities throughout the country, accessible to all who need it, and that the mental wellbeing of Iraqis is acknowledged as a crucial element in the recovery of Iraq.

To this end, MSF would like to offer the following recommendations to the Ministry of Health:

RECOMMENDATIONS FOR THE IRAQI MINISTRY OF HEALTH

1. To improve the quality of mental health services by integrating the counselling model into existing mental health facilities throughout Iraq.
2. To advertise the availability of services and reduce stigma by talking openly about the problem of mental illness through, for example, a country-wide public campaign
3. To continue training new and experienced counsellors for new sites
4. To provide supervision and quality control of counsellors using the trained team of trainer/supervisors.
5. To Integrate the use of video conferencing supervision in new sites.
6. To expand the telephone helpline services so that any Iraqi with phone access can seek basic information and advice free of charge
7. To assign the necessary budget and human resources to increase mental health care services and public awareness of available care.

