

THE SYRIAN REFUGEES' NEED FOR TRAUMA-BASED SERVICES, A SURVEY OF MENTAL HEALTH PROFESSIONALS

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SUMMARY

Background: Trauma Aid UK (previously HAP UK & Ireland) conducted three EMDR trainings in Turkey: the first was in Istanbul on 28th November 2013.

Aim: The purpose of this study is to assess the needs of the Syrian Refugees for trauma services training and provision as assessed by mental health professionals who work with them.

Subjects and methods: Amongst the 62 participants of two Istanbul EMDR trainings organised by HAP, 53% were Syrian. We felt it is a unique opportunity to assess the needs of Syrian refugees they are working with. We asked all the participants who are all mental health professionals to complete an Arabic translation of 'The Need for Trauma-based Services Questionnaire' in these trainings. The rest of the participants on the course were from Iraq (18%), Jordan (16%), Egypt (7%) and others from Palestine, Sudan & Libya (6%). All participants completed questionnaires.

Results: The results of comparing the needs reported by Syrian mental health professionals showed higher prevalence of PTSD seen by the Syrian mental health professionals (72% compared with 56% in the clients seen by the rest of participants). Also, the Syrian mental health professionals could only meet 34% (SD=17.1) of the needs of their client who suffer from PTSD. The unmet need for trauma therapy was reported as 100% by these professionals.

Conclusions: This study highlighted the high need for trauma mental health services of the Syrian refugees as reported by mental health professionals working in the neighbouring countries. The needs of the Syrian refugees, arriving to the UK because of the very difficult situations, these refugees are coming from, may be met with EMDR therapy. EMDR can be used to help these refugees to be a productive part of the British society.

Key words: psychological trauma – EMDR – refugees - Needs Assessment

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INTRODUCTION

Ancient Mesopotamia, that covers big parts of what are modern day Syria and Iraq, was discovered recently to be the birth place of the first ever recording of posttraumatic Stress Disorder (PTSD) symptoms 3,500 years ago (Abdul-Hamid & Hacker Hughes 2015). However, and since the start of the Syrian Revolution in March 2011, nearly half of Syria population has been displaced. This constitute about eight million people in Syria and more than four million registered refugees who have fled to adjacent countries (UN 2015).

It has been estimated that more than 210,000 people have been killed and 840,000 injured since 2011 (UN 2014).

Many Syrian refugees were exposed to massacres, murder, execution without legal process, torture, hostage-taking, enforced disappearance, rape and sexual violence, as well as recruiting and using children in hostile situations (UN 2014). The exposure to this level of violence have resulted in long-term physical and mental disabilities in the survivors.

Even those who were spared violence and trauma continue to be concerned about the fate of relatives they

lost touch with, especially those relatives who classified as missing, in addition to worry for relatives left behind in Syria because of the deteriorating security situation in the different parts of Syria resulted in looting and/or destruction of their houses and belongings (Almsh-mosh 2013).

In the words of Moaz el Khatib, the National Syrian Coalition president: "The international community is obsessed with the length of beards and ignores the images of children dying" (Shehadi 2013). The Ghouta chemical attack occurred on 21 August 2013 (the red line). Several opposition-controlled areas in the suburbs around Damascus, Syria were struck by rockets containing the chemical agent sarin. Estimates of the death toll ranged from at least 281 people to 1,729 (Entous et al. 2013).

The Arab Spring has resulted in public uprising against the Arab regimes that for years tortured and oppressed the population (Filiu 2011). It started with civil protest whose early moto was "Peaceful, Peaceful, Muslims and Christians want freedom" (Filiu 2011). However, with the lack of support from the International Community to the revolution (compared to the European revolution that followed the fall of Berlin

Wall), the regimes reacted violently to the “Spring” uprising involving the police and the army. Much more support from oil rich countries went to the anti-revolutionary forces. The despair that resulted caused radical and fanatic organizations like The Islamic State of Iraq and the Levant (ISIS) to flourish and take control.

A recent study by Gokay et al. (2015) of a random sample of 352 (aged 18 to 65 years) from the 4,125 Syrian refugees who live in the Refugee Camp in Gaziantep, Turkey. The study found that 33.5% of the sample had PTSD. The PTSD was acute in 9.3% of individuals, chronic in 89%. The average number of traumatic events that these refugees experienced was 3.71 events. Most traumatic events (66.2%) were related to living in a conflict zone area like witnessing the death of a close friend or family member in 66.2% of individuals, or being abducted or taken hostage in 48%, and being a subject of or the witnessing of torture in 42% of the sample. Another survey of trauma and PTSD was conducted on 155 Syrian refugees living in refugee camps in the northern part of Jordan. The findings showed that the severity of PTSD is greater in female refugees and in those who are educated and married. Also having first-hand experience of the trauma and being affected or hurt also increase the severity. Also the refugee having relatives who were physically hurt or lost in the traumatic events is another predictive factor (Al-Shagran et al. 2015).

As the British government, has decided to take 20,000 Syrian refugees, British people and institutions now have the options of either accepting, supporting and helping these people so that they can contribute fully and productively to British society or to marginalise them and then they will become more disabled by the trauma they have experienced while in Syria when they will become a burden on society (as the scaremongers are claiming even before their arrival).

AIM

The purpose of this study was to assess, to analyse and to understand the needs of the Syrian Refugees for trauma services training and provision as assessed by mental health professionals who work with them.

SUBJECTS AND METHODS

The Humanitarian Assistance Programme (HAP) UK & Ireland (<http://www.hapuk.org/>) and the now called Trauma Aid UK has been conducting training for the trauma therapy EMDR in Istanbul, Turkey between since 28th November and 1st December 2013. The course is open to mental health professionals in the Middle East including psychiatrists, clinical psychologists, psychotherapists, counsellors and social workers. One important criterion for selecting candidates was that they are involved in treating and caring for trauma-related problems. This group was considered by

the authors to constitute an ideal sample for piloting the ‘The Need for Trauma-Based Services Questionnaire’, constructed by the authors for the purposes of a larger Trauma-Based Services Needs Assessment. The questionnaire was then translated to Arabic by the first author, back translated by an Arabic speaker and then checked by the second author who made further modifications which were made to the final Arabic version that was used in the interview.

Sixty two participants were asked to consent to participate in the study and, if they did, were given the Arabic translation of ‘The Need for Trauma-based Services Questionnaire’ with some quantitative but mainly qualitative questions to complete. The questionnaire was deliberately made anonymous to ensure confidentiality of the study. We compared the responses of the 33 (53%) Syrian participants; who all worked with Syrian refugees in Syria and surrounding countries, with that of the other participants. The quantitative data was analysed using the statistical programme SPSS. While the Qualitative data was analysed using trends analysis.

Participants were asked to give their consent to participate in the study and, if this was given, were given the Arabic ‘The Need for Trauma-based Services Questionnaire’, with both quantitative and qualitative questions, to complete. Participants’ identity was anonymised to ensure the confidentiality of the study. The results of the study were analysed using the Statistical Package for the Social Sciences (SPSS).

RESULTS

Sixty two participants of the Istanbul EMDR training were asked to complete the Arabic translation of ‘The Need for Trauma-based Services Questionnaire’ in the last two days of the training. All participants completed both the quantitative and the qualitative questions with the following results:

Demographic characteristics of the participants

Thirty three participants of the above-mentioned training were from Syria (53%), of these 21 (64%) were males and 12 females (36 %) participants. The professions of these participants were; 16 (48.5%) psychologists, 4 (12.1%) psychotherapists and 4 (12.1%) psychiatrists. The rest of the participants had 65% males and 35% females and the professions were; 59% psychologists, 21% psychotherapists and 21% psychiatrists. The main age of the Syrian professionals was 33 years (SE=10.2) compared with 40 years (SD=8.6) for the other participants.

Mental health problems

The participants were asked to list the three most prevalent mental health problems in their country. The results, as expected from recent events in the Middle East, showed that trauma was the most common major

problem in countries as listed by 72% of the Syrian participants compared with 56% in the countries of the rest of participants. This figure was even higher if we compute PTSD across the three problems as 88% of the Syrians participants mentioned PTSD as one of the main three major mental health problems in the country compared with 76% of the other participants (Table 1).

Table 1. Most important first Mental Health Problems in Participants' Countries

Problems	Syrian participants (N=32)	Other participants (N=25)
PTSD	23 (72%)	14 (56%)
Depressive Disorder	3 (9%)	6 (24%)
Neurotic Disorder	3 (9%)	1 (4%)
Childhood Disorder	1 (3%)	1 (4%)
Substance Abuse	0 (0%)	2 (8%)
Psychotic Disorder	2 (6%)	1 (4%)

Another question asked about the most common three problems in their place of practice. The number of participants who stated that post traumatic problems were the major problem was even higher, and this was reported by 50% of the participants. Post traumatic problems were also reported as the major problems in Syrian participants' practice, being reported by 52% of these participants compared with 45% of the other participants (Table 2).

Table 2. Most important first Mental Health Problems in Participant's Practices

Problems	Syrian participants (N=32)	Other participants (N=25)
PTSD	17 (52%)	13 (45%)
Depressive Disorder	9 (27%)	5 (17%)
Neurotic Disorder	5 (15%)	6 (21%)
Childhood Disorder	1 (3%)	2 (7%)
Substance Abuse	0 (0%)	2 (7%)
Psychotic Disorder	0 (0%)	0 (0%)

Trauma mental health needs

The Syrian mental health professional reported that they only could meet 34% of the needs of their patients compared with 40% of the needs in the other pro-

fessionals. When asked about the specific unmet needs in the services they are working in the Syrian mental health professionals reported the needs of Psychotherapy services in 16 (48%) professionals. Creating specialist trauma services and centres in the refugee camps that was reported by 14 (42%). The next unmet need reported is psychiatric services and medication in 8 (24%).

When the question was put as what are the unavailable services where you work the Syrian mental health professional were; psychotherapy in 38% (compared with 19% of non Syrian participants), occupational therapy in 19% (compared with 15% of non-Syrian participants), social work in 16% (compared with 44% of non-Syrian participants), Psychiatric Medication in 13% (compared with 19% of non-Syrian participants), Neuropsychology in 9% (compared with 0% of non-Syrian participants).

DISCUSSION

In relation to the refugees need for psychological trauma services, it has been suggested that neither veterans nor non-veteran trauma sufferers are getting adequate help in the NHS. Improving trauma services in the NHS will benefit all trauma patients whether they are veterans or not (Woodhead, et al. 2007). Therefore, developing trauma services in the UK not only will help Syrian refugees but also veteran and non-veteran British people who suffered trauma. Such service could also be a base to provide trauma training in the Middle east to develop the much-needed trauma services there.

As we saw from the data, the surprising finding is not the high prevalence of trauma related mental health problems reported by the Syrian participants, But the almost equally high number reported by other participants. This might reflect the current situation in the Middle East with not only conflict, violence and terrorism is common everywhere but also regrettably that the Syrian refugees who suffered the highest levels of trauma are present in almost every country in the Middle east.

Back in the Middle East to help the largest refugee population of Syrian who are located in Syria and the surrounding countries, the international community needs to start thinking of the mental health refugees inside and outside Syria. As Prof Mohammed Abou-Saleh and Dr Mamoun Mobayed put it in 2013, even if the conflict had ended then 'the mental health services (in Syria) will be grossly insufficient to meet the predicted care needs.' This is making it necessary for the international community to work hard to train more Syrian mental health professionals who could meet such needs. Currently the situation is too dire and a plan to 'reconstruction of health services and to assist in providing skilled human resources for the suffering people of Syria' should be considered as priority (Abou-Saleh & Mobayed 2013).

The current economic crisis in Europe and Gulf Arab states is causing many charities that work with Syrian refugees close down. This is leaving many of the professionals that Trauma Aid UK trained unemployed and unable to help the traumatised refugees they used to help. We are calling for a Middle East EMDR project that is similar to that operational in South East Asia under the name Mikong Project which not only trained therapist but also employed them (Mattheß et al. 2014).

The Trauma Aid UK's training of Syrian mental health professionals inside and outside Syria has created a cadre of therapists that could help meet many of the trauma needs of the Syrian people (Abdul-Hamid et al. 2016). The problem is that we have trained now most of the Syrian mental health professionals available and there might be a need to establish another layer of Syrian mental health support worker who are provided with essential basic mental health and traumatology education (UNITAR 2016) so that they could benefit from EMDR training and could help in meeting more of the needs of their countrymen/ women

CONCLUSIONS

This study highlighted the high need for trauma mental health services of the Syrian refugees as reported by mental health professionals working in the neighbouring countries. The needs of the Syrian refugees, arriving to the UK because of the very difficult situations, these refugees are coming from, may be met with EMDR therapy. EMDR can be used to help these refugees to be a productive part of the British society.

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Contribution of individual authors:

Walid Abdul-Hamid: contributed to the design conduct and writing up of the paper;

Jamie Hacker Hughes: contributed to the design and writing up of the study;

Sian Morgan contributed to the design and writing up of the study.:

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