

OPINION NOTE

Mental health during the Syrian crisis: How Syrians are dealing with the psychological effects

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Abstract

Looking at the physical damage caused by the Syrian war, one can begin to imagine the scale of the psychological toll that eight years of crisis have taken on the Syrian people. In a country where mental health was still considered an emerging field before the war, Syrians are working to address and manage the mental health and psychological effects of war. Despite this disastrous situation, there appears to have been significant progress in the field of mental health during the crisis. This article explores the mental health situation in Syria prior to 2011, the effects of the crisis on Syrians, and how these have been managed in recent years. It concludes by citing some examples of progress that have been made in mental health care in Syria and discussing some of the challenges that remain to be addressed.

Keywords: Syria, mental health, psychiatry, psychology, crisis, war, post-traumatic stress disorder, depression.

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Introduction

More than seven years since the onset of the Syrian crisis, the human cost is estimated at over 400,000 killed, more than 6 million internally displaced, and some 5 million refugees.¹ Moreover, one of the most recent studies² indicates that, in addition to losses in agriculture, tourism, oil and banking, more than 2.4 million homes have been damaged, 67% of Syria's industrial capacity has been destroyed, 45% of health centres are no longer functioning and 30% of educational institutions have been demolished, forcing 89% of Syrians into extreme poverty.³ From here, we can imagine (or maybe we cannot) the magnitude of the psychological damage that those living through the crisis are experiencing.

This article explores the mental health situation in Syria prior to 2011, the effects of the crisis on Syrians, and how these have been managed in recent years. It concludes by citing some examples of progress that has been made in mental health care in Syria and discussing some of the challenges that remain to be addressed.

The mental health situation in Syria before the crisis

In Syria, mental health is generally still considered a new field and society has not yet come to grips with the concepts of mental health, psychiatry and clinical psychology. Psychological disorders continue to be heavily stigmatized, and this sometimes even affects those working in this field. Consequently, up to 2011, there were never more than 120 psychiatrists in the country.⁴ This begs the question: who was providing mental health services in Syria up to 2011?

For psychiatry, there were various services. First, the Ministry of Health provided three large hospitals for mental illness and substance abuse treatment (Ibn Sina Hospital in Rural Damascus, Ibn Rushd Hospital in Damascus and Ibn Khaldoun Hospital in Aleppo), in addition to clinics in several health centres or general hospitals. These three hospitals were considered centres for training doctors in psychiatry. Only Ibn Sina had a paediatric wing. Second, the Ministry of Higher Education provided a mental health service in Damascus Paediatric Hospital, which had a children's outpatient psychiatric clinic, and in Al-Mouwasat Hospital, which had a psychiatric department and a psychiatric outpatient clinic; it also provided training to students from the Damascus University Faculty of Medicine and doctors specializing in psychiatry. Third, the Ministry of Defence had a psychiatric department and an outpatient psychiatric

1 Human Rights Watch, "Syria: Events of 2017", in *World Report 2018*, 2018, available at: www.hrw.org/world-report/2018/country-chapters/syria.

2 Ammar Yusuf, "Study of Shocking Figures: Syrian Losses in Five Years", *business 2 business*, 7 January 2017, available at: <http://b2b-sy.com/news/40984/> (in Arabic).

3 Rehab al-Ibrahim, "Khasa'ir al-harb al-suriyya qarabat 1170 milyar dolar [Syrian War Damages Approach 1.17 Trillion Dollars]", *Al-Akhbar*, 11 January 2017, available at: <https://al-akhbar.com/Syria/224584>.

4 According to the Syrian Arab Psychiatric Association, available at: www.psyssyr.org/ (in Arabic).

clinic in Tishreen Military Hospital in Damascus and provided specialist psychiatry training. Fourth, the Interior Ministry provided an outpatient psychiatric clinic. Fifth, there was the private sector, in which psychiatrists ran their own private clinics. There were also two private psychiatric hospitals in the governorate of Rural Damascus, the Modern Psychiatry Centre in Al-Malihah and Al-Bisher Hospital in Harasta. Lastly, some non-governmental organizations opened psychiatric clinics or were offering psychiatric services, such as the Syrian Arab Red Crescent, the International Medical Corps (IMC), the Syrian Organization for the Disabled, and the Syrian Brotherhood Family Association (linked to Terre des Hommes).⁵

As for clinical psychology,⁶ there were no licensed psychologists because the field was unknown in Syria and there was therefore no licensing or training. However, there were up to ten specialists who had received training abroad in clinical psychology or who had studied it privately. At Syrian universities, the faculty of education offers theoretical academic courses in psychological counselling and psychology, but this is not supplemented with any clinical skills or scientific training in clinical psychology.

There were eighty-four psychiatrists (about 70% of the country's total) in the city of Damascus, four in Aleppo, six in Homs, five in Lattakia, three in Tartus, two in Hama, two in Al-Hasakah, one in Daraa and one in Raqqa. The governorates of Idlib, Al-Suwayda and Deir Ezzor did not have a single psychiatrist or psychologist.⁷

Despite this huge service gap, the actual need was not visible because of stigma, denial and misunderstanding of mental illness. Health insurance in Syria does not cover psychiatry, psychiatric medication or any other type of psychiatric treatment, meaning that patients must shoulder the entire cost of treatment even if they have health insurance. Furthermore, even doctors lacked understanding about mental health. Medical students at Syrian universities were not interested in the psychiatry curriculum, which was no more than thirty hours of theory and eight hours of practical work throughout the entire degree, and their aversion to specializing in psychiatry was only reinforced by stigma and visits to psychiatric hospitals where generally the only examples of mental illness were patients with intractable psychosis.

Psychological effects of the crisis on Syrians

There were no surveys on the prevalence rates of psychological disorders among Syrians before the crisis, but they appear to have been comparable to global rates.

5 For more information, see "Syrian Brotherhood Family", *Quenshrin*, available at: www.qenshrin.com/details.php?id=3670#.XFg26umWwid (in Arabic).

6 Psychiatrists study medicine and then specialize in mental health. In Syria this means studying medicine for six years and psychiatry for four years, making a total of ten years of secondary school in the scientific branch. Psychologists, in contrast, study psychology for five years (previously for four years) after secondary school.

7 Figures courtesy of the Syrian Arab Psychiatric Association, available at: www.psysyr.org/ (in Arabic).

As concerns the prevalence of such disorders during or after the crisis, no comprehensive research has been carried out at the national level. However, we can base our estimates on the World Health Organization (WHO) projections shown in Table 1, which indicate that the prevalence of psychological disorders doubles during crises.

Based on these figures, it is estimated that some 1 million Syrians (4% of the population) suffer from severe psychological disorders, while about 5 million suffer from moderate psychological disorders. The Syrian Association of Psychiatry recorded eighty psychiatrists working in Syrian territories in 2018.⁸ Assuming that they work five days a week for fifty-two weeks of the year, that each can follow up on fifteen cases a day and that they do not follow up on each patient more than three times a year, the total number of cases that they can follow up on annually is 104,000 (i.e. $(80 \times 15 \times 5 \times 52) / 3$), which is roughly 10% of severe cases. In other words, over 90% of severe cases are not followed up on.

Other estimates, however, indicate a much higher prevalence of psychological disorders. For example, the German Federal Chamber of Psychotherapists found that half of the Syrian refugees in Germany had mental health problems,⁹ with the Turkish authorities producing similar findings about refugees in Turkey.¹⁰ An analysis by the IMC,¹¹ carried out through IMC-supported health facilities for the Syrian refugee and internally displaced populations in Syria, Jordan, Lebanon and Turkey, showed that 54% of the Syrians using the facilities had emotional disorders and 26.6% of the children had intellectual and developmental problems. Other research indicates that 50% of refugee children have post-traumatic stress disorder (PTSD) or depression, abductees and tens of thousands of combatants on all sides suffer from mental illness, and women and girls are particularly vulnerable to violations such as domestic violence, sexual violence, child marriage and sexual exploitation.¹²

Higher still were the results of Mohammed Bahaa Aldin Alhaffar *et al.*'s study on oral health and the prevalence of severe PTSD among children, which showed that 91.5% of children in the city of Damascus suffered from PTSD,¹³ the highest rates being concentrated in eastern and south-eastern areas of Damascus, namely Dwelah, Nahr Aisha, Tabbaleh and Jaramana.

8 Figures courtesy of the Syrian Arab Psychiatric Association, available at: www.psysyr.org/ (in Arabic).

9 Bundes Psychotherapeuten Kammer (German Chamber of Psychotherapists), *Psychotherapeutic Care for Refugees in Europe*, June 2017, available at: <https://tinyurl.com/y3ysdmbj>.

10 Omer Karasapan, "Syria's Mental Health Crisis", *Future Development*, 25 April 2016, available at: www.brookings.edu/blog/future-development/2016/04/25/syrias-mental-health-crisis/

11 Zeinab Hijazi and Inka Weissbecker, *Syria Crisis: Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis*, International Medical Corps, Washington, DC, 2015, p. 2, available at: <https://internationalmedicalcorps.org/wp-content/uploads/2017/07/Syria-Crisis-Addressing-Mental-Health.pdf>

12 O. Karasapan, above note 10.

13 Muhammad Bahaa Aldin Alhaffar, Khattab Mustafa, Samira Sabbagh, Kamal Yabrode, Ghalia Shebib and Chaza Kouchaji, "Seven Years of War in Syria: The Relation between Oral Health and PTSD among Children", *Indian Journal of Oral Health and Research*, Vol. 4, No. 1, 2018.

Table 1. WHO projections of mental disorders in adult populations affected by emergencies

| | Before the emergency: 12-month prevalence (median across countries and across level of exposure to adversity) | After the emergency: 12-month prevalence (median across countries and across level of exposure to adversity) |
|--|--|---|
| Severe mental disorders (for example, psychosis, severe depression, severely disabling forms of anxiety disorder) | 2–3% | 3–4% |
| Mild to moderate mental disorders (for example, mild and moderate forms of depression and anxiety disorders, including mild and moderate PTSD) | 10% | 15–20% |
| Normal distress/other psychological reactions (no disorder) | No estimate | Large percentage, reduces with time |

Source: WHO and United Nations High Commissioner for Refugees, *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*, WHO, Geneva, 2012, p. 18, available at: <https://tinyurl.com/y3sa7nxq>.

Management of psychological effects in recent years

Mental health services in Syria were hit extremely hard during the crisis. The number of psychiatrists declined with extraordinary speed, almost halving from 120 in 2011 to only seventy in 2016. The number of doctors doing a psychiatry residency also fell sharply from forty in 2011 to fewer than ten in 2016.¹⁴ The private hospitals Al-Bisher and the Modern Psychiatry Hospital were completely destroyed. As for the government hospitals, Ibn Khaldoun in Aleppo has been out of operation for several years, and Ibn Sina, which is in a hot spot, has suffered extensive damage.

Despite this, action has been taken at various levels to provide services such as psychological first aid and focused psychosocial support. One of the most

14 Figures courtesy of the Syrian Arab Psychiatric Association, available at: www.psyssyr.org/ (in Arabic).

important interventions was the WHO Mental Health Gap Action Programme, which aimed to bridge the gap in the number of psychiatrists by training doctors of all specialties working in health centre and clinics on how to assess and manage ten of the most common mental health disorders (PTSD, depression, psychosis, suicide, alcohol and substance abuse, child behavioural disorders, developmental disorders such as autistic spectrum disorders, epilepsy and dementia).¹⁵ So far, more than 1,500 doctors from 400 health centres have been trained in this programme, and psychiatric medication is now covered by health insurance in the health centres. The pivotal element of the programme was the trainers' ongoing follow-up with the doctors, through field visits to their workplaces and collective follow-up sessions. Social media was also used, with the doctors of each governorate having a group on the instant messaging application WhatsApp Messenger, where they could propose and discuss persistent cases with each other or with the specialist consultant trainer. These groups are still running today.

WHO also trained more than sixty psychologists in cognitive behavioural therapy, using external trainers, and followed up on their field training. Furthermore, it trained sixty psychologists in family therapy and psychological first aid. A mental health programme in schools is currently being developed, in which psychological counsellors and teachers will be trained on how to identify and deal with the major mental disorders in schools. A guide on self-care and stress management and other new projects are being developed to be delivered in areas where there are no doctors. In addition, UNICEF has supported the development of a mental health guide for children in emergencies and the creation of child-friendly spaces,¹⁶ while the International Organization for Migration has worked at the anthropological level and carried out training on non-violent communication, conflict resolution and refugee centre management.¹⁷

The Greek Orthodox Patriarchate of Antioch and All the East's Department of Ecumenical Relations and Development (GOPA-DERD) has used various methods of psychological support.¹⁸ It selected groups of 70–100 individuals from among the worst affected people and gathered them in a safe and comfortable place for three or four days with a team of specialists and support workers. Surveys were used to establish the severity of the participants' psychological stress at the beginning of the workshop, then a set of activities and treatments were offered, in addition to entertainment. These groups were followed up for two more days, one or two months later. The programme has had excellent results because the whole family unit was included and individuals from

15 See WHO Mental Health Gap Action Programme, "Mental Health", available at: www.who.int/mental_health/mhgap/en/.

16 See UNICEF, "Syrian Crisis", available at: www.unicef.org/emergencies/syria/.

17 See International Organization for Migration, *IOM Regional Response to the Syria Humanitarian Crisis*, 8–21 July 2014, available at: www.iom.int/files/live/sites/iom/files/Country/docs/IOM-Regional-Response-to-the-Syria-Crisis-Sitrep-8-21-July-2014.pdf; Mazen AboulHosn, "IOM experience of working with national systems (universities) in Turkey and Lebanon in a panel exploring collaborations with local partners", presentation at NLG Positive Pathways Summit, 22–23 November 2017, available at: <https://tinyurl.com/y49ow2xq>.

18 See GOPA-DERD, "About Us", available at: www.gopaderd.org/about-us/our-programs.

the extended family were given the support they needed.¹⁹ The Syrian Arab Red Crescent (SARC) has played a major role in mental health – it was the first to open polyclinics with a psychiatrist, a psychotherapist and a speech therapist, as well as mobile psychosocial support teams that travelled between the worst affected places and evaluated psychosocial support activities for children.²⁰ Other bodies have explored different methods, such as interactive theatre, play therapy and dolls, but on a smaller scale. The IMC has also started setting up family and children’s centres that provide support for mothers and children, particularly those with disabilities.²¹ Most of these international organizations and local associations opened child-friendly spaces after training hundreds of youth volunteers on psychosocial support for children in emergencies, how to design and implement suitable activities for emotional decompression or behaviour modification, and child protection. While this has fostered a real culture of child protection among the target groups at the local level, this culture has unfortunately not spread nationwide.

The nature, culture and customs of Syrian society have had a big impact on how fast the psychological wounds heal. One of the key elements of psychosocial support for traumatized people is that they do not become isolated, which was easily achieved in crowded refuge centres or homes with several families renting together to save money. These environments created spheres of communication and a culture of emotional recognition reinforced by the fact that everyone was living through the crisis together, causing each to recognize the feelings of the other and try to share coping strategies.

Several organizations are currently developing methods to reach victims remotely using social media and modern technology. For example, the Syrian Association of Psychiatrists has developed an application for carrying out audiovisual psychiatric consultations and interviews electronically. As an internet service, it has become available all over the country and benefits from the support of hundreds of Syrian doctors abroad. Other organizations have published self-care guides with images and sound files to reach out to all affected people, including those who are illiterate.

19 See Mashta Al Helou, “Psycho-social Support Program”, GOPA-DERD, 17 August 2016, available at: www.gopaderd.org/news/activity-people-affected-by-bombings-in-jableh%E2%80%99s-garages.

20 See, e.g., SARC, “Following-Up Visit to the Needs of the SARC’s Dispensary in Dwaitaa”, *reliefweb*, 24 June 2014, available at: <https://reliefweb.int/report/syrian-arab-republic/following-visit-needs-of-the-sarc-s-dispensary-dwaitaa>; H. Zain and H. Said, “Syrian Red Crescent Services Cover 92,000 Families in 2nd Quarter of 2015”, *Syrian Arab News Agency*, 5 July 2015, available at: <https://sana.sy/en/?p=47260>; SARC, “Comprehensive Medical Services Provided by SARC Dispensaries across Aleppo”, 22 June 2016, available at: <http://sarc.sy/comprehensive-medical-services-provided-sarc-dispensaries-across-aleppo/>.

21 See IMC, “Where We Work: Syria”, available at: <https://internationalmedicalcorps.org/country/syria/>. For more on psychological support provided to children, see Wheda Muhammad Murad, “Idtrab maa ba’d al-sadma wa ‘alaqatuhu bul-da’m al-nafsy: dirasa ‘alaa ‘ayyina min al-afdal al-muhajireen fi muhafadhat dimashq [Post-Traumatic Stress Disorder and Its Relationship with Psychological Support: A study on a Sample of Displaced Children in the Governorate of Damascus]”, Master’s thesis, University of Damascus, 2015, available at: <http://mohe.gov.sy/master/Message/Mc/wahida%20mrad.pdf>.

Conclusion

Despite the disastrous situation in Syria, there appears to have been significant progress in the field of mental health during the crisis. Possibly the most important achievement is the end, or at least the lessening, of the stigma around mental illness: Syrians have shifted from labelling anyone who attends a psychiatric clinic as “crazy” to recognizing that everyone is under pressure and in need of psychiatric consultation. A large group of graduates from the Damascus University Faculty of Education have received training in psychotherapy, psychology and psychological counselling, which has helped them to gain a better understanding of clinical psychology and encouraged them to seek further experience in this field.

There has been a clear change among medical and pharmacy staff in dealing with psychiatric medication. Previously, most psychiatric medication, including antidepressants, had been treated medically and pharmaceutically as narcotics, increasing the patient’s feeling of stigma and discrimination. However, after training a considerable number of non-psychiatric doctors in prescribing these drugs and training pharmacy staff on addiction and how to differentiate between psychiatric medication and addictive drugs, there has been a change of attitude among these healthcare professionals. Likewise, after education professionals had received a substantial amount of training on supportive schools and mental health in schools, there was a noticeable improvement in teachers’ and school counsellors’ understanding of mental health issues and of methods for dealing with them to improve children’s educational opportunities.

Despite this progress, much remains to be done. Interventions related to gender-based violence are still difficult, perhaps because of the strong clash with cultural, religious and sexual taboos and the weakness of programmes in this area. These interventions need to be integrated into other health and educational programmes and psychological support activities, instead of being in an independent programme that many shy away from even mentioning.

Many of the clergy are still grappling with mental health realities and delay patients’ access to specialists for years or even permanently. Consequently, there is still a pressing need to communicate contemporary mental health concepts to these groups because of their extensive role in shaping public opinion.

The news media has still not been used to promote mental health effectively, perhaps because of the crisis and its preoccupation with the conflict, but it does need to play a strong role in this area. As for fiction, most writers and producers are still not using real, scientific mental health terminology, believing that they can determine the psychological characteristics of any disorder without consulting a psychiatrist or mental health specialist and without there being any scientific authority to their work. Rather, they often use psychological disorders and psychiatry ironically or for comic effect – like the rest of society – thus reinforcing the stigmatization of these conditions. It would be useful to hold

educational workshops on mental health for those working in entertainment and in the news media.

The legal field remains utterly remote from the contemporary scientific details of mental health. To this day, there is no mental health law in Syria, despite various attempts over many years to make such a law, and terms such as “crazy”, “foolish” and “stupid” are used throughout Syrian law to describe people who have mental health disorders. Addressing these misperceptions and other challenges will help Syrians obtain the care they need in the future as the country rebuilds.

