

Syria's health: focus on Mental Health

Headlines

- The scale of both internal and external displacement in Syria is unprecedented and exposure to psychological trauma widespread. Many people display high levels of psychosocial distress. Reported rates of anxiety and depression are high, although PTSD is comparatively rare.
- Mental Health and Psychosocial Support (MHPSS) service provision in surrounding countries remains patchy with significant coordination problems. Providers face the additional challenge of rapidly up-skilling mental health workers to supplement a small and overstretched core of trained professionals in Syria and surrounding countries.
- Innovative, NGO-supported MHPSS services are emerging in countries surrounding Syria and operate most effectively when integrated with existing primary health care provision. Telemental health offers scalable potential for training, and direct patient consultations with mental health specialists abroad, but funding to support wider rollout is in short supply.
- While primary epidemiological research on mental health needs among Syrians is desirable in the long term, there is a pressing need for (1) strengthened monitoring and evaluation of existing programmes, and (2) funding for implementation research to validate new service models for displaced Syrians.

Background

1. In March 2015, a group of Syrian medical professionals, humanitarian aid workers, public health specialists and academic researchers met in London to review current knowledge about the health situation in Syria and surrounding countries, and highlight gaps. The Syria Health Network was established to drive forward elements of the agenda identified at the March meeting and galvanise support for ongoing research and collaborative work.
2. This briefing describes the outcomes from the second workshop in September 2015 convened by the Network, focusing on mental health. It is intended for policymakers in the UK and elsewhere, medical and public health professionals working on Syria, and academic researchers.

The situation on the ground and major population mental health needs

3. The scale of displacement caused by the conflict in Syria is unprecedented in recent times. Rates of internal displacement are difficult to estimate accurately but it is thought that 9-10 million Syrians have been forced to move, many on multiple occasions. Current estimates are of over 4,087,000 refugees. Most refugees have moved to Turkey, but there are large numbers in Lebanon, Jordan, Iraq and Egypt. Around 51% are under the age of 18.
4. Many Syrians have experienced prolonged exposure to high levels of psychological stress as a result of displacement, unemployment, hostile reactions from locals in accepting countries, torture, sexual violence and – among children – forced labour and exploitation.
5. Clinic-reported prevalence rates for mental disorder should be treated with caution but indicate high levels of psychosocial distress (42%)¹, anxiety and depression among refugees in Turkey and Lebanon. PTSD is comparatively rare although some refugee camp-based studies have reported rates of up to 33%². There is evidence of a recent rise in severe mental disorder. However, data on mental health problems among displaced Syrians outside refugee camp settings is in short supply. This is problematic given that 70-75% of Syrian refugees in Jordan, for example, live outside camps.

¹ Jefee-Bahloul H, Moustafa MK, Shebl FM, Barkil-Oteo A. Pilot assessment and survey of syrian refugees' psychological stress and openness to referral for telepsychiatry (PASSPORT Study). *Telemed J E Health*. 2014 Oct;20(10):977-9. doi: 10.1089/tmj.2013.0373.

² Alpak G, Unal A, Bulbul F et al. Post-traumatic stress disorder among Syrian refugees in Turkey: a cross-sectional study. *Int J Psychiatry Clin Pract*. 2015 Mar;19(1):45-50. doi: 10.3109/13651501.2014.961930.

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6. Stigma towards mental health problems is an important cultural challenge among displaced Syrian populations but – anecdotally – presentation rates among refugees are high especially to integrated services. The provision of culturally appropriate mental health and psychosocial support is critical to improving service access and comprehensive cultural and linguistic guidance for those working with Syrians is now available³.

Extent of service provision and key gaps identified

7. Mental Health and Psychosocial Support (MHPSS) service delivery has been hampered by a shortage of trained mental health professionals in Syria and neighbouring countries. There were less than 100 psychiatrists across Syria and no psychiatric nurses prior to the conflict. There are just 71 psychiatrists in Lebanon today, mostly working in Beirut. Provision in rural and poorer urban areas in Lebanon is fragmented. Some organisations are providing inappropriate care using poorly trained workers – with potentially harmful consequences.
8. Weak service coordination is a major challenge. Innovative MHPSS service delivery models are emerging, including those led by Medecins du Monde (Mdm) in Lebanon. Mdm use a case management approach with input from psychotherapists, social workers, and oversight from a technical advisor. Their success may partly be attributable to wider political commitment to mental health in Lebanon exemplified by the National Mental Health Strategy. Services operate most effectively when closely integrated with existing primary and secondary health care provision. Inside Syria, the WHO is working with 10-12 primary health care clinics to improve access to MHPSS in government controlled areas.
9. Evidence from telemental health pilot projects with Syrian refugees in Turkey suggests that scalable opportunities for supporting mental health professionals exist, either through training (e.g. psychological first aid), or in some cases direct tele-consultation with patients. However, the acceptability of tele-consultation to patients in these settings is uncertain; patients report concerns over security and stigma may contribute to problems with uptake.
10. The potential role of self-efficacy in managing psychological stress has received little attention. Greater effort should be devoted to promoting family support, and directing people to appropriate services – by first mapping what is currently available.

Research needs

11. Primary epidemiological work on prevalence of mental disorder is difficult to deliver given the complexity of the situation on the ground, but remains desirable to better inform MHPSS needs assessments – although there is good evidence from other conflict and post-conflict situations to offer guidance⁴. In the meantime, efforts should focus on strengthening routine mental health programme monitoring and evaluation for displaced populations.
12. There is a need for validated MHPSS interventions for displaced Syrian populations. Some interventions that have been validated elsewhere (e.g. Teaching Recovery Techniques, an intervention designed to give children affected by war better coping strategies for psychological stress) show promise, but it is unclear what other service models might be appropriate and implementation research is in short supply.

³ Hassan G, Kirmayer LJ, Mekki-Berrada A et al. Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict. Geneva: UNHCR, 2015

⁴ Work by Derrick Silove in Australia in particular.