K4D | Knowledge, evidence and learning for development

Mental health and psychosocial support in Syria

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Question

Produce an annotated bibliography of studies relating to the Syrian crisis since 2012 on Mental Health and Psychosocial Support (MHPSS) needs, including those relating to children and adolescents.

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1. Overview

The rapid search for this review suggests there is a small evidence base on the area of Mental Health and Psychosocial Support (MHPSS) in Syria. The question is supported by a small amount of grey literature which emerged as useful, and comments from experts in the field which are delivered in a separate document.

The key factors contributing to mental health and psychosocial problems include:

- Feeling unsafe. Terror of air strikes and bombs destroying people and homes within Syria. Fears over security and protection also within refugee host countries as well as concerns of discrimination.
- Family, community and sectarian tensions.
- Fears about future economic security.
- Among children, lack of education provision. Schools provide children with a feeling of safety, stability and hope for the future.
- Disconnection from family and friends who have fled to different areas.
- Concerns about access to healthcare services.
- Women feeling isolated.

Other areas for concern include: boys being recruited by armed groups; girls distressed by being forced into early marriage, and girls at greater risk of sexual violence in overcrowded camp conditions. Many children have been orphaned with numbers unknown.

Data from different surveys:

- Half of children from a Save the Children survey said they had constant feelings of grief or extreme sadness (McDonald et al, 2017).
- More females than males reported symptoms of distress in a survey of Syrian refugees in Jordan but it may be that they are more open to reporting it (IMC, 2017). Proportions of those reporting distress symptoms were greater in the middle age bands than among young adults and older adults.
- 50% of Syrian children suffer from nightmares, sleep problems or bedwetting as a result of distress (IMC, 2017).
- One survey found adolescents in non-camp settings feel more distressed, less supported and less safe than camp refugees.
- Syrian female adolescent refugees in Jordan reported more emotional distress than males. Male adolescents reported more cases of physical abuse and bullying.
- Amongst those that received MHPSS help from IMC in 2015, 61% had severe emotional disorders, 11% had development disorders, and 8% had behavioural disorders.
- A sample of Syrian refugees in Turkey reported post-traumatic stress disorder (PTSD) levels of 33.5% (Alpak et al., 2015). An earlier study of Syrian refugees in Turkey found prevalence of PTSD to be 61% (Abou-Saleh & Mobayed, 2013).
- Another survey in Turkey focused on Syrian refugee children and found 79% had experienced a death in the family; 60% had witnessed others being physically abused, and 30% had experienced physical attack or threat. Almost half displayed symptoms of PTSD.
- 2015 WHO data show greater estimated disability adjusted life years (DALYs) for males than females for all mental health disorders grouped. Age groups 15-29 and 30-49 show greater burdens from other age groups.

Caution in analysing the results of psychiatric epidemiological studies among conflict affected Syrians is advised. Assessment is difficult to standardise and it is difficult to capture local cultural symptoms or idioms of distress.

Some adolescents used positive coping strategies to manage concerns, such as seeking companionship and distracting themselves with music or drawing. Others use negative strategies, such as withdrawal and isolation.

Key issues regarding support service delivery:

- Human resource issues: Need for trained staff who can manage complex needs and deliver integrated care.
- Heavy reliance on INGOs and humanitarian funding: Short funding cycles make hampers progress in provision.
- Fear of stigma among the community for accessing services and need for privacy.
- A large survey on Syrian refugees in Jordan found other barriers to service delivery including: emotional control, hopelessness, religion and self-reliance (IMC, 2017).
- Almoshmosh (2015) notes lack of coordination between aid agencies resulting in some being left out and duplication. This may have improved since 2015.

It was difficult to get a good overview of who is doing what and where to address these issues within the scope of this review. To be most useful, information in this area should be from the last year or two. This would require a more in-depth look at grey literature and reaching out to those working in the area.

Some activities identified in the literature include:

- Recent information on provision for refugees and nationally in Jordan notes that the lead agency for provision of mental health services is the Ministry of Health National Center for Mental Health. The MoH partners closely with the non-governmental organisation (NGO) community. The number of psychiatrists is less than 2 per 100,000 citizens.
- Huges et al (2016) describe a successful WHO programme building capacity to deliver mental health services in an integrated package to Syrian refugees.
- In 2015 there was an active working group in Syria co-chaired by the IMC and UNHCR with 10 participating organisations. There was not scope to conduct further research on the current status of this group.
- A stakeholder briefing from 2015 noted the emergence of innovative NGO-supported MHPSS services operating most effectively when integrated with existing primary care.
- Abou-Saleh & Mobayed (2013) describe a volunteer organisation in Jordan called ‘Syria Bright Future’. They provide support and counselling for Syrian refugees.
- In Lebanon, refugees’ needs are considered within the National Mental Health Programme. The system is said to be successful due to both the interest created by the Syrian crisis and national consensus with health care workers and high-level political support.
- A new research consortium, STRENGTHS, aims to develop the WHO mental health intervention Problem Management+ (PM+) for Syrian refugees.

2. Documents recommended by field experts

Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis
Hijazi, Z. & Weissbecker, I. (2015). IMC.
https://internationalmedicalcorps.org/wp-content/uploads/2017/07/Syria-Crisis-Addressing-Mental-Health.pdf

This paper explores the mental health needs among the Syrian refugee and internally displaced populations (IDPs) in Syria, Lebanon, Turkey and Jordan, within the context of mental health systems, services, and programming by government, national and international agencies. It offers a wide focus consistent with a comprehensive public health approach to mental health. Data comes from desktop-reviews, discussion groups, and from care facilities.

Most frequently cited stressors:

- Security and protection risks both inside Syria and from infiltration of armed groups in host countries
- Limited access and availability of services
- Family, community and sectarian tensions

Table 1: Mental Health cases managed by International Medical Corps (IMC) in Various Regions of the Syria Response

Gender (n)	**Syria**	**Lebanon**	**Turkey**	**Jordan**	**Total**
Male	73	1950	368	1011	3402
Female	110	1661	277	907	2955
Age Groups (n)*					
Children, under 18 years[1]	75	549	199	353	1176
Adults, above 18 years	108	3062	446	1565	5181
UNHCR Categories of Mental Illness (%)					
Severe Emotional Disorders	61%	59%	23%	74%	
Psychotic Disorders	4%	16%	16%	9%	
Epilepsy	14%	5%	40%	7%	
Developmental Disorders	11%	5%	8%	6%	
Other Disorders	2%	6%	9%	1%	
Behavioral Disorders	8%	4%		3%	
Alcohol & Other Substance Abuse Disorders		2%	1%		
Other Psychological Complaints		2%	1%		
Medically Unexplained Somatic Complaints		1%	2%		
Total (n)	183	3611	645	1918	

Global Inter Agency Standing Committee (IASC) guidelines from 2007[1] recommend MHPSS coordination groups that work across and report to different clusters, most frequently health and protection. In Syria there was an active working group co-chaired by the International Medical Corp (IMC) and UNHCR. There are 10 participating organisations. However, few agencies

[1] http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

attended; participation by local NGOs was limited due to security risks and limited capacity for MHPSS services.

Lebanon does not have an active working group, but recently (2015) launched a task force chaired by WHO and UNICEF with technical support from IMC and 18 participating organisations. Southern Turkey has no active working group in place. Jordan has an active working group co-chaired by IMC and WHO with 45 participation organisations.

The majority of activities fall into case-focused MHPSS activities, while social considerations in basic services, security as well as strengthening community and family supports are limited, especially in Syria.

IMC are providing some mental health services through a stepped care model, starting with lower level management (social and community workers), and receiving referrals to specialised services as needed. The services combine assessment, care planning and coordination, evaluation, and advocacy for services.

Key challenges:

- Availability of basic services
- Limited access to services of Turkish organisations and the public system
- Lack of trained staff both specialised and non-specialised mental health care providers to provide community based integrated care
- Limited existing capacities to address developmental disorders among children.
- Heavy reliance on INGOs and humanitarian funding
- Limited psychosocial support and self-care for national, Syrian and expatriate staff and volunteers who are likely to be exposed to work related stress.

Invisible wounds: The impact of six years of war on the mental health of Syria's children
McDonald, A., Buswell, M., Khush, S., & Brophy, M. (2017). *London: Save the Children*. https://www.savethechildren.org/content/dam/usa/reports/emergency-response/invisible-wounds-report.PDF

For this report, Save the Children staff and partners spoke to 458 children, adolescents and adults inside seven of Syria's 14 governorates.

Millions of children in Syria are living in daily fear – of airstrikes and bombs that destroy their homes, killing children and their loved ones; of no longer being able to go to school; of wondering where the next meal will come from, and of being separated from their families.

As well as often having witnessed extreme violence, an earlier Save the Children Study[2] found the primary causes of psychosocial distress among Syrian refugee children to be the dire economic conditions and poverty facing refugee families. By far the biggest source of fear identified in their research is from bombing, shelling, and the overwhelming feeling of being unsafe. Almost all of the children's focus groups and 84% of adults cited this as the biggest single cause of children's high levels of stress. Many suffer frequent nightmares and have

[2] http://www.savethe children.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/EDUCATIONUNDERATTACK_SEPT2015.PDF

difficulty sleeping for fear of not waking up. Continued long-term sleep deprivation is extremely hazardous to children's physical and mental health. As well as feeling scared, children told how the impact of airstrikes brings out other emotions such as anger and sadness. Half of the children were said to have regular or constant feelings of grief or extreme sadness, and 78% have these feelings at least some of the time.

Lack of schools and education is taking an enormous toll on children and leaves them fearful for their future. Since the war began there have been more than 4,000 attacks on schools in Syria – almost two a day. The link between education and the future came through strongly in the survey results. Children – particularly those aged 12 and over – were acutely aware that their prospects of a better life are intrinsically tied to completing their education. As well as traditional learning, schools also provide children with a vital source of safety, stability and routine, and are crucial for normal childhood development. However, when children attend class terrified of bombs, exhausted because of nightmares, and too hungry to concentrate, their education inevitably suffers. More schools alone will not heal children's trauma. Efforts to provide education must go hand-in-hand with increased efforts to provide children with MHPSS, including training and equipping teachers to respond effectively to the anxiety and trauma that children are living through.

Boys are at particular risk of being recruited by armed groups to cook and clean for soldiers or man checkpoints, before taking on active military roles as they get older. More than half (59%) of adults said they knew of children in their area carrying or using guns, and almost half knew of children working at checkpoints or barracks.

For girls, early marriage has become increasingly common in many areas which is often distressful for them. Many interviews highlighted the growing threat of sexual violence against girls. Local aid workers said such cases often go unreported, and that the magnitude of the problem is frequently underestimated. Girls living in the informal tented camps for internally displaced people, where large numbers of people are quickly brought together in basic and overcrowded conditions, were said to be particularly at risk.

Adolescents in particular highlighted that what made them most upset was the feeling that their loved ones are being taken away from them by the violence. The huge death toll in Syria has left unknown numbers of orphaned children. Half of interviewees raised concerns about a rise in domestic abuse – both physical and emotional – against or witnessed by children. 48% of adults said children are increasingly turning to whatever drugs are available, and 27% said there has been a rise in children self-harming or attempting suicide.

There is a critical shortage of professional care. Humanitarian programmes with short funding cycles make provision challenging. Social stigma of receiving counselling was also raised as an issue among adults interviewed. It can be a taboo subject making it difficult for children to talk about.

One of the most common sources of frustration among older children was not being able to communicate with family and friends who have fled Syria, and feeling disconnected from their social support networks. For many children, the research process itself was a welcome and rare chance to talk about their fears and feelings in a safe and supported manner.

3. More on key issues and scale of need

Understanding the Mental Health and Psychosocial Needs, and Service Utilization of Syrian Refugees and Jordanian Nationals. A Qualitative & Quantitative Analysis in the Kingdom of Jordan
International Medical Corps (2017) *Faculty Research*. 36.
https://reliefweb.int/sites/reliefweb.int/files/resources/JordanAssessmentReport-UnderstandingtheMentalHealthandPsychosocialNeedsandServiceUtilizationofSyrianRefugeesandJordanianNationals.pdf

13.5 million Syrians are in need of humanitarian assistance, including 7.2 million people with protection needs. Over half of the Syrian population have been forced to flee their homes since the war, and multiple instances of displacements is a relatively common experience for Syrian families. Children and youth comprise more than half of those in need of humanitarian assistance.

The analysis in this document demonstrates that the Syrian refugee community in Jordan continues to face significant stressors, with children and older persons within the community being viewed as the most vulnerable. This large scale survey found symptoms of distress were found to be significantly associated with education level. Participants with no formal education appeared to show increased frequency of distressing emotions, compared to respondents with a college-level education. In addition, symptoms were found to be significantly associated with marital status, with divorced respondents consistently having higher proportions of distress.

Table 2: Proportions of symptoms of distress by community, gender and age.

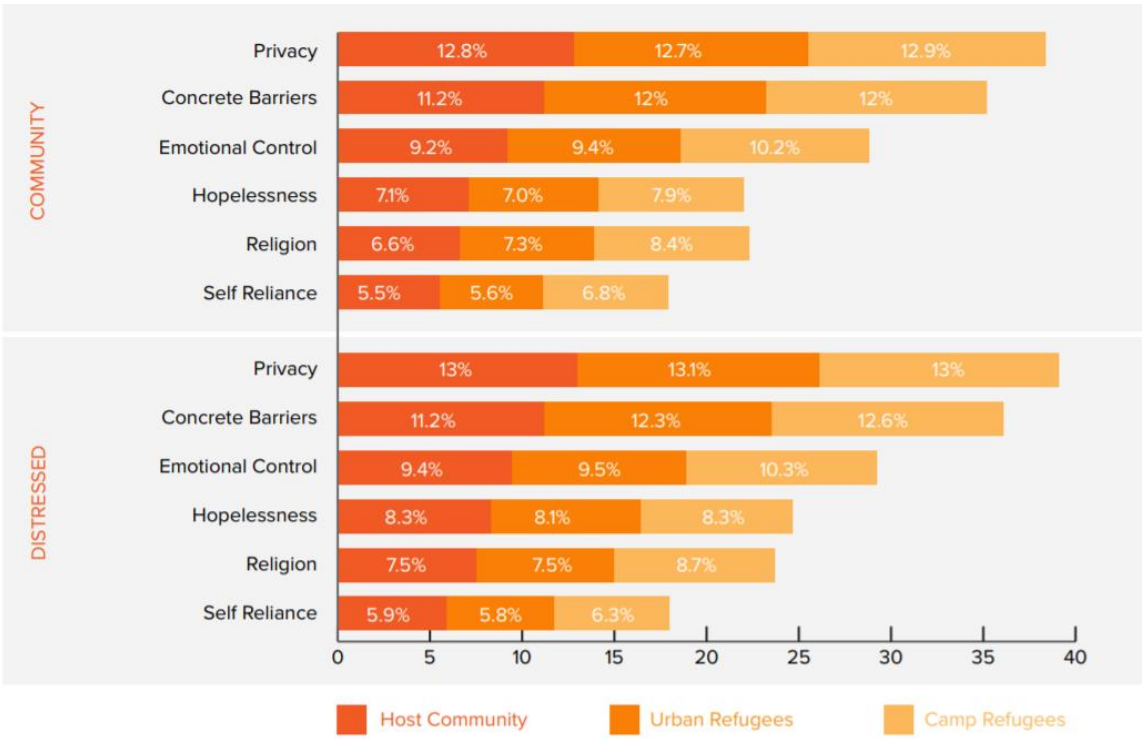
		Fear (N=1377)	Anger (N=1564)	Loss of Interest (N=1884)	Hopelessness (N=1204)	Avoidance (N=1987)	Reduced Functioning (N=1742)	In Distress (N=1762)
Community	Host Community	19%	23%	28%	17%	29%	24%	26%
	Urban Refugees	27%	28%	35%	22%	37%	35%	35%
	Camp Refugees	18%	23%	27%	22%	27%	23%	18%
Gender	Male	20%	22%	28%	16%	31%	25%	26%
	Female	25%	28%	33%	22%	34%	31%	31%
Age Groups	Young Adults	20%	23%	28%	18%	30%	25%	25%
	Early Adults	24%	27%	33%	20%	34%	30%	31%
	Late Adults	23%	27%	32%	21%	34%	31%	31%
	Older Adults	21%	23%	26%	18%	29%	27%	23%

In interviews children and youth were found to be most affected. Data shared by UNICEF indicates that 50% of Syrian children suffer from nightmares, various forms of sleep problems or bedwetting as a result of the distress they have been exposed to since the onset of the crisis.

A range of coping mechanisms were reported, both positive and negative. Compared to those in camps refugees in urban settings described more barriers to, and lack of information about, support services. There were also concerns about access to healthcare and the inability to reach services.

Stigma surrounding mental health issues was frequently reported by respondents, which appeared to represent a significant barrier to help-seeking behaviours. Women in particular, reported an increased need for privacy when accessing mental health services, for fear of experiencing stigma within the community. A sense of helplessness and hopelessness was strongly reported amongst the Syrian refugee community. A lack of awareness of services and of need were also identified. Services were also often unavailable or too costly.

Figure 1: Barriers to help-seeking compared across community type



For both the Syrian and Jordanian population, economic instability was found to be a source of great concern for both adult males and females, leading to a reported decline in mental wellbeing and the capacity to care for young children and older adults, particularly in light of the protracted nature of the crisis. Such themes with respect to financial concerns were common in camp and urban settings. Finally, key informant interviewees noted the importance of ensuring MHPSS staff are well-trained and equipped to manage the complex presentations with which they are faced.

The MoH National Center for Mental Health (NCMH) is the lead agency for the provision of mental health services, treatment and awareness, supervision and training, in addition to the issuance of judicial reports for cases referred from all civil and military courts. The MoH utilises a biopsychosocial approach and partners closely with the NGO community in the provision of mental health services. The MoH maintains three psychiatric hospitals under the umbrella of the NCMH, and a facility for substance abuse treatment.

The number of psychiatrists does not exceed 2 per 100,000 citizens in Jordan, and the number of nursing cadres is 0.04 per 100,000 citizens. The most recent mapping[3] exercise conducted by the MHPSS Working Group in Jordan documented the MHPSS activities of 35 organisations. In general, MHPSS services provided by NGOs and INGOs were provided by mostly non-specialised staff (75%), and specialised national staff (20%). The majority of activities (38%) were aimed at strengthening community and family supports. A growing number of actors were found to offer specialised services provided by psychologists and psychiatrists, compared to that identified in previous years mapping (though still only 19%).

Mental Health Psychosocial and Child Protection for Syrian Adolescent Refugees in Jordan

Lopez, I. (2014). UNICEF, IMC.
https://data2.unhcr.org/en/documents/download/42632

This is a report of an assessment which used mixed qualitative and quantitative methods with 2,028 Syrian adolescent refugees in five areas. Mental health findings reveal that Syrian refugee adolescents living in non-camp settings have more emotional distress, feel less supported, less safe, and have more perceived discrimination when compared to Za'atari refugee camp adolescents.

Syrian adolescents' main MHPSS concerns which often triggered mental health or psycho social disorders were: Feelings of loss and longing for their homes (in Syria);. Perceptions of being discriminated against by host populations; Cases of bullying and intimidation; Anger; Nightmares; Victims of child abuse, or witnessing child abuse, and Constant worry and nervousness.

Some used positive coping strategies to manage with these concerns, such as seeking companionship/resources and distraction with positive behaviours (listening to music, drawing). Other employed less positive techniques and adopted withdrawal and isolation. Many Syrian adolescents reported not wanting to disclose emotional difficulties to their parents, so as not to overburden them, leaving these adolescents with limited emotional support.

Syrian female adolescents showed particular needs, with more emotional distress than Syrian male adolescents, who reflect more difficulties. Females also felt less safe away from their parents, and were more scared of being kidnapped or walking alone than males. Male adolescents reported more cases of physical abuse and bullying. Female adolescents often felt that they are not as free as male adolescents to leave the house; therefore feeling more isolated and confined. War-related issues (fear of airplanes, bombs, sadness about family in Syria, nightmares, fears of war) and education concerns were listed as high priorities. Syrian adolescent refugees report their number one problem in life was "poor treatment from Jordanians".

Mental health and psychosocial wellbeing of Syrians affected by armed conflict

Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016). *Epidemiology*

[3] https://reliefweb.int/report/jordan/who-doing-what-where-and-when-4ws-mental-health-psychosocial-support-jordan-2017

and psychiatric sciences, *25*(2), 129-141.
https://www.cambridge.org/core/services/aop-cambridge-core/content/view/80C6F6E59EF24566CB98B3C19E29BB75/S2045796016000044a.pdf/mental_health_and_psychosocial_wellbeing_of_syrians_affected_by_armed_conflict.pdf

This report shows results of an extensive literature review, aiming to inform the design and delivery of interventions to promote mental health and psychosocial wellbeing of Syrians affected by armed conflict, as well as displacement in countries hosting refugees from Syria.

Loss and grief were found to be central issues. Ongoing concerns about family members was a significant source of stress. Displaced Syrians felt estranged, yearning for their homeland and lost identity. In some countries discrimination added to stress. Refugee women fetl particularly isolated. Conflict-affected Syrians experienced a wide range of mental health problems including: exacerbations of pre-existing mental disorders; new problems caused by the conflict related violence and displacement, and issues in adaptation related to the post-emergency context. The most prevalent and clinically significant problems among Syrians were symptoms of emotional distress related to depression; prolonged grief disorder; posttraumatic stress disorder, and various forms of anxiety disorders. There is little research data on Syrian people with psychosis and other severe mental disorders. There is also limited data on the use of alcohol and other psychoactive substance in displaced populations from Syria.

The results of psychiatric epidemiological studies among conflict affected Syrians need to be interpreted with caution. Standard instruments usually do not assess local cultural symptoms or idioms of distress, and most have not been validated for use in the Syrian emergency context.

Mental health among displaced Syrians: findings from the Syria Public Health Network
Abbara, A., Coutts, A., Fouad, F. M., Ismail, S. A., Orcutt, M., & Syria Public Health Network. (2016). *Epidemiology and Psychiatric Sciences* (2016), 25, 129–141.
http://journals.sagepub.com/doi/full/10.1177/0141076816629765

In late 2015, a group of Syrian medical professionals, humanitarian aid workers, public health specialists and academic researchers met at the Royal Society of Medicine to examine the current mental health situation both inside Syria and across the region, and review the humanitarian response to it.

Many Syrians have experienced prolonged exposure to high levels of psychological stress. While clinic-reported prevalence rates for mental disorder from camps in Turkey and Lebanon indicate high levels of psychosocial distress (42%), anxiety and depression among refugees, Post-traumatic stress disorder (PTSD) diagnoses have been generally lower than expected, despite reported rates of up to 33% in some refugee camp-based studies.

MHPSS service delivery has been hampered by a shortage of trained mental health professionals in Syria and neighbouring countries, weak service coordination, and an absence of sustained interventions. There were less than 100 psychiatrists across Syria and no psychiatric nurses before the conflict began; the number of psychiatrists has fallen to less than 60 after four years of conflict.

Research focus recommendations:

- Strengthening routine mental health programme monitoring and evaluation, rather than resource-intensive, primary epidemiological work on prevalence of mental disorder.
- Testing and evaluating intervention implementation.
- The potential role of self-efficacy in managing psychological stress.

Highlighting the mental health needs of Syrian refugees
Almoshmosh, N. (2015). *Intervention*, *13*(2), 178-181.
https://www.interventionjournal.com/sites/default/files/Highlighting_the_mental_health_needs_of_Syrian.8.pdf

This is a personal reflection from the author who was involved in supporting the mental health needs of Syrian refugees.

The scale of the problem is huge, affecting large numbers, some of whom were subjected to prolonged torture and witnessed daily bombardments. Many other factors add to the refugees' misery, including: their ordeal before reaching safety; uncertainty of the future, and feelings of entrapment and humiliation. There are also the general effects of forced displacement, the stigma surrounding mental health issues, and lack of means and trained professionals. Host communities have been overwhelmed and unprepared to deal with such huge demands. While several aid agencies have been involved, there is a lack of coordination resulting in either missing out whole communities and duplication of efforts in others. Additionally, these challenging environments affect conducting studies with, often, highly frustrated populations, and some results may be skewed as a result.

Data on burden

Post-traumatic stress disorder among Syrian refugees in Turkey: a cross-sectional study
Alpak, G., Unal, A., Bulbul, F., Sagaltici, E., Bez, Y., Altindag, A., ... & Savas, H. A. (2015). *International journal of psychiatry in clinical practice*, *19*(1), 45-50.
https://www.tandfonline.com/doi/abs/10.3109/13651501.2014.961930

This cross-sectional study was conducted in a tent city in Turkey with a random sample of 352 participants. The frequency of PTSD was 33.5%. PTSD rates were higher among females who had a history of psychiatric disorder and had been exposed to two or more traumatic events.

Global Health Estimates 2016 Summary Tables
WHO (2015)
http://www.who.int/healthinfo/global_burden_disease/GHE2015_DALYs-2015-country.xls?ua=1

Table 3: Estimated DALYs ('000) for Mental Health and Substance Misuse Disorders by sex and age

	All ages	0-4	5-14	15-29	30-49	50-59	60-69	70+
All	377	4	56.1	135.4	121.4	34	16.9	9.2
Male	191.2	2.6	29.3	71.1	59.2	16.6	8.2	4.2
Female	185.8	-	26.8	64.3	62.2	17.5	8.7	4.9

The educational and mental health needs of Syrian refugee children
Sirin, S. R., & Rogers-Sirin, L. (2015). Washington, DC: Migration Policy Institute.
https://www.researchgate.net/profile/Selcuk_Sirin/publication/287998909_The_Educational_and_Mental_Health_Needs_of_Syrian_Refugee_Children/links/567ccd6c08ae19758384e4bf.pdf

Syrian refugee children are at risk for a range of mental health issues resulting from their traumatic experiences. This report draws on the results of a study on Syrian refugee children, conducted in Islahiye camp in southeast Turkey, which assessed children's levels of trauma and mental health distress. These children had experienced very high levels of trauma: 79% had experienced a death in the family; 60% had seen someone get kicked, shot at, or physically hurt; and 30%had themselves been kicked, shot at, or physically hurt. Almost half (45%) displayed symptoms of PTSD—ten times the prevalence among children around the world—and 44% reported symptoms of depression. Approximately one-quarter reported daily psychosomatic pains in their limbs, with one in five suffering from daily headaches.

Mental health in Syria
Abou-Saleh, M., & Mobayed, M. (2013). *International Psychiatry*, *10*(3), 58-60.
https://www.cambridge.org/core/journals/international-psychiatry/article/mental-health-in-syria/C9352C31982EBB41A9ABB9838E36F62B

A survey of 300 Syrian refugees in four camps in southern Turkey in 2012 reported the prevalence rate of PTSD to be 61%, morbid anxiety 53% and morbid depression 54%.

4. MHPSS Activity

Syria's health: focus on Mental Health
Royal Society of Medicine & London School of Hygiene and Tropical Medicine (2015).
https://www.rcpsych.ac.uk/pdf/Syria%20MH%20policy%20brief_final.pdf

A briefing informed by stakeholders working in Syria describes innovative NGO-supported MHPSS services emerging in countries surrounding Syria and operating most effectively when integrated with existing primary health care provision.

Key points:

- 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.
- 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. Tele-mental health (metal health services form a distance) 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. The report recommends use of mobile phones for training and direct patient consultations with mental health specialists abroad. Monitoring and evaluation is needed, as well as increased funding.

Syrian mental health professionals as refugees in Jordan: establishing mental health services for fellow refugees
Abo-Hilal, M., & Hoogstad, M. (2013). *Intervention*, *11*(1), 89-93.
https://pdfs.semanticscholar.org/887d/7134857e1bea49793cc86418bc05f6981f2a.pdf

This report describes 'Syria Bright Future' (SBF), a volunteer organisation that provides MHPSS services to Syrian refugees in Jordan. Short-term support and counselling is provided by referring individuals and families to other international and Jordanian organisations, or to informal support networks of Syrian refugees for further assistance. SBF is well connected to the Syrian refugee community and can reach people and families easily.

Improving access to mental healthcare for displaced Syrians: case studies from Syria, Iraq and Turkey
Hughes, P., Hijazi, Z., & Saeed, K. (2016). *BJPsych international*, *13*(4), 84.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5619488/

This reports describes a WHO programme which builds capacity to deliver mental health services in an integrated healthcare package to refugees and displaced people. The Mental Health Gap Action Programme (mhGAP) Intervention Guide[4] and complementary materials were used for training. Field case examples are described. Programme success has been observed. Ongoing resources, including financial, supervisory and professional development are needed.

Mental health reform in Lebanon and the Syrian crisis
El Chammay, R., Karam, E., & Ammar, W. (2016). *The Lancet Psychiatry*, *3*(3), 202-203.
https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)00055-9/fulltext

In 2014, the Lebanese Ministry of Public Health, in collaboration with WHO, UNICEF, and the IMC, launched the first National Mental Health Programme to reform the mental health system

[4] http://apps.who.int/iris/bitstream/handle/10665/44406/9789241548069_eng.pdf;jsessionid=F4AAFBD8A08D0E1A2FC211D44FB9C149?sequence=1

and scale up services. The programme has been making steady progress, including coordination of the work of more than 62 organisations working in MHPSS in response to the Syrian crisis. Human resources are being trained. The system is said to be coping with the demands and escalating needs. The authors attribute success to:

- Using the interest created by the Syrian crisis and the policy to avoid creating a parallel system of care led to effective collaboration between the Ministry of Health, UN organisations, INGOs, and NGOs.
- Achieving a national consensus on a strategy involving all health-care sector workers and having high-level political support within the Ministry.

Inter-agency coordination of mental health and psychosocial support for refugees and people displaced in Syria

Eloul, L., Quosh, C., Ajlani, R., Avetisyan, N., Barakat, M., Barakat, L., … & Diekkamp, V. (2013). *Intervention*, *11*(3), 340-348.
http://www.ourmediaourselves.com/archives/113pdf/Eloud_Inter_agency_coordination_of_mental_health_and.10.pdf

This paper provides an analysis of the shifting resources and infrastructure available to the affected populations in Syria, complementing the systematic review of mental health outcomes elsewhere in this issue. Assessment results from Syria are presented, and capacities and gaps assessed. This article describes how previous, protracted humanitarian and development centred inter-agency efforts to evaluate and improve the mental health and psychosocial system in Syria can be applied as a foundation, and adjusted to address the current internally displaced persons and refugee crises in the country.

The coordinated response by agencies has focused on collaborative national and community capacity building and service provision, according to areas of responsibility and expertise.

Challenges noted include:

- Locating a technical sub-working/reference group within the cluster, or working group system that balances technical, strategic and political considerations.
- Assessment of internally displaced Syrians is enormously challenging due to the localised and highly fluid nature of the conflict, high levels of insecurity for aid workers and lack of access to community leaders.
- Burnout among mental health professionals and first line responders.
- Implementing mental health into Primary Healthcare training during an emergency where the health system has collapsed and other priorities are considered more urgent.
- Requirement to work with government institutions in order to be operational versus the implications of association with the government.
- The online coordination forum proved to be difficult to establish, primarily due to a culture that relies heavily on verbal communication, as well as a setting where electronic communication is regularly disrupted.

- An assessment framework, as well as contextualised assessment instruments, were developed and endorsed by the MHPSS working group, yet joint assessment proposals did not gain approval due to differing priorities.

Adaptation of a protracted, humanitarian inter-agency collaborative model of programming may serve as an example for future programming initiatives. However, the escalating need for accessible community-based MHPSS services, as well as more specialised mental health systems, requires an increasingly efficient use of minimal resources. This is currently primarily provided by humanitarian programmes, which were, as of August 2013, only approximately 40% funded. The current centralisation of services in certain urban areas restricts access. Efforts are needed to have a better geographical coverage of MHPSS services nationwide, which requires advocacy and effective involvement of the existing infrastructure. The further development of holistic MHPSS services and effective inter-agency cooperation systems is crucial, and requires a response that is coordinated and inclusive of all stakeholders, including: humanitarian agencies, national NGOs, community based support groups, and traditional and religious healers. Improved coordination will remain a primary need among national partners working in the protection, health, social services, education, and livelihood sectors, in order to maximise the efficacy of limited resources and the sustainability of required MHPSS programming.

STRENGTHS: Scaling up psychological interventions with Syrian Refugees
https://strengths-project.eu/en/strengths-home/

STRENGTHS is an EU funded research consortium with 15 partners started in 2017. The STRENGTHS project plans to train Syrian refugees to provide a mental health intervention called Problem Management+[5] (PM+) to fellow Syrian refugees. PM+ is developed by the WHO. It is a short programme that does not target a single disorder. Instead it targets symptoms of common mental disorders.

The STRENGTHS project aims to translate, adapt, test and implement the PM+ programmes Individual, Group, Early Adolescent Skills for Emotions (EASE), and an internet delivered version.

The five main objectives are:

- outline necessary steps to integrate PM+ into the health systems of the participating countries
- scaling-up the PM+ programmes
- disseminating knowledge and an evidence-base for PM+ programmes
- translating and adapting PM+ programmes and training materials
- determining the invested cost and effort of the specific PM+ interventions in different contexts

[5] http://www.who.int/mental_health/emergencies/problem_management_plus/en/

5. Review information

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About this report

This report is based on five days of desk-based research. The K4D research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. For any enquiries, contact helpdesk@k4d.info.

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