

Syrian mental health professionals as refugees in Jordan: establishing mental health services for fellow refugees

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While the conflict in Syria rages on, one psychiatrist and several psychologists, all of them Syrian refugees, have founded ‘Syria Bright Future’, a volunteer organisation that provides psychosocial and mental health services to Syrian refugees in Jordan. This field report describes how the organisation assists families in settling after their harsh journey, in adapting to new living conditions and circumstances, coping with difficulties they encounter and strengthening their resilience. ‘Syria Bright Future’ does this by providing short term support and counselling, and by referring individuals and families to other international and Jordanian organisations, or to informal support networks of Syrian refugees for further assistance.

Keywords: Jordan, mental health and psychosocial support (MHPSS) needs, refugees, Syria

Introduction: mental health work in Syria

In Syria, mental health care has been neglected to the extreme, even in comparison to neighbouring countries, such as Iraq, Jordan and Lebanon. The limited mental health care system that does exist is highly oriented towards medical treatment and use of psycho-pharmaceuticals. Graduates in clinical psychology have very limited experience working with actual clients. It is

also uncommon for clients to have access to social workers, case-managers, counsellors or psychologists. In fact, many clients with common mental health problems prefer to look to traditional healers for support.¹

Also, psychology is not regarded as a very respectable profession. Moreover, there is little opportunity to train as a clinical psychologist, psychiatric social worker, or psychiatric nurse. Psychology, as a field of study, is part of the Faculty of Education in Syria. As a result, the only options are to become a school counsellor and, therefore, part of the Ministry of Education, or to work with a nongovernmental organisation (NGO), as a social worker dealing with children with learning difficulties, developmental problems or physical disabilities. For more specialised services, or care in clinical psychology, job opportunities are virtually non-existent. There are very few ways to receive structured and well supervised education in clinical interventions. Additionally, there is no legal framework for psychologists to become registered as a psychotherapist or clinical psychologist. Procedures for accreditation, licensing or advanced studies in clinical psychology do not exist. Some motivated students have received informal training in clinical psychology through a handful of professors, who studied abroad and now train these

students in their private clinics. However, the mainstream psychotherapeutic method remains client-centred therapy.

During the regime of Bashar al Assad and the Ba'ath party, all formal mental health and psychosocial support (MHPSS) activities fell under the under scrutiny of the state. It was impossible to form, or establish, an independent mental health organisation or network.

In spite of these restrictions, in 2008, an informal Syrian psychology network was formed. It consisted of several psychologists, psychology students, two psychiatrists and others who were also convinced of the necessity of mental health care. The members of this network came from all major cities and regions in Syria. Most knew each other from studying or working together. One of the main goals of the network was to spread the idea that improving mental health is not solely a job for psychiatrists, but that it requires a multidisciplinary approach, as well as attention to cultural and spiritual aspects of the Syrian context. The network organised meetings and events, such as lectures, discussions, movie events, and workshops that focused on specific topics or therapeutic interventions.

In Syria there are many obstacles for people to access psychological support, not only through the lack of service providers, but also due to the stigma attached to having psychological problems. Traditional beliefs may also keep people from seeking psychological support. For example, people suffering from schizophrenia or other severe mental health disorders are often believed to possessed by a spirit (*djinn*). Some disorders, e.g. severe anxiety disorders or conversion disorders, are perceived as being caused by the 'evil eye' (thought to hurt someone or bring bad luck). With these common belief systems, people often refer to traditional healers known as *sheikhs*.

The Syrian Psychology network has been trying to improve the relation between mental health care professionals and some traditional healers whose practices were acceptable, and did not contradict well established and agreed international guidelines of psychiatry and psychology. The network aimed to reinforce these acceptable traditional practices, in order to tackle the widely used, yet unacceptable, practices. After the violent conflict in Syria started in 2011, most, if not all, mental health activities in the country came to a halt. It has also seriously affected the personal lives of the members of this informal Syrian psychology network. Some members tried to avoid the conflict, where others joined the uprising against the regime. As the fighting intensified, people became scattered, to save themselves and their loved ones. Many of the male members were arrested and suffered from torture and ill-treatment during the unrest (Anonymous, 2012).

Refugees building a mental health and psychosocial support team for fellow refugees

At the end of 2011, several members of the Syrian Psychology network were able to flee to Jordan, where they founded an MHPSS team for other Syrian refugees. This was anything but easy. At that time, the beginning of 2012, there were no specific international funds allocated to provide mental health services to Syrian refugees.² Being refugees, it was complicated for the Syrians mental health professionals to obtain working permits, to get formal approval to practice as a licensed medical or mental health professional, and to obtain official approval to register as an organisation. Regardless, they started – without an office, car or funding. Right now, as the group of Syrian refugees in Jordan and the number the people

who need support and/or assistance is growing, as more and more members of the Syrian psychology network are fleeing to Jordan, and more and more other Syrian refugees learn about this group and choose to volunteer.³

The founders choose the name Syria Bright Future (SBF). SBF is an independent, non-political Syrian organisation, that strives to provide psychosocial care in an integrated way, through a multidisciplinary approach. This approach is one where the psychiatrist, psychologists and social workers cooperate and offer both basic psychosocial services and specialised clinical care for people with mental disorders. The team currently consists of a psychiatrist⁴, five psychologists⁵ and 10 community volunteers, while more people would like to join⁶. At present, SBF tries to act as the entry point for mental health actors in Jordan and aims to visit, screen, detect, assess, refer and follow up on people from the Syrian refugee community. The organisation is a currently operating in and around Amman and Irbid.

Working with volunteers

The community volunteers have no formal education in MHPSS work. They are recruited based on personality, motivation and commitment. All have, at least, a high school diploma. The current team of community volunteers consists of physician, a specialised surgeon, engineers, a kindergarten teacher and various students. Before becoming a community volunteer, these candidates receive training from the psychiatrist and psychologists about signs and symptoms of mental disorders, communication skills and providing psychological first aid. During their first days at work, the potential community volunteers go through a sort of selection and training process. They pair up with more

experienced staff and learn by observation while they visit families. They attend team meetings and case discussions. As soon as they have acquired enough basic skills and gained enough self-confidence, they formally become community volunteers.

In their daily work, a small group of two or three community volunteers and/or a psychologist visit families they know or have been referred by other people or colleagues. During each first visit to a family, they meet with the client and the family members, for around two hours. During these visits, they talk with all members of the family and may, for example, offer recreational and play activities for the children to help build trust and support. Such a first meeting is typically used to assess (basic) needs and problems of the family. This can vary and includes: (urgent) medical needs, educational or housing difficulties, psychosocial issues, or mental health problems. The MHPS team members are well aware of existing resources and organisations, and try to refer clients to appropriate organisation whenever possible and needed. Sometimes, community volunteers may encounter a person who needs psychological help. They then ask a psychologist, or the psychiatrist, to assess the situation and, if required, to provide several basic counselling sessions. The psychologists can offer counselling at the person's home or from the SBF office. If more specialised care is needed, they arrange a referral. Many psychological problems the team tries to deal with are strongly linked to the conflict in Syria, and the newly acquired life of a refugee, such as adjustment problems, insecurity about the future, loss of hope, feelings of sadness, anger, fear, or frustration, frequently resulting in family problems. In addition, the team meets people suffering from depression, schizophrenia and posttraumatic stress disorder (PTSD). In the few

months they have been working, the psychologists have assisted about 100 patients with mental disorders, screened about 200 wounded people for psychological needs, and referred about 45 of those for specialised psychological and/or psychiatric care. The social team visited over 200 families, with a total number of more than 1000 people (including both children and adults).

Strengths of SBF and challenges

SBF is well connected to the Syrian refugee community and can reach people and families easily. After decades of oppression, widespread corruption and involvement of secret police in every aspect of life in Syria, many families do not easily trust formal organisation or structures, as they fear members of the regime may have infiltrated them. Recently arrived refugees often are unaware of the potential sources of support in Jordan, or from international service providers.⁷ The threshold for requesting assistance for psychological problems is very high. SBF workers are often from the same areas or cities as the families they assist, and therefore experience fewer obstacles to building trust. Families tell SBF workers they feel understood and safe working with SBF. The workers provide guidance and information about existing resources, both formal and informal. They also organise recreational activities and psycho-education. This community work lowers the threshold to access to counselling and more specialised assistance. In the future, SBF hopes to become a main actor in Syria in MHPSS, using a community based approach instead of the narrow medical psychiatric approach that now prevails in Syria. Meanwhile, SBF would like to build their organisation, so they can serve people in various places throughout Jordan, such as Ramtha, Amman and Irbid, where the majority of

Syrian refugees are hosted. A next step would be to offer training to Syrian, and other organisations, on the specific MHPSS issues and needs occurring in the Syrian refugee population.

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Reference

Anonymous (2012). A request to support the mental health needs of Syrian refugees. *Intervention*, 10(3), 234–236.

¹ The mental health system in Syria consisted of several clinics, as part of the government system and services. There are two mental health hospitals in Damascus and Aleppo, each with around 100 beds for in-patients, with very poor quality of service. Two university hospitals had a psychiatry department, with around 10 beds for inpatients, and an outpatient service a few days per week. Community mental health centres do not exist in Syria. It is estimated that Syria has around 100 psychiatrists for a population of over twenty million, which is around 0.5 psychiatrist per 100,000 persons. A national approach to integrate mental health into primary health care centres was developed, but not implemented in practice. This contributed to the situation where the medical staff, at primary health care level, lacked

the required skills and training to effectively manage and treat mental health disorders. As a result, people with common or severe mental health disorders were denied effective treatments and services within their community. As well as the aforementioned services, there were private clinics, and governmental organisations.

² Funds had been earmarked for Iraqi refugees from past conflicts, therefore programmes only recently started to include Syrian beneficiaries.

³ With the continuous influx of new refugees in to Jordan, SBF has a constant supply of mental health professionals and other interested groups. Several Jordanian psychologists are assisting the team as volunteers. Some are still studying, nearly graduated or have graduated with some clinical experience. They work and assist several hours a day. Additionally, within SBF, professionals from all major cities and regions in Syria are represented.

⁴ As a refugee, the psychiatrist is not allowed, by Jordanian law, to practice medicine and/or psychiatry. Therefore, having a master degree in business administration, he currently manages and provides technical guidance, consultation, assists in referrals, and assesses the level of skills of team members.

⁵ One with a Masters degree in clinical psychology, four with a Bachelors degree; all have a few years working experience.

⁶ SBF receives technical and financial support from Médecins du Monde (MDM). MDM assists in building their organisation, work and capacity, and acts as a liaison to other agencies. Technical support by a clinical psychologist includes weekly case discussions with psychologists.

⁷ Currently, SBF is establishing relationships with other actors working in Jordan and with Syrian refugees. Their main partner is Médecins du Monde. Other organisations that SBF is currently starting to work with, concerning MHPSS services, are: Center for Victims of Torture, International Medical Corps, International Rescue Committee, and the health centre funded by the Saudi Arabian government in the Zatari refugee camp.

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