'Against all odds': UNHCR's mental health and psychosocial support programme for Iraqi refugees and internally displaced Syrians, Intervention 2013, Volume 11, Number 2, Page 190 - 194

'Against all odds': UNHCR's mental health and psychosocial support programme for Iraqi refugees and internally displaced Syrians

Sarah Harrison, Riwa Dahman, Maha Ismail, Edith Saada, Maysaa Hassan, Rasha Hassan, Adam Musa Khalifa & Marian Schilperoord

Intensified fighting and insecurity in Damascus has limited the ability of the Iraqi refugees, displaced Syrians, partners and staff to physically access many of the fixed facilities offering mental health and psychosocial services. Those that do, have to travel substantial distances through checkpoints and 'hot areas'. However, before the conflict in 2011, UNHCR Syria was already in the area, operating a comprehensive mental health and psychosocial support programme for Iraqi refugees, building on the resources and capacities of the refugee population. In 2012, this programme was opened to support Syrians affected by conflict through a mixture of (mobile) individualised case management, family and community level supports provided by outreach volunteers, and targeted assistance to displaced persons living in collective shelters. So, while not making the headlines, the quiet, day-to-day activities of humanitarian workers providing mental health and psychosocial support services to an increasingly distressed population continue, against all odds.

Keywords: armed conflict, internally displaced persons, outreach volunteers, refugees, Syria

Introduction

With the conflict in Syria entering its third year, it is hard to find uplifting stories or articles written about the country. There is a daily media diet of bombings, mortar attacks, casualty figures on the rise, territory gained, territory lost, and the toll on civilians. Sadly, there appears to be little enthusiasm to highlight the important, day-to-day activities of humanitarian workers continuing to provide mental health and psychosocial support in the midst of this crisis.

Displaced Syrians, who seek shelter within host communities or in collective shelters across the country, report feelings of fear, anxiety, helplessness, hopelessness, isolation and profound distress at the events unfolding around them to outreach volunteers.

According to the Syrian Ministry of Local Administration, as of 16 April 2013, less than 5% of this displaced population live in collective shelters, with the remainder residing within host communities. These communities have shown enormous generosity by opening their homes to fellow Syrians, but now are feeling fatigued, over-burdened and financially exhausted, leading to an overall decrease in their coping capacity and resilience levels. Within this environment of profound distress of those displaced, and loss of resiliency and coping within host communities, humanitarian agencies and organisations are still managing to provide assistance and support. Therefore, they are attempting to alleviate the distress and suffering of men, women and children in the midst of this unravelling conflict, *against all odds.*

The mental health and psychosocial support programme of UNHCR.

In response to the influx of Iraqi refugees to Syria in 2006, the United Nations Refugee Agency (UNHCR) realised an overwhelming need to provide mental health and psychosocial support (MHPSS) services to a highly vulnerable refugee population. In 2008, 8.4% of the Iraqi refugee population reported severe mental health and psychosocial difficulties (UNHCR Syria, 2011). This prompted UNHCR to adopt a radically different approach towards MHPSS programming for refugees in an urban context. Traditionally, UNHCR would address the psychosocial and mental health problems of refugees in an *ad hoc* manner, referring the few individuals in need of more specialised support to local practitioners. The MHPSS programme in Syria followed a more innovative and comprehensive approach whereby, for the first time in the history of UNHCR, UNHCR staff directly implemented and organised a mental health and psychosocial support programme for refugees. This pilot programme was built on the capacities and resources of the refugee community, and managed to reach vulnerable refugees with complex needs, within an urban environment.

The programme sought to improve the psychosocial wellbeing and mental health of the most vulnerable refugees, as well as Syrians who have also been impacted, through comprehensive case management, holistic community based psychosocial support and capacity building. From 2008 to 2012, the programme comprised three complementary pillars: (1) individual case management for the most vulnerable, directly implemented by UNHCR case workers; (2) a community based outreach volunteer programme and an outreach counselling centre run by refugees; and (3) a capacity building project targeting national level service providers, such as the Ministry of Health and Education. This programme has been documented previously (Quosh, 2011), and more publications on this programme are in preparation.

Expanding needs: from Iraqi refugees to internally displaced Syrians

During 2012, the programme was gradually outsourced to UNHCR's main local partner the Syrian Arab Red Crescent (SARC), and at the same time expanded to include all Syrians (including children) affected by the conflict. National nongovernmental organisations (NGOs), local communities, operational UN agencies (e.g., UNHCR) and government ministries have primarily provided the humanitarian response to this conflict. This is due to the fact that international NGOs and other humanitarian agencies have limited, or no, access to Syria. UNHCR's MHPSS programme was in a unique position because it was already established within the country and had developed strong working relations with local actors, and key line ministries (Education, Health and Social Affairs).

Moreover, the programme approach focused on optimising local resources, strengthening existing capacities and mobilising volunteers from the affected population to aid with outreach activities. This approach is important, because Syria has a very limited number of trained MHPSS professionals, (psychiatrists, psychologists, social workers and psychiatric nurses) with only 70 psychiatrists for a population of around 20 million (WHO, 2009). The number of MHPSS professionals remaining inside Syria has steadily fallen, as many have been targeted, forcing them to flee the country (Abo-Hilal & Hoogstad, 2013).

Additionally, the psychiatric hospitals in the country have suffered severely[1]. Capacity building activities that originally focused on providing MHPSS support to refugees in a stable urban environment have had to adapt their focus more towards providing MHPSS in *emergency settings*. Capacity building activities are also now aimed at local communities, NGOs and Syrian psychosocial outreach volunteers, in addition to national level partners previously included under the refugee programme.

Opening the programme for Syrian internally displaced persons

Due to security issues, the outreach counselling centre in Damascus had to close for two months during the summer of 2012. It reopened in another Damascus neighbourhood during the autumn of 2012, but once again had to close due to security issues arising in the area. This prevented both outreach volunteers and beneficiaries (Iraqi refugees and Syrians) from accessing the centre. Psychosocial support is now increasingly integrated into SARC run centres, where regular activities for refugees and Syrians take place, such as: yoga, peer support groups for women and men, awareness raising sessions, story sewing (where women and girls use embroidery as a means in which to convey their life story) and sewing. Activities are monitored by a Psychosocial Technical Coordinator, but facilitated by outreach volunteers and other contracted staff. Case management of the most vulnerable refugees and Syrians continues to be provided by SARC, in addition to psychiatric specialised services in three SARC polyclinics located in Damascus.

Working within a volatile context

Intensified fighting and insecurity in Damascus has limited the ability of the Iraqi refugees, displaced Syrians, partners and staff to physically access many of the fixed facilities (such as SARC-primary health clinics) offering mental health and psychosocial services. Refugees and Syrians are understandably very scared and reluctant to leave their houses or collective shelters to travel substantial distances across the city, through checkpoints and *'hot areas'*, to access services. In an attempt to make services more accessible, UNHCR plans to provide financial and technical support to SARC's mobile psychosocial and mental health teams, to identify and refer cases requiring more intensive case management, and to provide structured social and recreational activities for men, women, boys and girls living within collective shelters and host communities.

Working through partners

Psychosocial support (PSS) is also integrated within the work of partner run community centres (sometimes called outreach counselling centres), which are planned to open in: Aleppo, Tartous, As-Sweida, Homs, Damascus and rural Damascus, as well as partner run shelters for survivors of gender based violence, monitored by UNHCR's protection and community services teams. PSS is also increasingly integrated into the education, community mobilisation and livelihood activities conducted by the community services unit for refugees and displaced Syrians. Since 2013, all community centres and shelters are open to both refugees and Syrians affected by the conflict. The centres are designed to provide an oasis of calm and a trusting, safe space where men, women, and children can begin to share their thoughts, emotions, hopes, fears and dreams. With many Syrians and refugees forced to live in overcrowded and squalid collective shelters (many of which are public buildings such as schools or former municipal

buildings) the community centres represent one of the few spaces that people of all backgrounds can feel safe enough to begin to reflect and process the events around them, and to plan for their future.

The importance of outreach volunteers

Each community centre is also supported by outreach volunteers who provide structured and semi structured social, recreational, educational and livelihood activities at the centres, conduct community mobilisation and awareness raising activities (e.g., on the importance of breastfeeding, or helping parents to manage a distressed child). Outreach volunteers also conduct home visits for extremely vulnerable and isolated people, such as the elderly, unaccompanied children and persons with disabilities. More specialised outreach volunteers (called *'psychosocial outreach volunteers'*) identify and refer possible cases requiring more specialised MHPSS care to the case managers within SACR primary health care clinics. They also conduct home visits as part of the follow-up for people with psychosocial problems. The psychosocial outreach volunteers are currently drawn from the Iraqi refugee population, with plans to involve Syrians recruited from the affected population in 2013.

The box below highlights one of the spontaneous initiatives conducted by Iraqi refugee outreach volunteers, who themselves suffer from displacement, to support Syrians affected by the conflict.

Box 1: Local initiatives

In July 2012, many refugee outreach volunteers, with strong links to local charitable organisations, decided to informally volunteer to provide services and assistance in the collective/communal shelters springing up across Damascus where UNHCR did not have access. Refugee outreach volunteers collected relief items from host communities for onward distribution to displaced Syrians, in addition to providing social and recreational activities to girls and boys living in collective shelters. Some refugee outreach volunteers have continued to provide remedial classes and recreational activities, through charitable associations, which remain ongoing.

One refugee outreach volunteer, an Iraqi refugee, commented on her work; *'it is such an empowering and good feeling to support children in the shelters, to help them to try and live a dignified and happy life despite their surroundings.'*

These psychosocial outreach volunteers represent the foundation of the mental health and psychosocial support programme. This is, in part, due to the fact that Syrian and refugee outreach volunteers are able to access areas that UNHCR staff are currently not permitted to visit, including collective shelters and communities hosting displaced Syrians. The outreach volunteers and the mobile MHPSS case managers are therefore able to provide a crucial outreach function by helping to decentralise psychosocial support and to bring mental health services closer to vulnerable populations. In practice, this means that everyday, outreach volunteers are quietly negotiating checkpoints, and working in very *'hot neighbourhoods'* to alleviate the most distressing effects of the conflict for these groups. The work of the outreach volunteers is priceless and it enshrines ongoing information sharing, and ensures soothing contacts with distressed civilians so they do not feel forgotten.

Conclusion

It is not easy providing mental health and psychosocial support services to a mixed target population (refugees and displaced Syrians), in a country that is at war with itself. Needs seem to grow every day and the ability to support Syrians and refugees to live a life of dignity, despite their surroundings, remains a challenge that the outreach volunteers, our partners and MHPSS programme staff seek to address daily.

UNHCR's MHPSS strategy in Syria focuses on a systems approach that seeks to link community and home based care, provided by outreach volunteers, to more specialised mental health care accessible at the primary health care level. It is notable that this approach has so far centred on Damascus and its suburbs, where arguably services and health infrastructure is already most concentrated and developed. The challenge, now, is to decentralise and expand this programme to the other parts of the country, where the need remains acute.

References

Abo-Hilal, M. & Hoogstad, M. (2013). Syrian mental health professionals as refugees in Jordan: establishing mental health services for fellow refugees. *Intervention, 11*, 89-93.

Quosh, C. (2011). Takamol: multi-professional capacity building in order to strengthen the psychosocial and mental health sector in response to the refugee crisis in Syria. *Intervention, 9*, 249-264.

UNHCR Syria (2011). The Psychosocial and Mental Health Programme in Syria. External Relations Unit publication for the 60th Anniversary of the 1951 Refugee Convention.

World Health Organisation. (2009). Global Health Observatory: Country Statistics: Syrian Arab Republic. Retrieved from: http://apps.who.int/gho/data/view.country.19200D?lang=en.

[1] Ibn Khaldoun psychiatric hospital in Aleppo has been badly damaged by the conflict, leading to the evacuation of patients to a safer location. Unfortunately, Ibn Sina psychiatric hospital in rural Damascus may suffer the same fate.

Sarah Harrison is the International Associate Mental Health and Psychosocial Support Officer for UNHCR Syria, currently working from Amman.
email: harriso@unhcr.org
Riwa Dahman, is a National Health Officer for UNHCR Syria, based in Damascus.
Maha Ismail, is a National Senior Psychosocial Case Worker for UNHCR Syria, based in Damascus.
Edith Saada, is a National Senior Psychosocial Case Worker for UNHCR Syria, based in Damascus.
Maysaa Hassan, is a National Senior Community Services Assistant for UNHCR Syria, based in Damascus.
Rasha Hassan, is a National Senior Psychosocial Case Worker for UNHCR Syria, based in Damascus.
Adam Musa Khalifa is the Regional Senior Public Health Officer for UNHCR covering Syria, Jordan and Lebanon. He is based in Damascus and frequently travels to Lebanon and Jordan.
Marian Schilperoord is Chief of the HIV and Public Health Section for UNHCR, based at UNHCR's Headquarters in Geneva.