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Ahmad Hassan

Yale University, ahmad.hassan@yale.edu

Wassim Hassan

University of Pennsylvania, wfhassan97@gmail.com

Ismail El Hailouch

ismail.elhailouch@yale.edu

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Prevalence of Psychopathology among Syrian Refugees and Future Outlook

Ahmad Hassan, B.S¹; Wassim Hassan, B.S²; Ismail El Hailouch, B.S³

¹Affiliation: Yale University. New Haven, CT.
Address: 248 York St., New Haven, CT, 06511.
Email: ahmad.hassan@yale.edu

²Affiliation: University of Pennsylvania. Philadelphia, PA
Address: 725 Sandpebble Drive, Schaumburg IL, 60193.
Email: wfhassan97@gmail.com

³ Affiliation: Yale University. New Haven, CT.
Address: 446 Elm St., New Haven, CT, 06511.
Email: ismail.elhailouch@yale.edu

Corresponding Author:

Ahmad Hassan

Email: ahmad.hassan@yale.edu

Phone: 847-477-7953

Fax: N/A

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Abstract: Nearly one millions Syrian refugees registered by the United Nations High Commissioner for Refugees (UNHCR) currently reside in Lebanon, making it the country hosting the highest number of Syrian refugees in the Middle Eastern region (*ILO Employment Profile*, 2014). While there are geographical differences in the levels of security, access to medical aid and relief, and socio-economic conditions that the refugees experience depending on where they settle, the vast majority of Syrian refugees are living in tragic conditions. The population of Lebanon has increased by around 25% since the advent of the Syrian civil war in March of 2011, putting pressure on the health-care system and economy of a country already suffering from weak services and infrastructure (van Vilet & Hourani, 2014). Approximately half of all Syrian refugees are under the age of eighteen, and exposure to war and violence places them at high risk for suffering from mental health problems (Sirin, 2015). These mental health problems yield a high cost for society, and the majority of organizations and governments provide little to no mental health treatment to Syrian refugees, focusing solely on supplying medical aid and food supplies. The prevalence of psychopathology among Syrian refugees must be better understood in order to provide optimal mental health treatment to those living in refugee camps.

Text: The Syrian civil war began in March 2011 when antigovernment protesters in Daraa (a town in southwest Syria) were met with a violent military crackdown, the result of which led to the spread of antigovernment protests across the nation, intensifying with the government's use of coercion and force against demonstrators (Hassan, et al., 2016). As the violence intensified, increasing numbers of refugees fled to surrounding nations. One year later, the UNHCR had registered nearly 30,000 Syrian refugees, with a much larger unregistered population living

outside of refugee camps. Currently, the UNHCR has identified around 13.5 million Syrians requiring humanitarian assistance, of which 5 million are refugees outside of the country and 6 million are internally displaced. About half of Syrian refugees are under the age of 18, and around 40 percent are under the age of 12 (Alpak, et al., 2014). Children are at a much greater risk of experiencing lifelong complications due to traumatic experience than are adults.

Due to their traumatic experiences, Syrian refugee children are at risk for a range of mental health issues, including severe emotional disorders and posttraumatic stress disorder (PTSD) (Kazour, et al., 2017). The UNHCR note that “the most prevalent and most significant clinical problems among Syrians are emotional disorders, such as: depression, prolonged grief disorder, posttraumatic stress disorder and various forms of anxiety disorders” (UNCHR, 2015). According to a study conducted in Islahiye camp in southeast Turkey, Syrian refugee children have experienced extremely high levels of trauma: almost 80 percent had experienced a death in the family; 60 percent had witnessed another individual being physically assaulted; and 30 percent had been physically assaulted themselves. Nearly half of all Syrian refugee children interviewed in this study displayed symptoms of PTSD – more than ten times the prevalence among children worldwide – along with 44 percent of children reporting symptoms of depression (Icduygu, 2015). Another study published by the German Federal Chamber of Psychotherapists estimated that as many as half of all Syrian refugees residing in Germany experience some form of mental health issue. Along with depression, the most common mental health disorder among Syrian refugees is PTSD, with only one in four PTSD sufferers receiving treatment (Munz and Melcop, 2018). The president of the German Federal Chamber of Psychotherapists, Dietrich Munz, estimated that although 3,000 to 4,000 psychotherapy sessions are offered annually in

German refugee camps, the demand may be 20 times higher. Turkish government authorities indicated that 55 percent of refugees are in dire need of psychological services, with almost half of Syrian refugees indicating that they themselves or family members require mental health support (Icduygu, 2015). Yet, it is estimated that merely 5 percent of the necessary psychotherapy is provided for refugees in Turkey, Lebanon, and Syria. The International Medical Corps (IMC) undertook a study involving IMC supported Syrian refugee centers in Jordan, Lebanon, Syria, and Turkey. The findings of this study highlighted the severity and prevalence of psychopathology among Syrian refugees, with 54 percent of refugees experiencing severe emotional disorders and 26.6 percent of children having intellectual and developmental challenges (Almoshmash, 2015). These studies unequivocally demonstrate the substantial proportion of Syrian refugees suffering from mental illness, as well as the severely inadequate treatment they are receiving, if any.

On March 23, 2016 Amnesty International issued a report on the tragic situation of Syrian refugees residing in Jordan in regards to health care, stating that merely 117,000 Syrian refugees live in camps where education, health care, food, and water are readily accessible (Walcott 2017). However, the majority of Syrian refugees in Jordan live outside of these refugee camps and require certain government documents in order to access public services. Those who have unofficially left a refugee camp are not eligible to receive these government documents, leaving them without access to public services and reliant on private donors or humanitarian aid. The Jordanian government imposed new fees for refugees in November 2014 which provide them with access to subsidized medicines, but pose a heavy burden on the refugees, of which 90 percent are already living below the poverty line (Almoshmash, 2015). Syrian refugees in Turkey, however, are granted access to free basic health care once they are registered with the

government, but language emerges as a significant barrier, especially in regards to mental health services. The IMC identified a number of challenges and recommendations to improve the quality of mental health services for Syrian refugees in Turkey, such as: bridging the Turkish-Arabic language barrier, making mental health care a part of general health care, training and licensing more mental health professionals, addressing developmental disorders in children, and advocating for improved national mental health service provision and policies (Alpak, et al., 2014).

The overall accessibility, availability, and quality of mental health services provided to Syrian refugees are in dire need of improvement. Non-Arabic speaking nations must train and recruit translators to national health facilities and public hospitals, as well as other service delivery points. Although the World Health Organization (WHO), International Medical Corps (IMC), and other organizations are training health care providers in mental health services in several countries, such works must be expanded to cities in Syria as well as surrounding countries with high populations of Syrian refugees. A portion of national health budgets must be dedicated to mental health services, and included in general health care. There is an unusual lack of mental health professionals such as psychologists and social workers in Jordan, Lebanon, and Syria due to the absence of academic psychology programs and inadequate institutional oversight. Throughout the region, there is a need to train mental health professionals in the delivery of effective and proven psychological interventions for crisis-affected populations. In addition, governments must be supported in the long-term planning and development of mental health policies which are essential to the overall health and productivity of the population. Although much work is currently being done by countless organizations and government institutions, the current situation is far from ideal and requires a large deal of worldwide social

and financial support to accelerate progress in delivering adequate mental health care to Syrian Refugees.

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