MENTAL HEALTH AND CONFLICT IN THE MIDDLE EAST

Rebuilding mental health services in Iraq

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Since 2003 Iraq has experienced significant challenges in reforming and rebuilding its health services. A national mental health survey reported a high level of mental health problems consistent with a country that has experienced widespread violence and trauma. The survey also highlighted limited access to services. This paper outlines developments in and plans for mental health services in Iraq.

Iraq had strong health and higher education sectors in the second half of the last century; however, due to three decades of wars, international sanctions and civil strife these sectors experienced severe decline (Abed, 2003). Iraq went through phases of suffering and trauma. During Saddam's regime (1979–2003) Iraq witnessed 8 years of war with Iran, the invasion of Kuwait, the Gulf War in 1991, 13 years of economic sanctions, and invasion and regime change in 2003. For decades, human rights organisations have documented government-approved executions, acts of torture and rape. Mass graves containing thousands of bodies have been found in different parts of Iraq. Following 2003, Iraq went through another difficult phase which had a devastating impact on the social fabric of Iraqi society and which had all kinds of conflict-related consequences. The sectarian violence peaked in 2006 and 2007, with political instability, a rise in ethnic and sectarian identities at the expense of national identity, threats to the cohesion of Iraqi society, and division of the population along ethnic and sectarian lines. It is not surprising that the Iraq Mental Health Survey found that half of the participants reported experiencing at least one traumatic incident (Al-Hasnawi *et al*, 2009). As a consequence of the violence and instability, a large part of the population suffered from internal displacement and migration, which led to the flight out of the country of many skilled people, including doctors. However, the restructuring of mental

health services (Sadik & Al-Jadiry, 2006), followed by an improvement in the security situation and the appointment of ministers of health sympathetic to the cause of rebuilding mental health services, have set services on a tentative road to recovery.

Iraq Mental Health Survey

This survey was conducted by the Iraqi Ministry of Health (MoH) in collaboration with the World Health Organization (WHO). Data were collected by Iraqi mental health workers. The survey reported a lifetime prevalence rate of any disorder (excluding psychotic disorders) of 18.8% (Al-Hasnawi *et al*, 2009). This is comparable to levels of psychiatric disorder in Lebanon, which has also recently suffered from wars and violence. A notable although not unexpected finding was the very low level of access to mental health services by people with mental health problems. Only 10.8% of patients with a diagnosable mental disorder received treatment (Al-Hasnawi *et al*, 2009). This shows that families and carers are carrying the burden of mental health problems with little professional support. It also highlights the limited role that existing mental health services can provide, faced with such a magnitude of need.

Development of mental health services

Following the drop in the number of practising psychiatrists in the country during the period of civil violence, the Iraqi Ministry of Health and the Ministry of Higher Education made a concerted effort to increase the numbers of trainees and thus increase the numbers of qualified psychiatric specialists within mental health services. As a result, the number of psychiatrists doubled, according to official figures (Ministry of Health, 2010). There has also been an increase in the number of psychiatric units and facilities (Table 1). Although this remains quite low by comparison to high- or even middle-income countries, it represents an improvement compared with the low point reached in 2006.

Integration of mental health into primary care

It was recognised that secondary mental health services would not be able to deal with the magnitude of mental health needs and hence measures were taken to improve the capacity of primary care to respond. As a result, around 350 primary care workers (mostly doctors) were offered a short training course on mental health using a recognised training toolkit (Ministry of Health, 2010). This initiative was led by the MoH with support

Table 1

Workforce and mental health facilities in Iraq, 2006 and 2010

	Sadik & Al-Jadiry (2006)	Ministry of Health (2010)
Psychiatric hospitals	2	3
Psychiatric units	12	23
Psychiatrists and other medical doctors working in psychiatric settings	98	206
Nurses	145	335
Psychologists	16	47
Social workers	25	33

from the International Medical Corps in 2009/10. The programme has been shown to be effective in improving knowledge and skills of health workers and in improving the detection of mental disorder in primary care (Sadik *et al*, 2011).

International collaboration

The MoH benefited from collaboration with a number of governmental and non-governmental organisations (NGOs) to develop mental health services. A number of action planning conferences on mental health in Iraq were conducted with support from the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as from the WHO, the UK Department of Health, the World Bank, the Royal College of Psychiatrists and others. The first conference was held in 2005 in Amman (Jordan), the second in 2006 in Cairo (Egypt) and the third in Baghdad in 2008, at which a 5-year strategy for mental health in Iraq was adopted.

SAMHSA

The partnership with SAMHSA helped establish an international action planning group that supported mental health service development in Iraq (Mitchell & Sadik, 2011). It introduced a unique model of inviting multidisciplinary teams from Iraq to propose service developments. The successful teams would receive training in the USA and would be supported on their return by the MoH to implement those initiatives. Those initiatives covered a wide range of mental health services and all parts of Iraq.

The Iraq Subcommittee of the Royal College

In 2005, the Royal College of Psychiatrists sanctioned the formation of the Iraq Subcommittee (ISC). The ISC was composed predominantly but not exclusively of British psychiatrists of Iraqi origin who organised themselves in the Iraqi Mental Health Forum in 2003. Following a fact-finding visit to Iraqi Kurdistan in 2007, a number of areas were identified that the College could help with (Abed *et al*, 2008). The ISC has participated in a number of training and service improvement projects:

- More than a dozen training events have been held in the region since 2007. These have included the Middle East Division Conference of the Royal College of Psychiatrists, held in Baghdad for the first time in 2009.
- The ISC has collaborated closely with a number of NGOs that are interested in assisting Iraqi mental health. A particularly strong partnership was formed with the Heartland Alliance (HA) to protect the rights of people with mental illness. This partnership, in collaboration with the MoH, helped in organising and leading five 'service improvement' events as part of a 'standards and quality' project which targeted in-patient psychiatric care in Iraq. One notable outcome of this work has been the reform of

practice regarding the use of electroconvulsive therapy across Iraq.

- An email group was established in 2008, the Iraqi Mental Health Network (IMHN). This includes most psychiatrists within Iraq as well as some outside Iraq and has become the main information conduit used by Iraqi psychiatrists.
- The ISC has contributed to the development of a new curriculum for the Iraqi Board of Psychiatry through training events in Iraq as well as in the UK and at the College. This has brought radical change, including the introduction of mandatory training in cognitive-behavioural therapy (CBT), which has led to the development of a CBT department under the supervision of a visiting psychiatrist from the UK.

Work with NGOs

Before 2003, Iraq was a closed country with limited access to the outside world. However, after 2003 it became more accessible and a large number of international organisations established bases and programmes in Iraq. These organisations provided assistance in the form of training for medical and other staff as well as some material aid to help improve Iraq's crumbling infrastructure. In particular there was a focus on trauma victims and, as a result, trauma centres were established across the country, from Kurdistan to Basra. One of the major challenges was the lack of qualified and skilled staff in psychological therapies in Iraq. In view of the language and the security challenges, it was difficult for foreign personnel to deliver training within the country, hence much of the training of Iraqi staff took place in neighbouring countries or further afield.

Child mental health was an important area of development as there were few services. A child mental health training centre in Duhok (Iraqi Kurdistan) was set up in collaboration with Uppsala University in Sweden (Ahmed, 2009). A number of psychiatrists in mental health services received re-training in child mental health and they went on to establish two units in Baghdad for child mental health, in addition to the main children's mental health centre at the Department of Child Mental Health, College of Medicine, University of Dohuk.

Iraq has also seen an escalation of the problem of substance misuse since 2003. This has prompted the Iraqi authorities to focus attention on this area and there are plans to establish a centre for the treatment of addictions. In addition, work is under way to produce new mental health and substance misuse legislation.

Conclusion

The evidence and experience from Iraq highlight the high level of mental health needs associated with a country going through long periods of trauma and violence. Poor access to services is to be expected where the need is great and the provision is limited. The experience also provides a useful model of improving services and standards

in collaboration with national and international organisations, including expatriate professionals. There is evidence that the quality of mental health-care provided in Iraq is improving; however, the need remains vastly disproportionate to the available capacity within healthcare services.

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THEMATIC PAPER

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The Egyptian revolution seen through the eyes of a psychiatrist

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The 2011–12 Egyptian revolution (*thawret 25 yanāyir*, revolution of 25 January) took place following a popular uprising that began on Tuesday 25 January 2011 and is still continuing. The uprising was mainly a campaign of non-violent civil resistance. In this revolution the participants have proved that if resistance begins with sincerity and unity, it may yet achieve victory.

In the Egyptian revolution, millions of protesters from a variety of socioeconomic and religious backgrounds were united in their demands. They wanted to overthrow the regime of President Hosni Mubarak. Despite being predominantly peaceful in nature, the revolution was not without violent clashes between security forces and protesters, with at least 846 people killed and 6,000 injured (BBC, 2011). The grievances of the Egyptian protesters were focused on legal and political issues. These included the persistence of state emergency laws (first enacted in 1958 and which have remained in effect since 1967), the lack of free elections and freedom of speech, high unemployment, food price inflation, and low minimum wages (New Age, 2011).

During the period of protest, police from Egypt's central security forces were gradually replaced by largely restrained military troops, who protected the protesters, and people's belongings, from the police and Mubarak supporters.

In response to the protests from inside the country and to international pressure, on 11 February 2011 Vice President Omar Suleiman announced that Mubarak would be stepping down as President and turning power over to the Supreme

Council of the Armed Forces. On 24 May 2011, Mubarak was ordered to stand trial on charges of premeditated murder of peaceful protesters (Reuters, 2011).

Social media

The usage of social media during the protest was extensive, despite attempts to censor and restrict access to the internet in Egypt and elsewhere. As one Egyptian activist succinctly Tweeted during the protests there, 'We use Facebook to schedule the protests, Twitter to coordinate them, and YouTube to tell the world' (*Independent*, 2011).

Wael Ghonimis is credited as one of the primary sources of influence on the use of social media in this period of protest. He created a Facebook page dedicated to Khaled Saeed entitled 'We are all Khaled Saeed' (see http://en.wikipedia.org/wiki/Wael_Ghonim). Saeed was an Egyptian businessman. He was beaten to death by police in June 2010. It is believed that this was in retaliation to a video he posted online showing Egyptian police sharing the spoils of a drug bust (interestingly, this video appears to have been taken offline subsequently). The Facebook page dedicated to his death attracted over 400,000 followers, and thereby created an online arena where protesters and those discontented with the government could gather, vent their frustrations and organise themselves. The Facebook site called for protests on 25 January 2011, a day that later became known as the Day of Wrath. Hundreds of thousands of protesters flooded the streets to show their disgust at both the murder (and the delays that ensued when attempts were made to bring to justice the policemen responsible) and the corruption within their country.