

Overview

The Syrian Civil War, which began in 2011, has traumatized many Syrian citizens, caused immense damage to the public healthcare system, and forced millions to flee the country's borders. Children fleeing the country and their mental health are one of the core concerns for humanitarian aid workers, as many have experienced or witnessed traumatic events. The Brookings Institute reports that 54% of all Syrian refugees meet the criteria for one or more of the following: Post-Traumatic Stress Disorder (PTSD), depression, anxiety disorders or prolonged grief disorders. Current reports indicate half of the country's healthcare facilities have been destroyed while many of the healthcare professionals have fled the country. For those who have sought refuge in other countries, health and mental health care services are often limited or at full capacity. Estimates reveal 6-7.5 million have been internally displaced, 4-5 million have sought refuge outside of the country, and up to 450,000 Syrian citizens have been killed as a result of the ongoing violence. Due to the scope of people affected, the internal conflict in Syria is considered the largest humanitarian disaster in the world today.



Country Info

Language: Arabic (official)
Population: 17,185,170
Religion: Islam (official) 87%
 Christian 10%, Druze 3%, Jewish and Yazidi (few remaining in Damascus and Aleppo)
Ethnic Groups: Arab 90.3%, Kurdish, Armenian, and other 9.7%
Avg. Family Size: 6.3

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Helpful Tips for Resettlement Workers and Mental Health Providers

Overall, Syrians respect and value Western healthcare providers and approaches to medicine. The following recommendations can help provide a more seamless process for clients accessing ongoing healthcare and mental healthcare services.

- **Schedule doctors of the same sex for Syrian clients to honor common religious and cultural preferences.** Offer to see the client as scheduled or to make an appointment for them to come back to see another professional.
- **Broach questions concerning sexual health tactfully, as this may be a source of embarrassment for clients.** Suggest addressing questions privately, as clients may not want to discuss with family members present.
- **Incorporate various sizes and lengths of hospital gowns or other required patient attire in your setting,** as many Syrian women may prefer to wear long hospital gowns as a sign of modesty.
- **Recognize the importance of religious fasting considerations and the practical implications.** Consider limiting the length or frequency of appointments, home visits, and classes for your clients/patients during their time of fasting.
- **Work to de-stigmatize mental health counseling.** Syrians may expect to receive only medication for mental health concerns, instead of a combination of counseling and medication management. Discussing past trauma can be seen as irrelevant and in the past. Provide realistic expectations of counseling and the benefits and side effects of recommended medications.
- **Discuss your client's interpretation preferences.** Some may prefer working with a phone service to avoid sharing personal information with community members, while others may request an in-person interpreter, if possible.

Words and Phrases (UNHCR 2015)

Children's Mental Health

UNHCR reports that mental health is the primary concern for refugee children ages 5 to 17 in Lebanon and Jordan. Many children have not been able to attend school in Syria or in their host country due to safety concerns or lack of available options. One study conducted in a Turkish refugee camp found levels of trauma, depression, and PTSD that reflected rates 10 times that of the general population. Many of the children interviewed for the study reported witnessing or experiencing physical violence; 79% of the children reported having a family member killed in the war. A Mercy Corps study revealed many adolescents have become socially isolated as a result of the trauma.

Grief & Loss Considerations

Many Syrians may be grieving relatives killed in the war or those whose whereabouts are unknown. The search for these loved ones can be a source of stress and grief. When working with Syrian refugees, you can acknowledge their past and present difficulties and normalize feelings they may be experiencing. Syrian refugees have become refugees in a relatively short period of time, often causing a sudden shift in identity through the loss of social status, employment and wealth. As a result, some clients may struggle to process the immense loss and change. As a service provider, strive to validate Syrian clients' concerns and normalize any sense of loss as something other Syrian refugees are facing as well.

Common Symptom/Phrase	Transliteration	Arabic
Psychological wellbeing	al saha al nafsiyah	الصحة النفسية
Mental health	al saha al 'akliyah	الصحة العقلية
Fear; anticipated anxiety	habat qalbi	هبط قلبي
Worry; anticipated anxiety	atlan ham	هم عتلان
Depression	halat ikti'ab	حالة اكتئاب
Crazy, mad or insane; may refer to schizophrenia or psychotic disorders	majnoon	-ما قادر اتحتمالضغط علي كثير-مو قادر ركز من الضغوطات -
Meaning both the devil and unpleasant, recurring thoughts	wisswas	وشواس
Undifferentiated anxiety and depression symptoms; tiredness; fatigue	-taeban nafseyan -hassess hali taban -halti taebaneh -nafs ta'bana	تعبان نفسياً- حاسس حالي تعبان- حالتي تعبانه- نفس تعبانه

Suicidality: Completed suicide is a cultural taboo and classified as a crime in Syria. To explain similar symptoms, Syrians may use indirect expressions, such as "I wish I could sleep and not wake up."

Refugee Camps and Urban Settings

Conditions for refugees fleeing to neighboring countries* vary from country to country. The majority of Syrian refugees are not living in camps, but in urban apartments or abandoned buildings. Many host countries already house refugees from other areas and must grapple with financial and capacity pressures. The International Medical Corps has found that Syrian refugees have limited access to mental health services in these settings.

**Approximately 1 million Syrian refugees have fled to Europe, some making the dangerous journey by boat at great risk to their own safety.*

Lebanon: Lebanon hosts the largest number of refugees per capita in the world, with an estimated 1 million Syrian refugees among them. Because Lebanon does not have refugee camps, refugees are dispersed among the general population. Some rent out apartments, while others live in vacant buildings. Refugees struggle to obtain access to adequate shelter, health care services, and clean water.

Turkey: Turkey hosts an estimated 1.9 million Syrians. Refugees reside in one of the 23 separate refugee camps or in an urban setting. Apartments in towns are often overcrowded with up to seven residents in one unit.

Jordan: There are an estimated 628,000 Syrian refugees in Jordan. Though Syrian refugees are provided free healthcare, some public hospitals are at full capacity without the necessary room to grow. The Za'atari camp in Jordan, which has struggled with maintaining clean water and sanitary living conditions, hosts the largest number of Syrian refugees in a camp setting.

Iraq: 247,000 Syrian refugees reside in Iraq and 62% live in urban environments. Though Syrian refugees are able to access education and various social services, the Iraqi infrastructure is overwhelmed with the need from both the local Iraqi population and the Syrian refugee population. Due to this struggle, many Syrian refugee children have low school attendance rates.

Egypt: Egypt hosts 132,000 Syrian refugees, all of whom find shelter and support through local Egyptian families and non-governmental organizations. There are no refugee camps in Egypt, but refugees can attend school and obtain healthcare services. It is reported that Syrian refugees have faced discrimination when trying to access these services.

Sexual Violence

Sexual violence and the fear of sexual violence is a major concern for many Syrian refugees, as incidents have been reported during home raids in Syria and in detention facilities in host countries. Due to this substantial fear, early marriage has become more common among Syrian refugee girls and women with estimates of 3% of girls married by 15 years old and 13% married by 18. Underreporting and delayed reporting of sexual violence has made the extent of the problem unclear.

Healthcare in Syria

Prior to the civil war, the public healthcare system in Syria was fairly well-developed in urban settings, though it was not accessible to many living in rural communities and struggled to keep up with a growing population. Reports show the Syrian government has systematically targeted hospitals in its bombing campaign and blocked humanitarian medical aid from reaching those in need. [Physicians for Human Rights](#) has reported that 269 hospitals have been attacked. Before 2011 there were two psychiatric hospitals and 70 psychiatrists serving a population of 22 million. Today there is one psychiatric hospital outside of Damascus, but remains unreachable for most of the population.

Mental Health Interventions

Refugees resettling to the U.S. from Syria will carry their own set of experiences. While some are tragic and may require clinical assistance, others are experiences of joy and strength. Individuals from Syria have strong family relationships and derive much of their support from their faith. Traditional methods of addressing mental health concerns include:

- Spending time with family and friends
- Reading
- Prayer
- Spiritual healers
- Visiting holy places
- Art and drawing
- Listening to music

Phrases such as *mental health* or *psychological well-being*, are not commonly used among Syrians. Perhaps due to the negative connotation, these phrases are often used to describe extreme or debilitating situations. For many Syrians, attitudes toward mental health have shifted since the start of the war. In the past, mental health problems were stigmatized and viewed as shameful; however, as a result of the impacts of war, Syrians are more open to receiving mental health treatment. It is crucial for service providers in the U.S. to provide psychoeducation regarding mental health services. The disorders that are most likely encountered are PTSD, anxiety, depression and grief disorders. As mental health symptoms may not be apparent when refugees first resettle, follow-up is important.

Refugee Camp on Turkish Border



Resources for Service Providers

Syrian Refugee Health Template (CDC)

This report provides a comprehensive overview of the refugee health screening process, attitudes related to mental health, and the prevalence of mental health disorders.

Culture, Context and the Mental Health and the Psychosocial Well-Being of Syrians (UNHCR)

This report contains an in-depth analysis of the mental health conditions of Syrians, delving into the cultural nuances surrounding mental health treatment.

Doctors Without Borders: Syria

This article provides an update of the work being done by Doctors Without Borders and mental health services available by country.

Best Practices Working with Trauma-Affected Newcomers (Ontario Centre of Excellence for Youth Mental Health)

This report details the therapeutic modalities utilized with refugee youth and their efficacy.