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Psychosocial research with children in Iraq: current health practice and policy in a context of armed conflict

Abdul Kareem Al Obaidi,¹ Tim Corcoran² and Leslie Scarth³

¹Visiting Scholar, Institute of International Education, New York, USA, email kareemobaidi@gmail.com

²Victoria Institute, Victoria University, Melbourne, Australia

³Consultant Child and Adolescent Psychiatrist, Edinburgh, UK

There is a need to show how psychosocial issues affect children in conflict areas like Iraq. Raising knowledge and awareness of children's mental health status in Iraq has been difficult and the knowledge base has been limited by the shortage of resources, international sanctions and the isolation of Iraqi scholars. Many obstacles to research in Iraq exist but an agenda should be developed emphasising the need for high-quality contextualised psychosocial research. Health researchers in the country need to clarify basic population parameters and to provide culturally appropriate, evidence-based interventions for practitioners.

Much attention has been paid to researching children affected by war and violent conflicts. Major areas of study explore the impact of war on children's health, including the relationship between experiences of conflict and mental health. People in conflict situations experience many psychosocial problems (e.g. personal isolation, interpersonal stress). However, communities rarely have capacity (e.g. mental health resources) to counteract such adverse circumstances. Research can aid in the evaluation of intervention programmes and influence both policy development and future practice, but logistics, methodological and ethical issues, as well as difficulties in measuring intervention effectiveness, present ongoing challenges for researchers in conflict zones. These issues are particularly concerning when researching children (Sondheimer & Rey, 2012).

Recent social and political instability in Iraq presents a particular dilemma for scholars and

investigators. War, economic sanctions and the departure of health professionals during the dictatorship destroyed the country's social service infrastructure. Moreover, after the 2003 war, direct death threats made against those with higher education, perceived as either powerful or wealthy, or both, has reduced the availability of teachers in tertiary education in particular, contributing to the collapse of research activity. This has led to the loss of the scientific research base for social studies in the community, particularly the evidence base for children's health and education services. The psychosocial status of Iraqi children and adolescents is substantially affected by the current environment, which undermines best practice and evidence-based interventions. The need remains to show how psychosocial issues affect health practices and policies involving children in conflict areas like Iraq.

Children's psychosocial issues as a research arena in Iraq

Various factors contribute to child development and psychosocial well-being (e.g. socioeconomic status, educational attainment). Investigation of these issues is a challenge in both peaceful and conflict areas. Globally, child and adolescent mental health problems present high demands on care services in the face of diminishing resources (Belfer, 2008).

Raising knowledge and awareness of children's mental health status in Iraq has been difficult due to unsystematic coverage of the topic in the literature. While there is some interest in scientific exploration, its scope is limited. For example, it is difficult to source publications targeting childhood mental health prior to 2003. Factors like the

shortage of resources, international sanctions and the isolation of Iraqi scholars from the rest of the world have limited scientific studies in general, including research involving children's welfare issues. However, there are exceptions worth noting.

During 1991, a study was conducted by members of an international team from the Centre for Crisis Psychology in Norway. This team assessed the impact of the 1991 Gulf War on Iraqi children using the Impact of Event Scale (IES) with 94 Iraqi children (Dyregrov *et al.*, 2002). Using this work, the United Nations Children's Fund (UNICEF) presented guidelines for child protection policy and programmes to assist Iraqi children who suffered in the war (UNICEF, 2003).

In 1998, a study on the prevalence of symptoms of post-traumatic stress investigated a sample of displaced children living on the Iraqi-Turkish border in Kurdistan (northern Iraq) in the aftermath of the 1991 Gulf War. It found that 20% of the sample was affected by post-traumatic stress disorder (PTSD) (Ahmad *et al.*, 1998).

In 1999, a study in Baghdad estimated the prevalence of attention-deficit hyperactivity disorder (ADHD) among primary schoolchildren at 11% (Al-Obaidi & Ali, 2009).

Since 2003, a number of studies and articles conducted by Iraqi and non-Iraqi researchers have been published in international peer-reviewed journals. Only 2% of all health research in Iraq conducted between 2000 and 2005 tackled mental health issues (World Health Organization & Iraqi Ministry of Health, 2006). One of the main themes was the post-war impact of violence on the mental and psychological well-being of Iraqi children. Some studies have estimated the prevalence of mental disorders among samples of Iraqi children. In Mosul (a large city in the north of Iraq), mental disorders were found in 37% of children attending primary healthcare (Al-Jawadi & Abdul-Rahman, 2007). Among a clinical sample of children in Baghdad, 22% had diagnoses of anxiety disorders and 18% behavioural disorders (Al-Obaidi *et al.*, 2010a).

A small number of research efforts have led to proposals for the development of child protection programmes and the building and promotion of a child-centred mental health system in Iraq. Also required is the development of curricula for training front-line paediatricians in children's psychosocial issues, and supporting inclusive education for children with physical and mental disabilities (Al-Obaidi *et al.*, 2009, 2010b, 2012, 2013; Al-Obaidi & Budosan, 2011).

The main obstacles confronting researchers in Iraq include: shortage of human resources to conduct studies; lack of funding; lack of appropriate research tools and research training of local professionals; low priority of data collection by state agencies; poor awareness of child mental health issues; and threats related to the safety of research teams in insecure areas. In spite of the above-mentioned studies, the paucity of published data makes it difficult to obtain precise numbers on the

prevalence and severity of childhood psychological problems in a country where child mental health services are almost non-existent (Al-Obaidi *et al.*, 2010b). This complicates the framing of evidence-based treatments, programme planning and the establishment of policy benefiting Iraqi children.

Child psychosocial research: health practice and policy

Research outcomes contribute to helping practitioners develop effective interventions (Hart & Tyrer, 2006). Research on childhood psychosocial issues in the context of war and conflict has a direct and an indirect impact on policy and practice (Boyden, 2003). Children need stable, continuous and predictable programmes, focusing on treatment, rehabilitation, family and social reintegration. Children's responses to adversities or catastrophes are universal, and family support in times of crises is of proven benefit (Boyden, 2003). Such attention has led to a shift in intervention programme priorities, from the supply of physical aid, to integrating mental health provisions within intervention programmes (e.g. in Kosovo, Bosnia, Rwanda, Afghanistan and Iraq).

Many obstacles to research in Iraq exist but an agenda should be developed emphasising the need for high-quality contextualised psychosocial research. Health researchers in the country need to clarify basic population parameters and to provide culturally appropriate, evidence-based interventions. Locally based research should avoid possible mistakes from poorly conceived intervention programmes. Iraq presents a good climate for research and a regrowth of the country's academic community is being seen. The assistance of outside agencies in collaboration with Iraqi colleagues can be a joint learning exercise benefiting both parties and the population in the development of context-specific practices.

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NEWS AND NOTES

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Faculty of the Psychiatry of Old Age: bursary for psychiatrists from developing countries

The Faculty of the Psychiatry of Old Age has established an annual bursary to enable a psychiatrist from a developing country to attend the Faculty Annual Residential Meeting (usually held in March) in order to give an oral or poster presentation, or deliver a workshop. The bursary is intended to cover the cost of economy-class travel, accommodation, free registration and attendance at the conference dinner, up to a maximum of £1500. Informal mentors will be identified for the bursary holder to enhance their introduction to Faculty members and their enjoyment of the meeting. See <http://www.rcpsych.ac.uk/workinpsychiatry/faculties/oldage/aboutthefaculty/prizesandbursaries.aspx#develop>.

The closing date is 31 October.

The Dublin Declaration

On Friday 24 May, over 193 delegates from 21 European countries met in Dublin to discuss the needs of family carers for people with mental ill health. Addressing the conference, Dr Tonio Borg, European Commissioner for Health and Consumer Affairs, stressed the importance of family involvement in mental healthcare across Europe.

The Irish Minister of State, Kathleen Lynch TD, declared at the conference that good mental health was a partnership between government, professionals, people with experience of mental ill health and family members.

Throughout the day, the audience heard presentations on the importance of family involvement, the need for education, quality information and communication in helping families to cope with mental ill health.

Against this background, the delegates unanimously agreed the Dublin Declaration 2013, which is available from the website of the European Federation of Associations of Families of People with Mental Illness (<http://www.eufami.org>).

Rita Geerts, Administrator, European Federation of Associations of Families of People with Mental Illness

The mental health component of undergraduate medical training in Somaliland

Somaliland is a self-declared independent state, although recognised by the World Health Organization (WHO) and internationally as Northern Somalia. It is a region which has experienced conflict and severe poverty, although it has remained relatively stable in recent years despite the challenges it continues to face. Many healthcare professionals were forced to leave the region or were killed during the civil war, which began in 1991. This has led to a need to strengthen and build upon existing healthcare services.

There are currently no practising psychiatrists in Somaliland and there exists a stark shortage of good mental healthcare. The King's-THET Somaliland Partnership (KTSP) has been providing the mental health component of undergraduate medical training since 2008. Without this, there would be no mental health input for medical professionals.

May 2013 saw the annual training trip to Hargeisa, the capital of Somaliland. Both of the present authors (a CT3 in psychiatry and a consultant psychiatrist) led the training this year, in conjunction with Somaliland colleagues on the ground. The trip started in Nairobi, where a small plane was boarded to Hargeisa. An unexpected surprise entailed passing right over the runway in Hargeisa and landing in the bush as the runway was closed temporarily.

The next 2 weeks were spent carrying out intensive mental health training for medical students in their penultimate year of study. This was based on the WHO Mental Health Gap (mhGAP) Action Programme. The KTSP group has piloted the incorporation of the mhGAP Intervention Guide, an evidence-based guide for mental, neurological and substance misuse disorders, into the medical undergraduate curriculum for the first time worldwide in Northern Somalia. The aim is to ensure non-specialists, as many of the medical students will turn out to be, may deliver good mental healthcare as they become clinicians following graduation. This is important in a region