Current Research on the Mental Health

of Syrian Refugees

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Since the outbreak of the Syrian civil war in 2011, nearly nine million Syrians have been displaced (UNHCR, 2015a). An estimate of three million Syrian refugees have fled to Lebanon, Jordan, and Turkey, with the Za'atari Camp being the largest Syrian refugee camp in Jordan (UNHCR, 2015a). A previous UN Matters column, *A First Person Account of the Refugee Experience: Identifying Psychosocial Stressors and Formulating Psychological Responses*, describes the typical life of Syrian refugee families residing in the Za'atari Camp (Gary & Rubin, 2014).

Syrian Refugees: Stress, Emotional Distress, and Coping Strategies

According to the current research of Dr. Helen Verdeli, professor of clinical psychology at Teachers College, Columbia University, the most common stressor experienced by Syrians living in refugee camps is worry about the well-being of their relatives who have dispersed to

other refugee camps, moved to other countries, or remained in Syria and might have been tortured or killed (Eastern Mediterranean Public Health Network (EMPHNET), 2014). Another stressor is fear about interpersonal violence (EMPHNET). Although refugees residing inside the camps are protected from military violence, inside the camps they are vulnerable to physical violence, torture, sexual assault, and rape (EMPHNET). Many adults and children have been victims of or witnessed multiple acts of violence. Major threats, stressors, and realities such as these represent some of the daily life struggles of Syrian refugees.

Continuous exposure to violent incidents, or their threat, compromises any positive effects resulting from protective factors, such as family and community support. Many refugees report experiencing a variety of psychological symptoms in reaction to the stressors. Between three and 30 percent of Syrian refugees experience clinical depression and between 50 and 57 percent experience Post-Traumatic Stress Disorder (PTSD) (EMPHNET, 2014). In comparison, the rate of PTSD in the general American population is estimated to be between five and 12 percent (EMPHNET).

Dr. Verdeli is currently researching psychological interventions to treat depression and PTSD among Syrian refugees in the Za'atari Camp (Global Mental Health Lab, 2015). Respondents to mental health surveys reported "most or all of the time" to the following statements:(1) feeling unable to perform essential activities for daily living and (2) feeling severely upset about the Syrian conflict (EMPHNET, 2014). Additionally, many reported feeling so hopeless that they did not want to continue living while others reported feeling loss of interest in things they used to

like and feeling so angry that they felt out of control. The symptoms of emotional distress are suggestive of the severity of daily dysfunction experienced by refugees.

The coping strategies of Syrian refugees were also examined (EMPHNET, 2014). The most reported coping strategy was "Nothing;" forty-one percent reported they did nothing to cope. Other coping strategies, in descending order of percentage, include the following:

- Socializing: 15%
- Praying or reading the Quran: 13%
- Fighting and getting angry: 11%
- Crying: 6%
- Walking or going out: 5%
- Sleeping: 5%
- Smoking: 3%

These employed coping strategies consist of positive and maladaptive, or unhealthy tactics.

Stressors Experienced by Child Refugees

Approximately half of all Syrians living in refugee camps are children (UNHCR, 2015a). Children experience the stressors of interpersonal violence along with their parents and many girls, under the age of 18 years, must confront the extra burden of being married off. It is estimated that a quarter of all Syrian refugee marriages registered in Jordan involve a girl under the age of 18 (UNHCR, 2015a). Parents often believe that arranging marriages for their daughters at a young age reduces the girls' chances of being victimized by rape in the camp.

Psychological Interventions

In order to alleviate the significant emotional distress and mental illness experienced among Syrian refugees, immediate attention from mental health professionals is necessary. Psychologists and aid workers must be trained to treat emotional distress and mental illness within a cultural and religious context. It is essential that mental health professionals implement interventions that de-stigmatize mental illness. This might be accomplished by using local idioms and religious terms in treatment. The goal for mental health professions, such as Dr. Verdeli, is to develop culturally appropriate treatments for depression and PTSD that employ positive, culturally-based coping strategies.

Other interventions include culturally sensitive outreach to refugees. One component of outreach consists of promoting early detection of mental illness and emotional distress by using adequate and culturally sensitive screening tools, as well as improving access to mental health services. Research on the mental health of Syrian refugees (EMPHNET, 2014; UNHCR, 2015b) also suggests that promoting safety and security within the camps and expanding access to recreational areas, especially for children, are necessary protective factors to support resiliency.

Conclusion

The United Nations High Commission for Refugees (2015c) calls for the protection of over three million Syrian refugees displaced from their homeland. The violence, trauma, and destruction of communities, which many Syrian refugees experienced, has built an urgent need for increased psychosocial and mental health resources within refugee camps (UNHRC, 2015b,

2015c). Culturally sensitive treatments targeted for Syrian refugees are recommended for addressing the growing rates of PTSD and depression among residents. Research on promoting resilience for Syrian refugees also recommends advocating for the detection of mental illnesses at early stages, as well as increased efforts in community building and psychosocial support centers (EMPHNET, 2014). Finally, representatives of international aid organizations are advised to prioritize the development of psychosocial programs for vulnerable groups such as young girls and women within in the camps.

References

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