IOM IRAQ

PSYCHOSOCIAL DIMENSIONS OF DISPLACEMENT:

MENTAL HEALTH OUTCOMES AMONG IDPS IN IRAQ AND RELATED DEMOGRAPHIC, ECONOMIC, AND CONFLICT-RELATED STRESSORS

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Objective and background

The research aims to understand:

- Prevalence of mental health concerns among remaining IDP populations;
- What factors in displacement and conditions in place of return correlate with mental health.

Background

There is little comprehensive data on the mental health of IDPs in Iraq nor the potential factors aggravating or alleviating their psychological wellbeing. Interest in this came out of recent work on protracted displacement that indicated:

- 31% of camp and non-camp displaced households report “fear/trauma” as a reason for not returning to place of origin
- 29% of non-camp IDPs self-reported having fair to poor mental health

Definitions

Mental health conditions studied:

- Trauma refers to incidents that involve actual or threatened death, serious injury, or sexual violence. Having various types of exposure to such events may put an individual at risk for post-traumatic stress disorder (PTSD):
  - Avoidance behaviors
  - Re-experiencing event(s)
  - Negative changes to cognition and mood
  - Changes in arousal and reactivity

- Depression may or may not be linked to trauma and can vary in severity. Based on symptomology in an individual over a two-week period:
  - Depressed mood or loss of interest/pleasure
  - Appetite or weight changes
  - Sleep difficulties
  - Agitation or impairment of movement
  - Fatigue/loss of energy
  - Diminished ability to think/concentrate
  - Feelings of worthlessness/guilt
  - Suicidality

- Somatoform disorders are understood as physical symptoms suggestive of a medical condition but unexplained by an underlying disease or mental disorder.

Data collection and sampling

- Questionnaire administered to 820 IDPs in camp + non-camp in 7 governorates:

Demographic and socio-economic characteristics + Mental health scales (PCL-5, PHQ-9, PHQ-15)

- The sampling (*i.e. distribution of interviews per governorate*) allows data to be statistically representative for each governorate surveyed with a 10% margin of error and **generalizable** for the whole of the IDP population in Iraq with a 5% margin of error.

  → Sampling also aimed to achieve a balanced male / female representation.

- The mental health scales help in identifying whether individuals meet the criteria for specific mental health conditions (PTSD, depression). They alone do **not** constitute a clinical diagnosis of mental health disorder.

- Any respondent reporting suicidal ideation or self-harm was automatically referred to IOM Mental Health and Psychosocial Services via a dedicated hotline.

Prevalence of mental health symptoms

Governorate and type of location	% respondents meeting criteria for: Depression	PTSD	Somatoform symptoms
Dahuk Non-Camp	15%	8%	18%
Ninewa Non-Camp	28%	18%	38%
Sulaymaniyah Non-Camp	5%	2%	15%
Salah al-Din Non-Camp	47%	22%	42%
Kirkuk Non-Camp	12%	11%	35%
Baghdad Non-Camp	39%	14%	33%
Ninewa Camp	14%	11%	28%
Dahuk Camp	17%	15%	22%
Anbar Camp	41%	9%	26%
Total average	**21%**	**13%**	**28%**

Prevalence of mental health symptoms

PTSD

- 13% of IDPs in sample meet the criteria for PTSD, with women meeting these criteria at a rate 4 times higher than men (20% compared to 5%) based on symptoms and frequency.
- Men and women however reported incidence of traumatic events at the same frequency.

Depression

- 21% of IDPs in the sample meet criteria for depression, disaggregated into15% for moderate depression, 3% for moderately severe depression, and 3% for severe depression.
- Depression symptomology is twice as high in women than men (28% compared to 14%).
- The difference in this rate is most stark in relation to having thoughts of self-harm or suicide. While the rate overall is relatively low among all symptoms (18%), 29% of women report experiencing such thoughts with any frequency compared to 9% of men.

Somatoform

- 28% of IDPs in sample report somatoform symptoms, again with women reporting more than men (44% compared to 12%).
- Top 4 symptoms reported include: back pain, pain in arms, legs, and joints, women's issues, and feeling tired or having low energy.

7% of the IDP sample meets criteria for all 3 mental health conditions

Determinants

Based on a multivariate analysis, we tested the following to examine their correlation with depression, PTSD, and co-incidence of both:

- Demographic factors
- Economic factors
- Conflict-related factors

Demographic Factors

- **Displacement location type matters:** IDPs in camps are *less* likely to meet criteria for depression, PTSD, or a co-incidence of both as compared to their non-camp counterparts.

- **Gender + role in household matters:** Women who are heads of household are *more* likely to meet criteria for depression, PTSD, or a co-incidence of both as compared to men and women (who are not heads of household). Women heads of household are 10x more likely to exhibit PTSD symptoms than men.

- **Disability:** Having a family member with a disability slightly *increases* the likelihood of depression symptoms among respondents.

- **Large household size (6+ people):** Having a larger household *decreases* the likelihood of depression symptoms among respondents.

Economic Factors

- **Eviction or threat of eviction matters:** This impacts both camp and non-camp IDPs. Being evicted/threatened or faced with possibility of being pushed out of camps is linked to *increased* likelihood of depression.
    - CONTEXT: Rates of eviction/risk are highest among IDPs residing in Anbar camps (21%), followed by non-camp IDPs displaced in Kirkuk (15%) and Salah al-Din (13%) governorates.
- **Unemployment may matter:** Being unemployed while living in a camp is positively correlated with depression. Being unemployed out of camp is linked to PTSD. These findings however are too mixed and inconsistent to be conclusive here.
- **Other economic factors did not matter:** The ability (or not) to meet basic needs, type of dwelling (both critical shelter and paying rent), and pre-displacement economic situation (measured as having government or private sector salary or not prior to 2014), did not correlate in any way with mental health outcomes.

Conflict-related Factors

- **Time of displacement matters:** Those IDPs who displaced in the last conflict wave tracked (July 2017 to present), while smaller in absolute number in the sample, hold the *highest rates* of symptomology across all three mental health indices tested.
    - CONTEXT: Prolonged exposure to violence and extreme conditions as compared to others – and having experienced these more recently.
- **Family separation matters:** Those IDPs who report having been separated from an immediate family member during conflict/displacement are *more likely* to meet criteria for depression, PTSD, and co-incidence of both.
    - CONTEXT: 10% of IDPs report having a family member missing or detained.
    - CONTEXT: These IDPs are mainly from Anbar, Babylon, and Salah al-Din and displaced in central governorates.
- **Collective blame matters:** Feelings of being negatively judged or labelled by others is particularly related to depression among IDPs.
    - CONTEXT: IDPs who report feeling this the most are also from Anbar, Babylon, and Salah al-Din.

Conflict-related Factors

- **Some factors in place of origin matter:**
  - IDPs who do not have information on physical/social conditions in the places of origin are *more likely* to meet criteria for depression, PTSD, and co-incidence of both.
  - The same holds true for IDPs whose houses have been or remained destroyed in their places of origin.
  - IDPs who fear what happened before happening again in their places of origin are *more likely* to have depression symptoms.

Takeaways

1. Women heads of household in this sample are particularly vulnerable in terms of mental health and tend to have become heads of household due to violence and conflict. They are predominantly found in Anbar camps and displaced in Kirkuk and Salah al-Din.

2. Men seem to underreport symptoms but that does not mean they are not vulnerable. Their experiences of trauma are relatively similar to women's. Compared to similar studies in other contexts, their symptoms are lower indicating the need for further examination of this.

3. Mental health services and outreach need to be extended or enhanced toward out-of-camp populations. In doing this, such services need to be better available to host community members as well as they may not have the care they need either. Related to this, study of the mental health of the Iraq-wide population would also be warranted, not only to understand the rate of need of care but to better put IDP prevalence into perspective.

Takeaways

4. Economic and housing insecurity remain critical priorities to address among IDPs in Iraq. Addressing lack of occupation among both camp and non-camp populations would potentially help in alleviating a stressor negatively influencing mental health. Furthermore, policies or practices forcing IDPs out of their housing, whether people are evicted or face the risk of it, are also detrimental to mental health outcomes. This must be taken into account in planning of camp closure and included in any plans for relocating IDPs. With respect to non-camp IDPs, an important aspect is to identify potential protection issues among those who rent housing.

5. Collective blame and negative labelling and judgement felt by some IDPs is also particularly detrimental to mental health, across all indices used here. The general narrative and perception of IDPs, particularly those from central governorates, needs to shift. This can take place at a more local level through specific social cohesion or reconciliation arrangements to help families resolve their displacement, but also must come from the wider-state itself.

6. Connected to the above, forced separation of family members is a significant hurdle for IDPs to deal with, both materially and emotionally. In particular, lack of information as to the whereabouts of a family member, when or if they will ever come home, and/or what happened to them make it difficult to gain closure and move own from such a traumatic loss. It also obscures a more public reckoning with what happened during and after conflict to ensure such events do not happen again. This must extend to all victims across displacement locations.