



**Mental health and psychosocial support
in Sinuni, Sinjar district:**

Insufficient services despite overwhelming needs

August 2023



Cover page

Halo Khalaf, 66, poses in her house in Sinuni on September 2nd, 2019.

« We are originally from the South of Mount Sinjar. I have no children. My husband died before the genocide. Before 2014, I was living with my only brother Khader and his family. Khader was kidnapped by ISIS and never returned. We were actually kidnapped together, but I could escape after 20 days in captivity. I keep waiting for Khader. I wait for all the abducted ones to come back. So many people in my family have been kidnapped. Almost all my brother's family has been kidnapped. Some came back, some didn't. One of my nephews is currently with ISIS in Al-Hol camp in Syria. He has been brainwashed, he changed his name and doesn't want to come back. I just with the kidnapped ones would come back. My dream is to save them. I pray everyday for God to bring back my brother. Before the genocide, I didn't have any psychological problems, or health problems. Now I must take a lot of medication. I have mental health problems, kidney problems, high blood pressure, colon problems... I always feel like ISIS is coming. When I sleep, I wake up with a start. I cannot see clearly because I cry a lot. I feel pain in my whole body. I am not happy. »

(Merged image: an old family picture. Halo's brother is the first one on the left)
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The entrance of the Sinuni General hospital where MSF has been working since early 2018. Starting with rehabilitating the hospital and running the ER, maternity, paediatric, mental health departments, then since 2021 by running the ER and the mental health departments. MSF supports the hospital with medications and medical supplies in addition to capacity building activities to the staff.

12 June 2023 ©RaghdaMuhi\MSF

Executive summary

In October 2023, Médecins Sans Frontières (MSF) will hand over all aspects of technical support and supervision in Sinuni General Hospital to the Ministry of Health. While significant gains have been made in adapting psychological counselling to the needs of the community, many challenges lie ahead to ensure access to appropriate mental health and psychosocial support (MHPSS) services, not just in Sinuni but countrywide. Counsellors trained during our collaboration with the Department of Health have already helped thousands of people cope better with their mental health challenges, but the gap between people's need for mental healthcare and the availability of services is still huge. The long-term goal is to see counselling integrated into the services provided at Sinuni General Hospital, and more generally into existing health facilities throughout Iraq, and accessible to all who need it. The mental wellbeing of all communities should also be acknowledged as a crucial element in the recovery of Iraq. In a bid to increase access to much-needed mental health services in Sinuni and more widely across Iraq, MSF calls on the Ministry of Health, health organisations and the NGO and donor community to urgently invest in MHPSS activities and capacity-building, coupled by efforts to reduce stigmatisation through the promotion of mental health awareness and accessible support services.

Introduction

The first mental health survey conducted by MSF in Sinuni in 2018 revealed that 100 per cent of families interviewed had at least one member who suffered either moderately or severely from mental health conditions.⁽¹⁾ Few people in Sinuni are untouched by the trauma brought about by years of instability and conflict, including the mass violence that took place under the control of the Islamic State group (IS) following their invasion of Iraq in August 2014.⁽²⁾ Experiencing and responding to violence, abuse, loss and grief, as well as the disruption of family and community structures, can have a devastating impact on an individual's mental health and psychosocial wellbeing. Even now, some members of Sinuni's Yazidi community have family members who were kidnapped by IS and are still missing. While contextual circumstances have improved to some extent since MSF's survey was completed, this has not been coupled with a reduction in mental health issues, due to the lack of proper investment in MHPSS services. As a result, access to appropriate mental healthcare remains a critical issue. In 2019, our teams alerted the national and international community to the ongoing mental health crisis among the community in Sinjar district. In 2023, MSF continues to bear witness to the consequences of years of conflict, stalled reconstruction and reconciliation efforts, as well as cultural and economic barriers that prevent the population of Sinuni from having their mental health needs met.



MSF in Sinuni and surrounding villages

MSF began offering mental health consultations in December 2018 in an effort to alleviate the high level of mental health needs among the local population. Since then, 2,509 people have been enrolled in the programme. In the past five years, MSF has supported the Department of Health in Sinuni General Hospital's emergency room, and until August 2021, MSF supported maternity and paediatric services in the hospital. MSF teams also worked in four primary healthcare centres, providing decentralised mental healthcare and health promotion activities, providing lifesaving referrals, and responding to medical needs in surrounding villages where mainly Arabs reside.

1- 52 people participated to this survey conducted in September 2018.

2- Thousands of Yazidi civilians were killed and enslaved during what has been called a "forced conversion campaign" and a "genocide" by the United Nations.

MSF support in numbers



2,509		people enrolled in MSF's mental health programme since 2018
255		people currently receiving mental healthcare from MSF (as of July 2023)
649		deaths and 311 attempted suicides attributable to mental health issues since 2018
330		community health referrals to Sinuni General Hospital
24		villages in total received regular visits from MSF mental health teams

Mental Health Concerns

While the technical capacity of Sinuni General Hospital has improved through MSF-supported training of medical staff, specific gaps remain in access to MHPSS services. These gaps are likely to widen as humanitarian organisations disengage from Iraq and humanitarian funding comes to an end.⁽³⁾ In parallel, internally displaced people (IDPs) living in camps in the Kurdistan Region of Iraq have started returning to Sinuni, their area of origin,⁽⁴⁾ which is likely to increase pressure on MHPSS services.

Over the past five years MSF has witnessed a mental health crisis in Sinuni, with worrying rates of anxiety and depression among the community. Among patients accessing MHPSS services, **the most common diagnosis is depression (56%), followed by anxiety (15%)**. Psychiatric and personality disorders, including post-traumatic stress disorder (4%) and conversion disorder (4%) have also been diagnosed. In 2022 alone, 19 patients admitted to Sinuni General Hospital's emergency room had attempted suicide; five died before or soon after reaching the hospital; most (74%) were young women.

Mental health problems existed in Sinjar district even before the 2014 occupation by IS,⁽⁵⁾ but these have been exacerbated by the direct and indirect effects of the conflict. The district is characterised by ongoing territorial and political instability, leading to financial and political hardships. Internal socio-religious pressures within the Yazidi community have also had a detrimental effect on people's psychosocial wellbeing, at an individual, family and community level.⁽⁶⁾ MSF's psychiatrist in Sinuni General Hospital says: "Every day we assess at least one person who has suicidal ideations. The extent of the damage may not be completely visible the present time and might be revealed with subsequent generations if not addressed now. For that reason, all measures aiming to improve the psychosocial wellbeing of communities in Sinuni should be consistent and sustainable."

3 - "Taking stock of the UN's shift away from emergency aid in Iraq", This story was originally published by The New Humanitarian in 20 March 2023. www.thenewhumanitarian.org

4 - The Iraqi government intends, within the framework of its ministerial platform, to close all camps for the IDPs, including the camps located in the provinces of the Iraqi Kurdistan Region and encourage the population to return to areas of origin.

5 - IOM - Iraq Special Report - Increased Incidents of Suicide Among Yazidis in Sinjar, Ninewa (July 2011). Guidelines on Mental Health and Psychosocial Support - ICRC

In the first half of 2023, MSF documented 47 cases of suicide or attempted suicide in our catchment area. These figures suggest that people's mental health needs are even greater than identified previously, as mental health problems are by their nature less visible, less socially accepted and less understood than physically manifesting disorders and diseases. Social and cultural beliefs and/or preconceptions regarding mental health frequently discourage patients from seeking help, as they often face stigma at a household and community level.

Caught in the middle

Located in Sinjar district, at the border of the Kurdistan Region of Iraq and Central Iraq, Sinuni remains a disputed territory between the Kurdistan Regional Government and Federal Iraq. The population of Sinjar was heavily impacted by conflict, violence, and abuse after the Islamic State group (IS) took control of the area in August 2014. Kurdish and Yazidi forces, backed by international coalition airstrikes, managed to retake Sinjar from IS control in November 2015. However, the reconstruction of Sinjar and political and financial investment in the district continues to be stalled by political disagreements over its administration.



A typical house in the Sinuni town of Sinjar district. MSF health promotion and mental health promotion teams conduct daily outreach visits to the community to raise the awareness on health related topics and to encourage the community to accept and attend mental healthcare services when they have signs of mental health suffering.
14 June 2023 ©RaghdaMuhi/MSF

MSF currently cares for 265 patients under its MHPSS programme. Many patients experience high levels of hopelessness, sadness, suicidal thoughts, anxiety and sleep disturbances. **Social and cultural factors play a dominant role in mental health disorders, especially amongst young people.** Contributing factors include:

Being unable to select and/or marry a partner of one's choosing due to cultural restrictions on marrying outside one's class or community, or due to lack of support from family members;
Family members remaining missing since the invasion by IS forces in 2014;
Insecurity in Sinjar district, including the presence of various armed groups and frequent airstrikes killing civilians;
Lack of employment opportunities and a poor economic outlook;
Uncertainty and a lack of influence over one's future.

Young women are considered particularly vulnerable to mental health issues.

This is especially apparent during pregnancy and childbirth, when they may experience a strong emotional reaction during delivery, feelings of not being in control of their own bodies, and challenges connecting with their babies. Women account for the majority of victims of sexual and gender-based violence (SGBV) perpetrated by IS. Domestic violence and patriarchal pressures are not uncommon within families. In addition, the cultural, educational and recreational opportunities available within their communities are inadequate, greatly limiting their ability to manage and cope with their mental health challenges. "The lack of social support and the rigidity of the community rules, especially towards women, make the situation even harder to bear," says MSF's mental health activity manager in Sinuni. "Unfortunately, under-reporting can happen, and some families do not report suicide deaths due to the associated stigma."

The following accounts are typical of the cases that MSF counsellors encounter every day:

1) Hannah,* 14-year-old girl

Hannah was forcibly married at a very young age to a financially stable man because of the economic difficulties her family was facing. Her husband, who was 18 years older than her, mistreated her repeatedly, both physically and verbally. Hannah received little emotional support from her family, who blamed her for the mistreatment and did not approve of her divorce. According to local tradition, divorce brings a family into disrepute and reduces their social status. Hannah's marriage and lack of family support had a negative impact on her mental and physical health: she suffered from sleep and eating problems, anxiety, a lack of confidence and she worried constantly about her future. She started receiving care from MSF in April 2021; after regular sessions with MSF's medical team, her mental health condition has gradually improved.

2) Bimah,* 26-year-old woman

Bimah lived in Sinuni district with her family until 2014. When the IS group took control of the area, they tried to escape towards the mountains, but were arrested on the way and were separated before being forcibly transferred first to Mosul and later to Syria. The male members of the family were physically tortured while the women were raped on multiple occasions. In 2019, they managed to escape and returned to Sinuni, where they experienced difficult living conditions and insufficient support, without even basic necessities. Bimah started receiving care from MSF in December 2021. She was suffering from shock, inability to concentrate, loss of enthusiasm and suicidal thoughts. Both Bimah and her family needed psychological support to help them manage their experiences.

3) Hiras,* 33-year-old man

When Hiras came to MSF, he was concerned about his disturbed sleep. “I don’t sleep until very late and I don’t enjoy the company of my friends anymore, I just want to be left alone,” he told MSF staff. “Until now, I was able to manage with some pills from my mother, energy drinks and even alcohol, but nothing helps anymore.” Hiras is a carer for his mother, who was diagnosed with chronic depression several years ago. He is unwilling to work far from home in case she relapses when he is away. He is conscious of the stigma around mental health conditions in his community. “The pressure and responsibility are too much for me; sometimes I wish that I won’t wake up,” he told MSF staff. Hiras is now receiving mental health support from MSF.

Although the number of people in Sinuni who need humanitarian assistance has decreased since the peak of the crisis one decade ago, those who have returned to their homes and those who are still displaced often require some form of psychosocial intervention and support. **MSF’s mental health programme in Sinuni sub-district is based on the premise that mental health is a key component of community health and wellness.** “Depression has been linked to many chronic illnesses, including diabetes, asthma, cancer, cardiovascular disease and arthritis,” says MSF’s medical coordinator in Iraq. “Schizophrenia has also been linked to a higher risk of heart and respiratory diseases. Mental health conditions can make dealing with a chronic illness more difficult. Consequently, promoting mental health, preventing mental disorders and treating mental illness are all essential for a healthy population. After all, there is no health without mental health.”



"After the 2014 genocide, I started to have mental health problems. I have pain in my eyes because I cry a lot. I am always thinking about the memories from the genocide, those who died, those who emigrated."
September 2nd, 2019. @emilienmalfatto



"Shahab emigrated to Europe and life was so difficult there for him, he was depressed and drinking. I was so worried about him. Shahab is back here now. If he feels better, I feel better. But when he gets angry, I feel short of breath."
September 4th, 2019. @emiliennemalfatto

Concerning gaps in mental health services

According to MSF's medical advisor in Sinuni, a key component of preventing suicides in Sinuni is **improving the accessibility of MHPSS services**. In January 2023, our teams conducted a preliminary assessment of psychiatric care options in three primary healthcare centres where MSF works, with the help of the centres' managers. They found that **a shortage of healthcare workers specialising in mental healthcare is one of the main barriers** preventing people from accessing MHPSS services in Sinuni. This gap can be seen across Iraq. Despite the urgency of the situation, MSF has been unable to find qualified psychiatrists and psychologists from within Iraq to work in Sinuni, forcing MSF to bring in international staff – an unsustainable solution. Additionally, the psychotropic medications provided by the Iraqi government are insufficient in quantity.

Another major challenge identified by MSF is that the planned service package at Sinuni General Hospital does not include mental health activities, meaning that after MSF leaves the hospital, all mental health activities will likely come to an end. There is a need for appropriate alternatives to maintain these activities or refer patients to other facilities. The hospital has a limited capacity to carry out referrals, with a limited budget for drivers and fuel and a limited number of ambulances. Referral facilities in Mosul, Dohuk and Tal Afar are considerable distances away, placing an additional financial burden on people in need of mental health support.

MSF's psychologist says: "It is **important to invest in long-term mental healthcare** to help the community transition, particularly during these next few years as they are just starting to get to a better place after the tragic events of 2014 and the collective trauma endured. They need more support, now more than ever, to prevent a relapse. When people stop worrying about survival, the images of past grievances can reappear, and MH support is needed to cope with past traumas. Moreover, when communities return to their area of origin, memories linked to the geographic space and past traumas can intensify and support is needed to deal with this remembrance."

At a local level, people who suffer from mental health issues suffer stigma from the Yazidi community and their conservative cultural approach. **Many communities in Iraq believe that people with mental health disorders are to blame for their condition. Therefore, an important first step is to raise public awareness about mental health issues, encourage supportive approaches and highlight the services that are available to those in need of care.** As part of this effort, MSF's health promotion team in Sinuni regularly conducts activities to positively influence attitudes and behaviours towards people with mental health conditions.

MSF health promotion 2021-2023



80

sessions conducted on destigmatising mental health issues

60

sessions conducted on suicide prevention

1427

sessions conducted on mental health awareness



Outreach visit to one of the notable houses in a village near Sinuni. 14 June 2023. MSF health promotion and mental health promotion teams conduct daily outreach visits to the community to raise the awareness on health related topics and to encourage the community to accept and attend mental healthcare services when they have signs of mental health suffering. 14 June 2023 ©RaghdaMuhi\MSF

While some humanitarian organisations remain committed to delivering much-needed health services in Sinuni, people’s needs for mental healthcare remain largely unmet and capacity is insufficient. Samaritan’s Purse, for example, offers support to more than 200 patients, but has 40 people on its waiting list, not including those identified for group therapy and resilience workshops.

Conclusion and recommendations

The alarming mental health situation in Sinuni sub-district is indicative of a wider problem across Iraq: the number of trained psychiatrists, psychologists and mental health counsellors available is simply insufficient, resulting in inadequate support to meet people's ongoing needs for mental healthcare. After years of violence and trauma experienced by the Iraqi population, many people requiring care are left without it. While the Ministry of Health has underlined the relevance of mental healthcare, even at primary healthcare centre level, the visible and effective implementation of this MHPSS component at various levels of the healthcare system, particularly in Sinuni, remains woefully inadequate.

As with many countries evidencing underdeveloped systems for mental healthcare, up to now the main component of Iraq's mental health services has been limited to institutionalised care for people with chronic psychiatric disorders such as schizophrenia. As a result, there is a significant gap in MHPSS services available to people with conditions that are better resolved without hospitalisation or medication, such as anxiety and depressive disorders, which are far more common than chronic psychiatric disorders, and which can particularly benefit from community-based services. Furthermore, many NGOs are ceasing their activities and withdrawing from Iraq due to donor funding shortfalls and an end to humanitarian funding; most have entirely stopped their MHPSS services already.

In view of the remaining gaps in mental health support services in Iraq, MSF offers the following recommendations:

MSF calls on the Ministry of Health and Department of Health to:

- 1. Facilitate the integration of mental healthcare services** within the framework of Sinuni General Hospital specifically, and in state-run facilities across Iraq. An integrated approach adopted by the Ministry of Health is essential to ensure that mental healthcare services are incorporated into primary, secondary and tertiary healthcare packages, as envisioned in the National Health Policy of Iraq 2014–23.
 - 2. Ensure the presence of an adequate number of skilled professionals** for both preventive care and therapeutic care is vital if mental health needs are to be effectively met. The availability of sufficient mental health specialists must be coupled with an adequate supply of essential medications and medical consumables in Sinuni's health facilities.
 - 3. Promote community participation and acceptance of mental healthcare** by raising awareness about the services available, by reducing stigma, and by talking openly about the problem of mental illness through, for example, a country-wide public campaign.
 - 4. Provide adequate budget and logistics support to facilitate referrals** from health facilities to facilities offering specialised or advanced services, both in Sinuni and across Iraq.
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MSF calls on international and national organisations working in the mental health sector to:

Take over mental health services currently provided by MSF by October 2023 to ensure continuity of care for the population of Sinuni district. **Mental health and psychosocial support (MHPSS) assessments are required** in Sinuni and countrywide to better identify unmet needs and gaps in this field. Areas of focus should include the identification of specialist training needs and the need for capacity building of health staff in Sinuni and surrounding villages.

Provide technical support to health authorities in establishing sustainable and community-based mental health and psychosocial services to ensure that these reach all communities in need, including in Sinuni.

Ensure that admission criteria for MHPSS programmes are not overly narrow, which can lead to certain vulnerable groups being excluded or only a specific population being reached.

Integrate mental health and psychosocial programmes into development and humanitarian response activities throughout Iraq in view of the lack of existing MHPSS services available.

Scale up advocacy and engagement efforts with all relevant authorities, including health ministries and donors, to increase allocation of budget to MHPSS services in state-run facilities to ensure access to services, both for people in Sinuni and countrywide.

MSF calls on the international community and donors to:

Prioritise dedicated investment in mental healthcare across Iraq. This includes scaling up financial and technical support to the Ministry of Health as well as to national and international NGOs to strengthen mental health awareness, reduce stigma and to ensure the availability of much needed services, especially at community-level.

Provide sustainable and long-term funding for mental healthcare, in line with strategic objectives towards durable solutions and development programming that is already underway in Iraq.

MSF IN IRAQ

MSF first worked in Iraq in 1988 providing medical assistance to people in need. The organization has worked in various parts of the country, including Baghdad, Anbar, Diyala, Kirkuk, Mosul, Najaf, Dhi-Qar ,Sinjar, Tal-afar, and Kurdistan region, to address the medical needs of people affected by the conflicts and other health crises.

MSF's work in Iraq has included providing emergency medical care to war-wounded and trauma patients, as well as supporting primary healthcare and disease control programs. The organization has also provided mental healthcare and psychosocial support to people affected by conflicts, including survivors of violence and displacement.

In addition, MSF has worked to improve the quality and accessibility of healthcare in Iraq by supporting health facilities and training medical staff. The organization has conducted research and advocacy on health issues affecting the country, including the impact of conflict on healthcare delivery and the need for improved access to essential medicines.

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