Common Iraqi Attitudes on Mental Health and Response to Trauma

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Objectives

1. Identify aspects of Iraqi perspectives on mental health and reasons for stigmatization of psychological distress.
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2. Describe Iraqi responses to trauma, based on data from an ACCESS study of Gulf War Iraqi refugees, and any differences that might be anticipated with the new refugees.
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2. Describe Iraqi responses to trauma, based on data from an ACCESS study of Gulf War Iraqi refugees, and any differences that might be anticipated with the new refugees.

3. Identify key elements of ACCESS’ psychosocial rehabilitation model for torture survivors
Aspects of Iraqi Perspectives on Mental Health

• Mental Health problems are viewed as coming from external sources
Aspects of Iraqi Perspectives on Mental Health

Examples of External Sources of Mental Health Problems:

Psychotic – spirits or jinn

Neurotic – somatic
Aspects of Iraqi Perspectives on Mental Health

- Where do Iraqis go for help traditionally?
  - Religious leaders
  - Traditional healers
  - Medical doctors
  - In the family

- Why?
  - Shame vs. guilt in Arab culture
  - High percentage of physiopathological symptoms expressed
  - Religious expectations for control of psychological distress

Implications for Assessment & Diagnosis

• Iraqi clients may express psychological distress including depression & anxiety differently than non-Iraqi clients
  – Example:
    • May not see guilt but more likely to see shame

• Our experiences at ACCESS regarding assessment and diagnosis
In Summary

- Understand the impact of your client’s cultural & religious background on his or her understanding of mental health before providing psychological treatment or psychiatric services.

Population requires:

- Culturally sensitive assessment
- Culturally sensitive mental health treatment
Question and Response Time

Send your questions using the chat feature on your computer
Iraqi Responses to Trauma

• Results of ACCESS study:

“Mental Health Symptoms in Iraqi Refugees: Assessing and Treating Posttraumatic Stress Disorder, Anxiety, and Depression”

A Question for you – the Participants
Iraqi Responses to Trauma

- 116 Iraqi Immigrants
  - 46 Male
  - 70 Female
- Completed two measures
  - 1 on Anxiety and Depression
  - 1 on PTSD


(Submitted for publication)
Iraqi Responses to Trauma

- Many met the criteria as defined by (DSM-IV) for PTSD
- More than half of the men in the sample (n = 25, 54.3%) and less than one fifth of the women (n = 8, 11.4%) received the single diagnosis of PTSD
- Anxiety and Depression prevalent

(Submitted for publication)
Iraqi Response to Trauma

• Differences in trauma history and responses between refugees from the Gulf War and the 2003 refugees

• Demographic differences
Key Elements of the ACCESS Psychosocial Rehabilitation Model

- **Holistic philosophy and approach**
- Primary medical care
- Medications
- Psychotherapy & Group therapy
- Physical therapy (Yoga and Massage)
- Social services (Legal, Community, & Spiritual)
- Employment
- Social Club activities
Key Elements of the ACCESS Psychosocial Rehabilitation Model

• Holistic Approach:
  – Multi Disciplinary Team
Key Elements of the ACCESS Psychosocial Rehabilitation Model

• Holistic Approach:
  – Multi Disciplinary Team
  – Community Support
Key Elements of the ACCESS Psychosocial Rehabilitation Model

• Holistic Approach:
  – Multi Disciplinary Team
  – Community Support
  – Support from Civic and Religious Leaders

A Question for you – the Participants
Key Elements of the ACCESS Psychosocial Rehabilitation Model

• Holistic Approach:
  – Multi Disciplinary Team
  – Community Support
  – Support from Civic and Religious Leaders
  – Partnership with Academia
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• Holistic Approach:
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  – Partnership Academia
  – Building Capacity
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• Holistic Approach:
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  – Building Capacity
  – Advisory Committee
Lessons Learned

• Use the community to determine the real needs and harness support for defined projects i.e. run focus groups, advisory committees, and collaborate with local academic centers or well established community service agencies.

• Use advocacy strategies – i.e. local representatives, and letters of support from organizations and other influential entities.

• Showcase your work by holding open house events, cultural activities.
Lessons Learned

• Use the media to support your mission – let the clients/victims tell their stories.

• Recruit staff that truly has the passion and dedication to serve this special population.

• Satisfied clients are the best advertisement for the program.
Question and Response Time

Send your questions using the chat feature on your computer
Next Webinar

- **June 11th**  (2PM ET, 1PM CT, 12PM MT, 11AM PT)

- **Main Topics Covered:**
  - Suggested Treatments
  - Working with Interpreters
  - Assessment Tools in Arabic/English