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Review Article

The Need for Trauma-Based Services for Syrian Refugees: An Update

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ABSTRACT

As most of the 20,000 Syrian refugees whom the British government has decided to accept have arrived, Britain as a society now have the option of either accepting and supporting these people so that they can contribute productively to British society or to marginalise them further, rendering them more disabled by the trauma they have endured and realising to the far right scaremongering view portray them as a burden on society.

Evidence suggests that neither veterans nor civilian PTSD sufferers in the UK are getting much help from the NHS as there are very few trauma provisions in that big organisation. We have discussed our impression of the way that traumatised Syrian needs to be met with no trauma provision in place. EMDR with the effectiveness and ease with which it could be taught, implemented and maintained could be the way forward to help the refugee population both in the UK and in the Middle East. A project that not only train mental health professionals on EMDR but also employ them (like the Mekong project in South East Asia) will treat this level of trauma.

Introduction

The author has been working within Trauma Aid UK (TAUK) and has been going regularly to Turkey and Jordon to provide training in the trauma therapy EMDR to the Middle East mental health professionals most of them work with Syrian refugees. The Syrian mental health professionals were the biggest group trained by TAUK (66% of the participants). These professionals have given us, through the training and the Skype supervision that followed, first-hand experience of the trauma Syrian people have experienced. Moreover, the Syrian refugees continue in their displacement to be exposed to severe and difficult environments both physically and psychologically [1]. Also, the refugee camps, where many of these professional's work, have very few suitable facilities to enable therapists to provide therapy in a confidential and safe way. That is why those refugees who are arriving to UK do need a lot of support and encouragement to overcome their difficulties and to overcome their huge traumata.

The Syrian Spring

A Human Rights Watch report in 2012 provides harrowing evidence of the Syrian regime's 27 detention centres which routinely torture political opponents and anybody daring to speak against the regime [2]. On the 15 March 2011, children wrote anti-regime slogans on the walls in Deraa (100 kilometres south of the capital Damascus). These children were arrested and then tortured by the local security forces. This cruel response to the action of children stirred up the rage of the long-oppressed population of Inner-City Deraa. The spark that started in Deraa caused the anger of the Syrian people, to explode in series of protests all over Syria, from the Western coastal city of Lattaquié to the Kurdish north-east provinces, and from central Hama to the Euphrates valley. The peaceful unarmed demonstrators were faced with security forces firing on them. On 18 March 2011, big popular uprising took place after the killing of 12 demonstrators in the city of Homs, thousands of protesters occupied, the central Clock-Tower square, which was later renamed "Freedom Square". The demonstrator's main slogan was "Peaceful, Peaceful, Muslims and Christians for freedom". However, the demonstrators were expelled and arrested by the security forces overnight [3]. This led to more organised action by demonstrators and the formation of 'the Syrian local coordination committees' which in a statement on 22 April 2011 called on 'our government' just to: 'Stop the use of torture, stop the killings, stop the arrests and the violence against peaceful demonstrators' [3]. The continued government brutal and killing response to peaceful demonstrators' demands cause Syrians to take up armed and the formation of the Free Syrian Army of civilians and deserters from the Syrian army to take up arms.

Since then a bitter conflict had engulfed the whole of Syria and continued to escalate between the Government military and security forced from one side and the rebels from the others. The lack of meaningful international efforts to end the war has resulted in the rise of violence, extremism and terrorism [4]. The Syrian Regime and its Iranian and more recently Russian allies have continued to carry out deliberate and indiscriminate attacks against civilian targets. The regime continues to use summary detention, torture, rape and execution of political opponents and anybody who speaks against the regime. Extremist groups

like the Islamic State (also known as ISIS), and Al-Qaeda's affiliate in Syria, Jabhat al-Nusra, have also targeted civilians by kidnappings, and executions.

The Syrian people have also been oppressed in the monstrous state of ISIS who used enslavement and beheading of people. This state –like the regime- did not represent in any way the Syrian people or any of their faiths and many in the Middle East think that ISIS was a product of the American Occupation of Iraq in 2003. The American by creating the sectarian divide in Iraq, and marginalisation and oppression of the Sunnis has sawn the seeds for ISIS [5]. The action of the CIA in gathering radical Islamic clerics and military leaders of Saddam's Army in the same Boca Prison South of Iraq in 2004, created the mixture that caused the creation and explosion of ISIS [5]. This resulted in the creation of the Islamic State of Iraq that after 2011, quickly used the Syrian revolution to expand in Syria and occupied many oil rich area that gave the momentum to the creation of the Islamic State in Iraq and Levant (ISIL) in 2013. However, the event that brought ISIS to world attention was their move back to Iraq in the summer of 2014 defeating the ½ million solders strong Iraqi army and occupying large parts of Northern and Western Iraq. It became clear then the atrocities and savagery of this phenomenon. The population under ISIS has been exposed to extreme degree of brutality which is part of what ISIS Jihadists called 'savagery management'. This is an intentional demonstration of severs brutality which is aimed at creating a sense of fear and terror in the opposition internally and externally [5]. The experiences of the Syrian People under both the Syrian Regime and later ISIS must have created a highly traumatised population in Syria.

The Syrian Refugees and their Mental Health Needs

Since the start of the Syrian Revolution in March 2011, nearly half of Syria population has been displaced. This constitute about eight million people in Syria and more than four million registered refugees who have fled to adjacent countries [6]. Most of the Syrian refugees whether internally or externally displaced have experienced military conflict related violence, torture and other forms of violence. It has been estimated that more than 210,000 people have been killed and 840,000 injured from 2011 to 2014 [7]. Many Syrian refugees were exposed to massacres, murder, execution without legal process, torture, hostage-taking, enforced disappearance, rape and sexual violence, as well as recruiting and using children in hostile situations. Indiscriminate bombardment and shelling have created mass civilian casualties and spread terror among civilians. This level of violence must have resulted in long-term physical and mental disabilities in the survivors. All this has caused the average life expectancy of Syrian people to decline from 75.9 years in 2010 to an estimated 55.7 years at the end of 2014 [7]. At the end of 2018, the UNHCR registered around 5.6 Million asylum seekers, most of them are in Syria's neighbouring countries [8,9].

The consequences of the above-mentioned traumata are psychological and social distress and disorders among these refugees which are displayed in the form of a wide range of emotional, cognitive, physical, and behavioural and social problems [10]. Even those who were spared violence and trauma continue to be concerned about the fate of relatives they lost touch with, especially those relatives who classified as missing, in addition to worry for relatives left behind in Syria as a result of the deteriorating security situation in the different parts of Syria resulted in looting and/or destruction of their houses and belongings [1]. The traumatic experiences by their nature also triggers the continuous reliving of the past violent events and cause people to continue to feel unsafe even when they move to live in a safe country of refuge, The situation can get even worse when the situation in the refugees camps associate with difficult daily life circumstances that can result in further demoralisation and hopelessness [11].

Although some of the above-mentioned symptoms could be an adjustment reaction to past and present difficulties that the refugees face, serious mental disorders are increasingly being recognised in this population. Psychiatric institutions in countries like Lebanon have seen increasing number of admissions of Syrians refugees in the last few years, with significant increase of severe psychiatric disorders like Schizophrenia or with significant increase in suicidal ideation amongst these refugees [12]. Moreover, drug abuse and trade in illicit drugs is becoming an increasing problem amongst the Syrian refugees [13]. The older Syrian refugees in Lebanon have been found to have high levels of anxiety (41%), depression (25%), feeling unsafe (24%) or lonely (23%) [14].

Syrian women have suffered their share of oppression under both the Syrian regime and ISIS continue to suffer the consequences of conflict, displacement and hardship. Many refugee women and girls feel particularly isolated and rarely leave their homes, often due to concerns over safety or lack of opportunities [15]. This is particularly difficult in female-headed households due to the death of the male head of household. Sexual violence against women refugees and being harassment and isolation, exploitation and young girls being forced into early marriage to older men [16].

A study by Gokay et al., [17] assessed a random sample of 352 (aged 18 to 65 years) from the 4125 Syrian refugees who live in the Refugee Camp in Gaziantep, Turkey. The study found that 33.5% of the sample had PTSD. The PTSD was acute in 9.3% of individuals, chronic in 89%. The average number of traumatic events that these refugees experienced was 3.71 events. Most traumatic events (66.2%) were related to living in a conflict zone area like witnessing the death of a close friend or family member in 66.2% of individuals, or being abducted or taken hostage in 48%, and being a subject of or the witnessing of torture in 42% of the sample. Another survey of trauma and PTSD was conducted on 155 Syrian refugees living in refugee camps in the northern part of Jordan. The findings showed that the severity of PTSD is greater in female refugees and in those who are educated and married. Also having firsthand experience of the trauma and being affected or hurt also increase the severity. Also, the refugee having relatives who were physically hurt or lost in the traumatic events is another predictive factor [18].

Torture is a severe form of trauma that was defined as 'inflicting severe physical or psychological pain for the purpose of punishment, frightening, or compulsion, and extraction of statements or information' [19]. Victims of torture might suffer PTSD, depression and other problems such as social withdrawal, problems with sleep and additional psychological and social effects on the family and the immediate society. The psychological consequences of torture can be much worse than the physical effects. These psychological consequences can, at times, make it impossible for the victim to recover from them. They might lead in the end, and as a result of the hopelessness and pain, to suicide if effective treatment and adequate support are not available [19].

The consequences of trauma are manifested in many mental health problems including acute stress reaction, adjustment disorder and the most severe consequence is post-traumatic stress disorder or PTSD. As you know, this disorder means that people who survive the trauma re-experience it in the form of flash backs, nightmares and panic attacks. The world continues to feel like a dangerous place even when it is safe. Often this means that these people withdraw from their jobs, friends and families.

Norris, et al, [20] suggested that trauma while being much more common in developing countries than in the developed world where more of the resources to treat trauma are available, it is more challenging to treat, and more difficult to study in developing countries. Most resources for trauma treatment and research are located in Europe, which constitutes only 7% of the world population. It is a well-known fact that the psychological impact of trauma outweighs the physical by an estimated 4:1 ratio [21]. The psychological impact of traumatic events can be overwhelming for individuals, their families, and communities.

The service's components needed by refugees

In the UK, on arrival helping Refugees with their trauma-related mental health problems and treating their physical, psychological and social trauma consequences is an essential aim that should be addressed immediately. Trauma based services will not only meet the needs of the refugees that for long have been traumatised by the oppression and aggressive practices of the despotic regime and terrorist organisations but will also help mental health services with trauma established themes and objectives that will help reverse the trend of stigma associated traditionally with the beliefs on mental health in Arab and Muslim societies. stigma has been found to be one of the most important obstacles for refugees in receiving the mental health they need [22].

Mental disorders are closely associated in Muslim society with spirituality and religions. Those suffering from psychiatric disorders are more likely to consult faith healers rather than a psychiatrist or a psychologist [23,24]. This fact makes it necessary for mental health services to work closely with religious leaders to incorporate traditional spiritual methods of healing like rukyah which involves reading verses from Quran or prayers [25]. Moreover, because trauma can cause a loss of existential meaning, there is a significant role for religious beliefs in facilitating personal meaning and purpose of life that in its turn could help facilitate the growth that follows traumatic events. That is why there have been calls to incorporate religion and spirituality into the psychotherapy of trauma [26].

In psychiatry, culture and language become an important vehicle not only of assessment and understanding of the patients but also to provide effective and culture appropriate management. Trauma has different linguistic and cultural understanding in the Arab society [27].

Arabic speaking mental health professionals or trained professional or interpreters familiar with Arabic mental health terms and concepts are essential. Also, involvement from the Arab community in Britain may be helpful to facilitate refugees' social networks provided that this does not break confidentiality or cause increase stigma. The Role of mosques and religious Imams is also essential considering the spiritual dimension of mental health problems [25,28].

In the Middle East, in addition to the on-going TAUK training of the mental health professionals on trauma psychotherapy, psychiatry should include components of children services. Children are the builders of the country's future and adequate resources need to be devoted to ensuring their mental health within internal standards. The psychiatric literature suggests a strong relationship between substance abuse of drugs and alcohol and political oppression and violence. That is why this component of the service needs to be implemented. Even in the less religious west, the importance of traditional and spiritual healing is becoming recognised [23].

It is even more importantly that these refugees, wherever they are, provided with emotional and social support that evidence showed could cushion the impact of traumatic events and the severity of resulting posttraumatic stress disorder and depression, while insecurity, economic difficulties, and social isolation can make trauma consequences and symptoms much worse [29].

Conclusion

Syrian people are known in the Middle East as hard working, educated and entrepreneurial. As the British government has decided to take 20,000 Syrian refugees and most of them have arrived, British people and institutions now have the options of either accepting, supporting and helping these people so that they can contribute fully and productively to British society or to marginalise them and then they will become more disabled by the trauma they have experienced while in Syria when they will become in reality a burden on society (as the far-right scaremongers are claiming even before their arrival) .

The Refugees will clearly need in addition to traditional British kindness, both medical and psychological help. Solidarity is needed with these refugees who suffered severe trauma only because they revolted against a brutal regime aiming to have

democracy. This solidarity will go a long way in helping these refugees to recover. We have all seen on television the relief and happiness on the faces of the refugees when they saw signs welcoming them after they arrived at some European countries. So, the British People have the opportunity to help these refugees overcome their difficulties and productively settle to become valued members of British society till they can go home again. The alternative is more disabled, anxious and angry people who will be vulnerable to radicalisation if we marginalise them. The long and great tradition of British people standing for the underdog and oppressed people makes me hopeful that British people will treat these refugees with compassion, understanding and acceptance.

In relation to the refugees need for psychological trauma services, it has been suggested that neither veterans nor non-veteran trauma sufferers are getting adequate help in the NHS. Improving trauma services in the NHS will benefit all trauma patients whether they are veterans or not [30]. I have been working with Professor Jamie Hacker Hughes to develop psychological trauma services in the NHS Trust where I use EMDR to help both veteran and non-veteran trauma patients. I have established under Professor Hacker Hughes supervision the first 'Veteran and Trauma Clinic' in Essex which has been running since 2010 helping trauma patients.

Since then, I have taken my experience and knowledge in trauma treatment with EMDR back to the Middle East and have treated refugees and then helped in the training and supervision of the Syrian mental health professionals who work with the refugees through TAUK. More than half of the participants of the three TAUK courses in Turkey and Jordan [31] were Syrians. I have been told by these participants, through training and supervising them, that peoples' lives are being transformed significantly through the use of EMDR and the psychological help they received from these professionals who HAP has trained. The presence of such EMDR psychological trauma services will greatly help to meet the needs of those of the Syrian refugees who suffer from PTSD once they are in Europe. This is especially true in view of recent evidence of the use of EMDR therapy on Syrian refugees in Turkey [32] and Germany [33] that suggested its high effectiveness.

The Royal College of Psychiatrists has created the Syrian Taskforce headed by consultant psychiatrist and EMDR Practitioner Dr. Nadim alMoshmosh. TAUK took the lead in that regard by offering training to members of British Arab Psychiatric Association, the organisation of Arabic speaking psychiatrists at low cost to make available trauma therapy EMDR in the Arabic language and also to raise funds for the Middle East programme which train Syrian and other Arabic speaking mental health professionals in this trauma therapy.

Back in the Middle East and to help the largest refugee population of Syrian who are located in Syria and the surrounding countries. The international community needs to start thinking of the mental health refugees inside and outside Syria. As Prof Mohammed Abou-Saleh1and Dr Mamoun Mobayed put it in 2013, even if the conflict had ended then 'the mental health services (in Syria) will be grossly insufficient to meet the predicted care needs.' This fact is making it necessary for the international community to work hard to train more Syrian mental health professionals who could meet such needs. Currently the situation is too dire and a plan of 'reconstruction of health services and to assist in providing skilled human resources for the suffering people of Syria' should be considered as priority [34].

As a result of the economic crisis in Europe and the Gulf Arab states, I was repeatedly told, through my online supervision of the participants, that many of the charities that work with Syrian refugees have since closed many mental health facilities. This is not only leaving many of the refugees without the much-needed mental health support but also leaving many of the professionals who TAUK trained unemployed and unable to help these traumatised refugees. I feel that the only way to meet refugees' trauma needs in Syria and the surrounding countries is through a Middle East EMDR project similar to the Mikong Project in South East Asia which not only trains therapists but also employs them [35]. A leading figure at Trauma Aid Germany (who funded the Mekong Project) informed me in 2018 at the EMDR Europe Conference at Strasbourg that they have the money for such project but 'they do not have the time or it'. I feel that the anti-refugee's populist politics in Germany and other EU countries is fuelling a sense of apathy and rejection of anything related to refugees. A recent study showed that not helping refugees inside Syria and surrounding countries will lead to these refugees heading to Europe in spite of all the dangers and obstacles involved [36]. If humanity has died in European hearts, which is not listening to the cries of children freezing to death [37], then at least let these populist think rationally that helping the refugees in the Middle East will make it less likely for them to face the dangers of travelling to Europe as the evidence from the above Uygun study showed [38].

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