PREFACE

These guidelines describe how members of the public should tailor their approach when providing mental health first aid to an Iraqi refugee who may be developing a mental illness or experiencing a mental health crisis. The role of the mental health first aider is to assist the person until appropriate professional help is received or the crisis resolves. These guidelines include information on how first aiders can be respectful of cultural differences when assisting Iraqis. This document does not cover how to provide mental health first aid for specific mental illnesses or mental health crises. These guidelines can be found at: https://mhfa.com.au/resources/mental-health-first-aid-guidelines

DEVELOPMENT OF THESE GUIDELINES

The following guidelines are based on the expert opinions of mental health professionals from across Australia and internationally, who have extensive knowledge of, and experience in, the mental health of Iraqi refugees. Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged. Please cite the guidelines as follows:

Mental Health First Aid. Important considerations when providing mental health first to Iraqi refugees. Melbourne. Mental Health First Aid: 2016.

Enquiries should be sent to Mental Health First Aid Australia: mhfa@mhfa.com.au

HOW TO USE THESE GUIDELINES

It is important to acknowledge that Iraqi refugees are not all the same; they may differ in their understanding, interpretations, approaches and treatment of mental illness. Be aware that the Iraqi community may not view mental illness in the same way that you do. When providing mental health first aid to an Iraqi refugee, first aiders need to use good judgment about whether the information is going to be appropriate for helping the person. These guidelines are a general set of recommendations about how you can best communicate with an Iraqi refugee who may be experiencing a mental illness or developing a mental health crisis. Each individual is unique and it is important to tailor your support to the person’s needs.

These recommendations therefore may not be appropriate for every Iraqi refugee. Be aware that these guidelines are not exhaustive and simply reading them may not fully equip you to be competent in providing assistance to Iraqi refugees.
HISTORICAL CONTEXT OF WAR AND CONFLICT IN IRAQ

In helping an Iraqi refugee with mental health problems, it is useful to understand the historical context of the conflicts and wars that Iraq has been engaged in over the past 30 years, which may affect the person's mental health and help-seeking behaviour. For over 30 years, Iraqi citizens have been exposed to violence and human rights violations with the country engaged in numerous wars and conflicts. Almost four million Iraqis were already displaced when the most recent war began in March 2003. They were fleeing sectarian violence and mass persecution by the Saddam Hussein regime, escaping the violence from the eight-year war with Iran and the 1991 Gulf War, and escaping the persecution of the 1990s. This was compounded when the international troops entered Iraq in 2003¹.

As result of the violence that plagued Iraq following 2003, there were critical changes to the society and economic profile of Iraq. In 2007, the average number of people killed each day was estimated to be around 100³. This was consistent with Amnesty International and the US State Department reports which determined that Iraq is one of the top five worst offender countries for human security².

According to the UNHCR, 2 out of 5 Iraqi adults are traumatised. Fifty percent of the working population is unemployed¹. Many schools have closed because of insecurity. Thousands of doctors, teachers and other professionals have been murdered and others have fled as refugees. The problems facing Iraq’s neighbours are daunting. From 2006, the quiet but constant stream of people leaving Iraq turned into a steady torrent, with tens of thousands per month crossing the borders into neighbours countries, which themselves are poorly equipped to meet the needs of the refugees¹.

In 2014, the United Nations High Commissioner for Refugees (UNHCR) reported that the total of population of concern from Iraq stood at 4,104,175 and only 369,904 offered permanent resettlement Worldwide³. Of those that resettled offshore only 48,167 were granted protection visas in Australia³.
Iraq’s religious and cultural diversity

It is also important to know that there is significant ethnic and religious diversity in the Iraq population.\(^1\),\(^2\)

The official language is Arabic. With other languages such as Kurdish, Assyrian (Neo-Aramaic) and Turkmens (a Turkish dialect) spoken in areas where they constitute a majority of the population.\(^4\)

The majority of Iraqis are Muslims (97%) which are divided into two groups, the Sunnis and the Shiias\(^5\). The Sunnis, a majority in Islam, are a minority in Iraq, and the Shiias, a minority in the Arab world, are the majority in Iraq.\(^4\) The remaining 3% are Christians and other minorities such as Mandeans and Chaldeans.\(^5\)

While there has been voluntary relocation of many Christian families to Northern Iraq, recent reporting indicates that the overall Christian population may have dropped by as much as 50 percent since the fall of the Saddam Hussein regime in 2003, with many fleeing to Syria, Jordan, and Lebanon.\(^4\)

When assisting an Iraqi refugee with mental health problems, it is very important to avoid making generalisations about the person based on their Iraqi background, as there is significant ethnic and religious diversity in this population. Rather than making assumptions or generalisations, ask the person directly about their background.
Iraqi refugee intake in Australia

In 2011, the Australian Bureau of Statistics reported that a total of 48,166 Iraqi refugees were resettled in Australia. The majority of resettled Iraqis were reported to be Christian and the main language spoken at home was Arabic.

Refugee mental health

Compared to other refugee groups, Iraqi refugees tend to have poorer general health and greater exposure to war-related mental and physical trauma.

Mental health problems are far more common in Iraqi refugees compared to the Australian population.

General psychological distress, and in particular posttraumatic stress disorder (PTSD) and major depression, have been long established as common mental health concerns amongst refugee populations.

Risk factors for mental health problems in Iraqi refugees

There are several factors that can affect the person’s mental health.

Resettled Iraqi refugees will often face cultural shock, financial and economic constraints. This can be accompanied by major disruption in the person’s gender role.

Iraq is a patriarchal society where men play a very prominent role in the provision of finances, safety and security for their family. Upon settlement in less patriarchal countries, Iraqi men sometimes report losing their role within their family. This change in role can be further compounded by some social services offered in resettlement nations such as when Iraqi women become eligible for income support or other benefits.

It is also important to know that ongoing conflicts in Iraq might worsen or trigger mental health problems in the person.

A refugee’s outlook and well-being may also change as they encounter different stages of resettlement (e.g. honeymoon period immediately following arrival giving way to increased stress in response to everyday difficulties).
Cultural considerations in providing mental health first aid

In order to provide the best possible help to an Iraqi refugee with mental health problems you need to be able to work with the person’s cultural framework.

Be careful to respect the cultural traditions of the person, and not to dismiss or trivialise them.

When discussing mental health problems, be aware that a person may use alternative words to express their distress (e.g. using the word ‘nerves’ rather ‘anxiety’) and that there might be a tendency for the person with mental health problems to present somatic complaints rather than psychological ones.

Western cultures may tend to describe their illness (e.g. depression) presenting psychological complaints such as sadness or worthlessness. While non-Western cultures tend to classify their distress using somatic or vegetative complains such as disturbances of sleep or lack of energy.\(^{14}\)

You should be aware also of differing cultural beliefs about the causes of mental health problems that the person may hold.

For instance, while a majority of Iraqi refugees (52.9\%) may believe that the causes of mental health problems, specifically PTSD, are experiencing traumatic events, there are other explanations such as coming from a war-torn country, parent/parents with psychological problems, having a weak character, problem is destiny and having a bad childhood amongst others.\(^{15}\)

Cultural beliefs may also affect attitudes about treatments. For example, Iraqis are unlikely to have knowledge of psychotherapy as a treatment option for mental health problems.\(^{7}\) On the other hand, Iraqis are likely to view reading the Bible or Koran as a helpful intervention for mental health problems.\(^{7}\)

While culture and ethnicity are important, beware of attributing too much to them, particularly as there is a range of factors affecting refugees' mental health problems (e.g. trauma and torture, experiences in their country of origin, settlement issues).

The influence of culture is two way. You also need to assess the potential influence that your own cultural values, expectations and attitudes can have on the help you give to the person. For example, your confidence in Western approaches to health may lead you to overlook or dismiss alternative health beliefs that may be held by Iraqi people.
Cross-cultural communication

A person who has only recently arrived in Australia may have rudimentary English comprehension and understanding of the Australian culture, which may increase the potential for misunderstanding. In some cases, politeness may lead the person to indicate that they have understood when this is not so.

Always communicate in a respectful way. Avoid using a raised voice with a person with limited English comprehension, as this will not enhance communication. If the person does not appear to understand, you should rephrase your statement in simpler words, avoiding jargon.

It is very important to offer a professional interpreter to the person, where one is needed (see box below for more information).

GUIDELINES FOR USING AN INTERPRETER

- Explain to the person the role of any interpreter and their obligations to keep information confidential.
- Be aware of the telephone interpreting services, which are nationally available.
- It is important to use a professional interpreter, in order to avoid ethical and safety issues associated with using a family member, friend, or bilingual employees.
- If an interpreter is required, you should establish the person’s preferred language, ethnicity and gender of the interpreter.
- If an interpreter is required, you should allow for additional extra time involved in communicating through an interpreter.

Always be aware of the surroundings and avoid having conversations in places that may trigger flashbacks and fearful reactions in the person (e.g. rooms with closed-in spaces or barred windows).

Stigma associated with mental health problems

Be aware that a person with mental health problems might feel ashamed if they seek treatment and can be considered ‘insane’ or ‘crazy’ by their community. They may not seek professional help for fear of prejudice as mental health problems are often considered as a weakness within the Iraqi community.

When discussing mental health problems, you should be aware that talking about it openly is often stigmatised by the Iraqi community. The person may choose to keep mental health problems a secret, especially when seeing a health professional.

It is important to know that some Iraqis may feel fear of authorities, including health professionals, which may result in filtering information when discussing their mental health problems.
However, while these attitudes are common in Iraqi community, you should avoid making assumptions or generalisations on stigma-related attitudes in the person that you are helping.

**Barriers to seeking professional help**

There are several barriers to seeking professional help by Iraqi refugees:

- Refugees often prefer non-professional help during a mental health crisis, with only a small percentage of refugees accessing professional services.\(^{16,17}\)
- Men might not seek professional help for fear of appearing weak, because they are required to be strong in order to support their families.
- Common traditional explanations for mental health problems may also act as barriers to seeking professional help within the Australian health system.

Beliefs of causes of mental health problems can be often explained by Iraqis as having origins in God’s will, God’s hands, sorcery, evil eye (Hasad) or attacks from evil-spirits (Darbah)\(^{18}\).
RESOURCES AND SUPPORT

The following services may be useful when assisting an Iraqi refugee:

NATIONAL SERVICES

Mental Health

Embrace Multicultural Mental Health
http://www.embracementalhealth.org.au

Lifeline
Ph: 131 114
www.lifeline.org.au

Other Services

Translating and Interpreting Service (TIS National)
Immediate phone interpreting
(24 hours, every day of the year)
Ph: 131 450 (within Australia)
Ph: +613 9268 8332 (outside Australia)

ATIS phone interpreting
(24 hours, every day of the year)
Ph: 1800 131 450

http://www.tisnational.gov.au

Settlement Services

Services and support are provided to newly arrived humanitarian entrants through a national network of contractors, assisted by volunteers. Support is usually provided for 6 months.

NEW SOUTH WALES

Mental Health

NSW Refugee Health Service (RHS)
Ph: (02) 9794 0770
Email: SWSLHD-RefugeeHealth@health.nsw.gov.au

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
http://www.startts.org.au
Ph: (02) 9646 6700
IMPORTANT CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO IRAQI REFUGEES

Transcultural Mental Health Centre (TMHC)
Ph: (02) 9912 3850

Other Services

NSW - Settlement Services International (SSI) – Sydney
http://www.ssi.org.au/

ACT

Mental Health

Companion House Assisting Survivors of Torture and Trauma
Ph: (02) 6251 4550
www.companionhouse.org.au

Mental Health Crisis, Assessment and Treatment
Phone: 1800 629 354 (24-hour service) or (02) 6205 1065.

Other Services

Migrant & Refugee Settlement Services (MARSS Australia Inc)
Ph: (02) 6248 8577

Queanbeyan Multicultural/Multilingual Centre
Ph: (02) 6297 6110

NORTHERN TERRITORY

Mental Health

Melaleuca Refugee Centre
Ph: (08) 8985 3311
www.melaleuca.org.au

Other Services

Multicultural Community Services of Central Australia
Ph: (08) 8952 8776
www.mcsca.org.au
QUEENSLAND

Mental Health

Queensland Transcultural Mental Health Centre (QTMHC)
Ph: (07) 3167 8333
Outside Brisbane metro areas: 1800 188 189

Refugee Health Network Queensland

Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
Ph: (07) 3391 6677
www.qpastt.org.au

Multicultural Centre for Mental Health and Wellbeing: Harmony Place
www.harmonyplace.org.au

Other Services

Multicultural Australia
Ph: (07) 3337 5400
www.mdainc.org.au

For a full list of organisations funded to provide settlement support see:

SOUTH AUSTRALIA

Mental Health

Migrant Health Service
Phone: 08 8237 3900
www.sahealth.sa.gov.au

Other Services

Australian Migrant Resource Centre (AMRC)
Phone: 08 8217 9500
https://amrc.org.au/contact/
IMPORTANT CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO IRAQI REFUGEES

TASMANIA

Mental Health

Migrant Resource Centre Tasmania
Ph: (03) 6221 0999
https://mrctas.org.au/

VICTORIA

Mental Health

Foundation House – The Victorian Foundation for Survivors of Torture
Ph: (03) 9389 8900
https://foundationhouse.org.au/

Victorian Transcultural Mental Health (VTMH)
Ph: (03) 9231 3300
vtmh.org.au

Action on Disabilities within Ethnic Communities (ADEC)

Other Services
Multicultural Education Services and HSS Consortium
https://www.ames.net.au/
Ph: 132 637
References

15. Sleva-Younan, S., Mond, J., Jorm, A. F. Smith, M., Milosevic, D., Mohammad, Y., ... Uribe Guajardo, M. G.(2014). Mental health literacy in a resettled refugee community in New South Wales: Paving the way for mental health education and promotion in vulnerable communities, School of Medicine, University of Western Sydney, Sydney, Australia.