



IMPORTANT CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO IRAQI REFUGEES

Preface

The guidelines incorporated in this booklet 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:

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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.



IMPORTANT CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID 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 sanctions which followed during much of the 1990s.

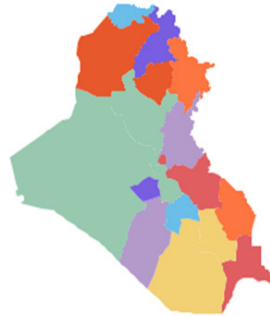
This was compounded when the international troops entered Iraq in 2003.¹

As result of the violence that plagued Iraq since 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 100.¹ This is consistent with Amnesty International and the US State Department reports, which have determined that Iraq is one of the top five worst offender countries for human security.²

According to the UNHCR, 2 out of 5 Iraqi adults are traumatised. Fifty percent of the working population is unemployed.¹ Many schools have closed because of insecurity. Thousands of doctors, teachers and other professionals have been murdered and others have fled as refugees. 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 neighbouring countries. These countries are poorly equipped to meet the needs of the refugees¹ and the problems facing Iraq's neighbours are daunting.

In 2014, the United Nations High Commissioner for Refugees (UNHCR) reported that the total of population of concern (asylum seekers, refugees and internally displaced people) from Iraq stood at 4,104,175 and only 369,904 offered permanent resettlement Worldwide.³

Of those that resettled offshore, 48,167 were granted protection visas in Australia.³



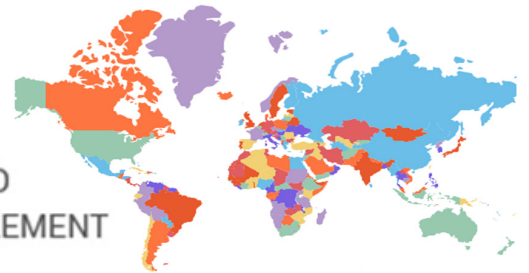
4,104,175

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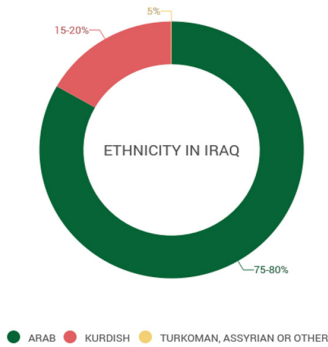
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Iraq's religious and cultural diversity

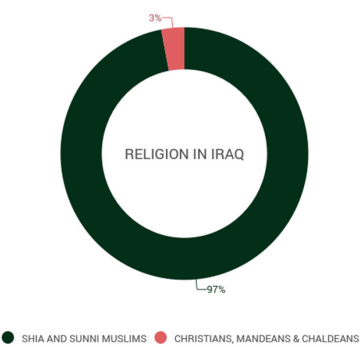
It is also important to know that there is significant ethnic and religious diversity in the Iraq population.^{4,5}



The official language is Arabic. With other languages such as Kurdish, Assyrian (Neo-Aramaic) and Turkmen (a Turkish dialect) spoken in regional areas and Northern Iraq.⁴

The majority of Iraqis are Muslims (97%) which are divided into two groups, the Sunnis and the Shias.⁵ The Sunnis, a majority in Islam, are a minority in Iraq. The Shias, 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

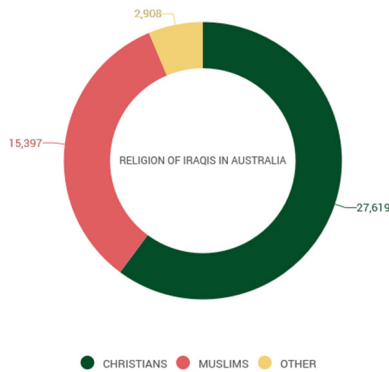


While there has been a voluntary relocation of many Christian families to Northern Iraq, recent reporting indicates that the overall Christian population may have dropped by as much as 50 percent since the fall of the Saddam Hussein regime in 2003, with many fleeing to Syria, Jordan, and Lebanon.⁴

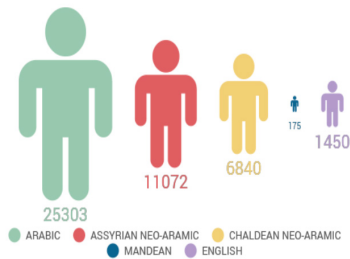
When assisting an Iraqi refugee with mental health problems, it is very important to avoid making generalisations about the person based on their Iraqi background, as there is significant ethnic and religious diversity in this population. Rather than making assumptions or generalisations, ask the person 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.⁶



Language spoken at home



2011 Census Australian Bureau of Statistics

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 resettlement 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.¹³

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).

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.⁷

Mental health problems are far more common in Iraqi refugees compared to the Australian population⁸⁻¹⁰

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.^{11,12}



OF IRAQI REFUGEES HAD SEVERE PSYCHOLOGICAL DISTRESS



OF IRAQI REFUGEES HAD PTSD



OF AUSTRALIANS HAD SEVERE PSYCHOLOGICAL DISTRESS



OF AUSTRALIANS HAD PTSD



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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 mental illness (e.g. depression) by presenting with psychological complaints such as sadness or worthlessness.

On the other hand, some non-Western cultures tend to classify their distress using somatic or vegetative complaints such as headaches, disturbances of sleep or lack of energy.¹⁴

You should also be aware 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 due to experiencing traumatic events, there are other held explanations such as coming from a war torn country, parent/parents with psychological problems, having a weak character, 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.⁸ They may also view reading the Bible or Koran as a helpful intervention for mental health problems.⁸

While culture and ethnicity are important, be cautious about attributing too much to them, particularly as there is a range of other factors that might affect the refugees' mental health (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 limited 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 low 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 service to the person, where one is needed (see resources listed below).

GUIDELINES FOR USING AN INTERPRETER

- Explain to the person the role of the interpreter and their obligations to keep information confidential.
- Be aware of the TIS (Translation and Interpreting Service), which is nationally available.
- Be aware of the importance of using 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, the first aider should establish the person's preferred language, ethnicity and gender of the interpreter.
- If an interpreter is required, the first aider 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 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.

While these attitudes are common in Iraqi community, not all Iraqi refugees will hold them. 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



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National Services

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

Mental Health

Mental Health in Multicultural Australia (MHIMA)

Phone: 07 3167 8306
www.mhima.org.au

Other Services

National Translation and Interpreter Service

Immediate phone interpreting (24 hours everyday of the year)
Phone: 131 450
On-site booking
Phone: 1300 655 082

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)

Level 2, 157-161 George St
Phone: 02 8778 0770
Liverpool, NSW 2170 Fax: 02 8778 0790
www.refugeehealth.org.au
Email: refugeehealth@swsahs.nsw.gov.au

Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

It has offices in Carramar, Auburn and Liverpool, and operates from a number of different outreach locations including Newcastle and Wollongong.

Tel: 02 9794 1900
www.startts.org

Transcultural Mental Health Centre

Phone: 02 9840 3800 or 1800 648 911
http://www.tmhc.nsw.gov.au/

Lifeline

Phone: 131 114
www.lifeline.org.au

Salvo Crises Line

Phone: 02 8736 3292
www.salvos.org.au/need-help/family-and-personal-issues/telephone-counselling.php

Other Services

NSW - Settlement Services International (SSI) - Sydney

Phone: 02 8799 6700
http://www.ssi.org.au/
Email: info@ssi.org.au

HSS- Humanitarian Settlement Services

There are 5 HSS contract areas in NSW: Albury, Wagga Wagga, Illawarra, Hunter, and Coffs Harbour.
https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/humanitarian-settlement-services-hss

Australia Capital Territory

Mental Health

Companion House Assisting Survivors of Torture and Trauma

Phone: 02 6251 4550
www.companionhouse.org.au
Email: info@companionhouse.org.au

Mental Health Crisis, Assessment and Treatment

Phone: 1800 629 354 (24 hour service) or (02) 6205 1065.
http://health.act.gov.au/our-services/mental-health

Other Services

Migrant & Refugee Settlement Services (MARSS)

Phone: 02 6248 8577
http://www.marss.org.au/

Multilingual Centre Queanbeyan

Phone: 02 6297 6110
http://www.qmlc.org.au/
Email: info@qmlc.org.au

Northern Territory

Mental Health

Melaleuca Refugee Centre Darwin

Phone: (08) 8985 3311
www.melaleuca.org.au
Email: admin@melaleuca.org.au

Other Services

Multicultural Community Services of Central Australia

Phone: 08 8952 8776
www.mcsca.org.au
Email: info@mcsca.org.au

Queensland

Mental Health

Queensland Transcultural Mental Health Centre (QTMHC)

Phone: 07 3167 8333
Outside Brisbane metro areas: 1800 188 189
www.health.qld.gov.au

Refugee Health Queensland

Phone: 07 31 63 2880
www.refugeehealthqld.gov.au
Email: refugeehealthqld@mater.org.au

Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)

Phone: 07 3391 6677
www.qpastt.org.au
Email: admin@qpastt.org.au

Multicultural Centre for Mental Health and Wellbeing: Harmony Place

Phone: 07 3848 1600
www.harmonyplace.org.au
Email: admin@harmonyplace.org.au

Other Services

Multicultural Development Association

Phone: 07 3337 5400
www.mdainc.org.au
Email: mailbox@mdabne.org.au

For a full list of organisations funded to provide settlement support see: https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/settlement-services-locator

South Australia

Mental Health

Migrant Health Service

Phone: 08 8237 3900
www.sahealth.sa.gov.au

Other Services

Migrant Resource Centre of South Australian (MRCSA)

Phone: 08 8217 9500
http://www.mrcsa.com.au/contact
Email: admin@mrcsa.com.au



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Tasmania

Mental Health

Migrant Resource Centre Launceston

Phone: 03 6332 2211

www.mymrc.com.au

Email: info@mrcltn.org.au

Hobart – Phoenix Centre – Support for Survivors of Trauma

Southern Tasmania

Phone: 03 6234 9138

Northern Tasmania

Phone: 03 6331 2300

www.mrchobart.org.au

Victoria

Mental Health

Refugee Mental Health Clinic & The Victorian Foundation for Survivors of Torture (at Foundation House)

Phone: 03 9388 0022

www.foundationhouse.org.au

Victorian Transcultural Mental Health (VTMH)

Phone: 03 9231 3300

www.vtmh.org.au

Action on Disabilities within Ethics Communities (ADEC)

Phone: 03 9480 1666 or 1800 626 078

www.adec.org.au

Other Services

Multicultural Education Services and HSS Consortium

South East Melbourne and Gippsland

Phone: 03 8558 8870

Western and Inner Melbourne

Phone: 03 9680 0177

North Eastern Suburbs

Phone: 03 93566200

Rural and Regional Victoria

Phone: 03 99264744

www.ames.net.au

References

1. United Nations High Commissioner for Refugees (2007). Iraq Bleeds UNHCR. Retrieved from <http://www.unhcr.org/4614f73f2.html>.
2. Wood R, Gibney M. (2010) The political terror scale (PTS): a re-introduction and a comparison to the CIRI. *Hu-man Rights Quartely*. 32 Suppl 2:367–400.
3. United Nations High Commissioner for Refugees (2014). World at War UNHCR Global Trends Forced Dis-placement 2014. Retrieved from <http://www.unhcr.org/556725e69.html>.
4. Central Intelligence Agency. The world Fact Book. Middle East, Iraq. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/iz.html>
5. Nydell M. (1996) Understanding Arabs: A Guide for Westerners. Intercultural Press, 174.
6. Australian Bureau of Statistics. (2011). ABS Tablebuilder. Australia. Canberra, ACT: ABS. Commonwealth of Australia.
7. Bruno, A. (2011). US Refugee Resettlement Assistance. Congressional Research Service. Retrieved from <https://www.fas.org/sgp/crs/row/R41570.pdf>
8. Slewa-Younan S, Mond J, Bussion E, Mohammad, Y., Uribe Guajardo, MG., Smith, M., et al. (2014). Mental health literacy of resettled Iraqi refugees in Australia: Knowledge about posttraumatic stress disorder and beliefs about helpfulness of interventions. *Biomedical Central Psychiatry*. doi:10.1186/s12888-014-0320-x.
9. Reavley N, Jorm AF. (2011). National Survey of Mental Health Literacy and Stigma. Canberra: Department of Health and Ageing.
10. Australia Bureau of Statistics National Survey of Mental Health and Wellbeing. (2007). Canberra: Australian Bureau of Statistics (ABS).
11. Mollica R, Wyshak G, Lavelle, J. The psychosocial impact of war trauma and torture on Southeast Asian refugees. (1987). *American Journal of Psychiatry*, 144, 1567-1572.
12. Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R.A., & van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA : the journal of the American Medical Association*, 302(5), 537. doi:10.1001/jama.2009.1132
13. Egan, HB. (2011). Assessing Mental Health Care for Iraqi Refugees in Jordan Looking to New Solutions for the Future. Independent Study Project (ISP) Collection. Paper 1103. Retrieved from http://digitalcollections.sit.edu/isp_collection/1103
14. Lam, K., Marra, C., & Salzinger, K. (2005). Social reinforcement of somatic versus psychological description of depressive events. *Behaviour Research and Therapy*, 43 (9), 1203-1218. doi:10.1016/j.brat.2004.09.003
15. Slewa-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.
16. Youssef, J., & Deane, F. P. (2006). Factors influencing mental-health help-seeking in Arabic-speaking communities in Sydney, Australia. *Mental Health, Religion & Culture*, 9(1), 43-66. doi: 10.1080/13674670512331335686
17. Correa-Velez, I., Sundararajan, V., Brown, K., Gifford, SM. (2007). Hospital utilisation among people born in refugee-source countries: an analysis of hospital admissions, Victoria, 1998-2004. *The Medical journal of Australia*, 186 (11), 577.
18. Hijawi, B., Elzein Elmousaad, H., Marini, A., Funk, M., Skeen, S., Al Ward, N. et al. (2013). WHO Profile on mental health in development (WHO proMIND): Hashemite Kingdom of Jordan. Retrieved from http://apps.who.int/iris/bitstream/10665/92504/1/9789241505666_eng.pdf

