

IOM IRAQ

# MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT NEEDS ASSESSMENT

AL-QA'IM, ANBAR

November – December 2022



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Publisher: International Organization for Migration  
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Website: [iraq.iom.int](http://iraq.iom.int)

This publication was issued without formal editing by IOM.

Design: We2 – [www.we2.co](http://www.we2.co)

Required Citation: International Organization for Migration (IOM), 2023. *Mental Health and Psychosocial Support Needs Assessment: Al-Qa'im, Anbar | November – December 2022*. IOM. Iraq.

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## ABBREVIATIONS

<b>AAF</b>	Ameriyat Al Fallujah	<b>ISIL</b>	Islamic State of Iraq and the Levant
<b>DoE</b>	Department of Education	<b>J1</b>	Jeddah 1
<b>DoLSA</b>	Department of Labor and Social Affairs	<b>KII</b>	Key Informant Interview
<b>DoY&amp;S</b>	Department of Youth and Sports	<b>MEAC</b>	Managing Exits from Armed Conflict
<b>FGD</b>	Focus Group Discussion	<b>MH</b>	Mental Health
<b>FHH</b>	Female Headed Household	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>GoI</b>	Government of Iraq	<b>MLI</b>	MHPSS and Livelihood Integration
<b>IASC</b>	Inter-Agency Standing Committee	<b>NES</b>	North-East Syria
<b>IOM</b>	International Organization for Migration	<b>PFA</b>	Psychological First Aid

# THE MAP OF IRAQ HIGHLIGHTING THE AL-QA'IM DISTRICT IN ANBAR GOVERNORATE



## BACKGROUND

### CONTEXT

Al-Qa'im is one of the major urban centres in West Anbar and lies about 290 km from Ramadi and about 400 km from Baghdad. Al-Qa'im is strategically located at the border between Syria and Iraq.<sup>1</sup> The city lies on the shores of the Euphrates River and is surrounded by fertile agricultural lands.<sup>2</sup> The security situation in the Al-Qa'im district remains unstable with several access restrictions prevailing to date. Perhaps in part due to its relative distance, Al-Qa'im has long suffered scarcity of services, while insecurity and access constraints continue to hinder the recovery effort in the area.<sup>3</sup>

Al-Qa'im was seized by the Islamic State in Iraq and the Levant (ISIL) in June 2014<sup>4</sup> and the Government of Iraq (GoI) successfully re-established control over the district in November 2017.<sup>5</sup> The community experienced two major trends of displacement, one due to the ISIL surge and a second during the subsequent military operations by the GoI to liberate it forcing around 85 per cent of the population to displace to other areas such as Kilo 18, Ameriyat Al Fallujah (AAF) and Bzebes camps.

Recently, due to relatively improving security conditions in the district and with the Government's efforts to reinforce the transition of the country to a developmental context, Al-Qa'im has been receiving multiple batches of returning families especially from Jeddah 1 (J1) center (Ninewa) and AAF camp (Anbar).

However, it is worth noting that, the existing dynamics in Al-Qa'im between members of the host community and the returning families is a complex one and could jeopardize the process of the reintegration of the returning families if not tactfully dealt with and explored.

Considering all of the above, along with the different needs that prevail amongst the displaced and conflict affected populations, dissecting those needs and identifying the available resources within the community are key to designing relevant mental health and psychosocial support (MHPSS) related and other programming interventions that are cognizant of those needs.

As such, IOM conducted a rapid MHPSS needs assessment in Al-Qa'im in late November and early December 2022. The assessment was conducted through 9 Focus Group Discussions (FGD) and 103 Key Informant Interviews (KIIs) with host community members, returnees and key community stakeholders. This report presents the findings of the assessment as well as recommendations for MHPSS and other essential programming to support the affected population in Al-Qa'im.

### ASSESSMENT OBJECTIVES

**The main objectives of this assessment were to:**

1. Assess MHPSS needs, capacities and resources of the host community and the returning population in Al-Qa'im, with a focus on the needs of female headed households (FHHs);
2. Support the development of relevant MHPSS interventions to address the needs of the individuals of both the host community and the returning population in Al-Qa'im;
3. Inform MHPSS actors about key mental health and psychosocial needs and resources in Al-Qa'im district;
4. Inform relevant partners and service providers of other priority needs concerned with basic, protection, health, and legal services.

1 REACH, 2018. Rapid Overview of Areas of Return (ROAR): Al-Qa'im and Surrounding Areas, Anbar Governorate, Iraq - June 2018: <https://reliefweb.int/report/iraq/rapid-overview-areas-return-roar-qa-im-and-surrounding-areas-anbar-governorate-iraq-june>.

2 UNICEF, UNHCR, WFP, 2014. Interagency Rapid Assessment of Internally Displaced Persons in Al-Qa'im: <https://reliefweb.int/report/iraq/interagency-rapid-assessment-internally-displaced-persons-al-qa-im>.

3 IOM, 2020. Needs Assessment Report: Mental Health and Psychosocial Conditions in Anbar. Republic of Iraq, Al-Anbar Governorate. [https://iraq.iom.int/sites/g/files/tmzbd11316/files/documents/IOM%20Iraq%20MHPSS%20assessment%20-%20Anbar%5B1%5D\\_2.pdf](https://iraq.iom.int/sites/g/files/tmzbd11316/files/documents/IOM%20Iraq%20MHPSS%20assessment%20-%20Anbar%5B1%5D_2.pdf).

4 Agence France Press, 2014. Sunni Militants Captured A Crucial Iraq-Syria Border Crossing: <http://businessinsider.com/isis-takes-control-of-Al-Qa'im-border-2014-6>.

5 Al Jazeera, 2017. ISIL loses Al-Qa'im in Iraq and Deir Az Zor in Syria. <https://aljazeera.com/news/2017/11/3/isil-loses-Al-Qa'im-in-iraq-and-deir-az-zor-in-syria>.



## METHODOLOGY

### TARGET POPULATION

The community in Al-Qa'im is characterized by being tribe and clan oriented, rather conservative in its customs and traditions and thrives on strong family bonds. Al Qai'm is also known for the presence of inter-cultural families; both Iraqi and Syrian nationals live together and coexist peacefully. People in the region rely predominantly on agriculture and trading goods as a source of income especially due to the shared borders with Syria, as shared by assessment participants.

The target population for this assessment comprised of individuals from the host community and the returning population from Karabla, Heseiba and Al-Rummanah sub-districts of Al-Qa'im, as well as key community stakeholders. Including individuals from the host community is central to avoid possible reporting bias by having all respondents from the same group and to avoid fueling the tension between both groups (i.e., host community and returnees) should one group be provided with services neglecting the other.

### ASSESSMENT TOOL

The IOM Psychosocial Needs Assessment in Emergency Displacement, Early Recovery, and Return questionnaires were adapted to create the tools for the KIIs and FGDs used for this assessment, targeting stakeholders, adult men, women, and young people in the community. Abbreviated versions of the KII and FGD tools were modified and revised by IOM's MHPSS technical team for the purpose of this assessment.

### DATA COLLECTION

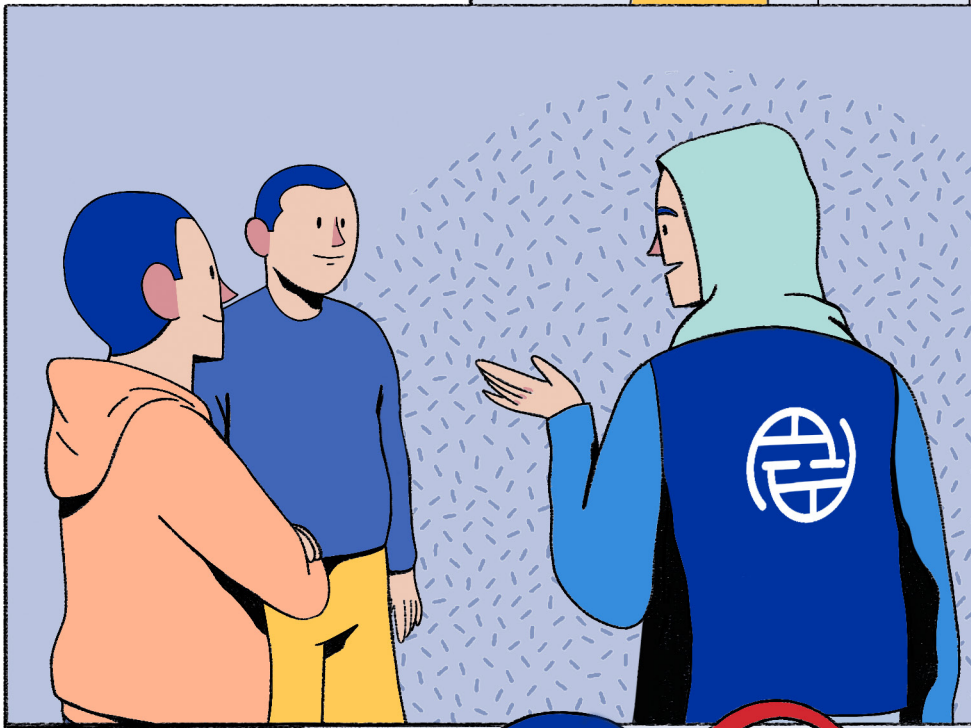
Data collection was conducted in person over 10 days in November and December 2022. In total, 112 data-gathering activities took place, including 9 FGDs and 103 KIIs. Informed consent was obtained from each participant after being provided with information on the purpose of the assessment, how the data would be used, privacy and confidentiality of the information shared and data protection related issues.

Four IOM MHPSS staff conducted the assessment in Al-Qa'im. Although all recruited staff were experienced in the field of MHPSS and had previously been involved in similar assessments, they were provided with an online orientation session to better equip them with information on the purpose and objectives of the assessment and necessary skills of data collection and reporting through roleplays and group discussions. The preparation session also included discussions on possible challenges that could be encountered during different phases of data collection and tips on how to navigate them.

Table 1. FGDs participants' breakdown

	FEMALES	MALES
Youth	2 groups; 16 participants (Heseiba)	2 groups; 19 participants (Heseiba)
Adults	2 groups; 16 participants (Heseiba)	2 groups; 20 participants (Karabla)
Stakeholders	N/A	1 group; 7 participants

Participants of the stakeholders FGD included: The primary health care manager for the district, the community police manager, the managers of the Department of Labor and Services Affairs (DoLSA), the Department of Education (DoE), the Department of Youth and Sports (DoY&S), as well as two tribal leaders and one representative from the Mayor's office in Al-Qa'im.



## RESULTS

### DEMOGRAPHIC DATA OF THE RESPONDENTS

A total of 103 respondents took part in the KII interviews, 51 per cent of them were women (n=53) and 49 per cent were men (n=50).

#### Nationality

All respondents were Iraqi except for one adult male who was Syrian.

#### Age and gender distribution

Most of the assessment participants were adults (76%), followed by youth (23%) and a small number were seniors (1%).

Figure 1. Gender distribution

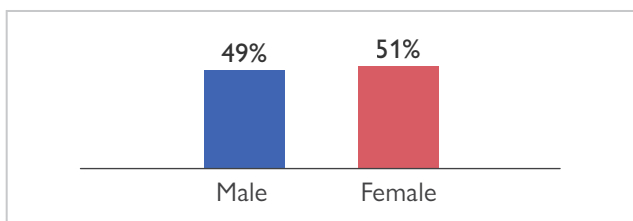
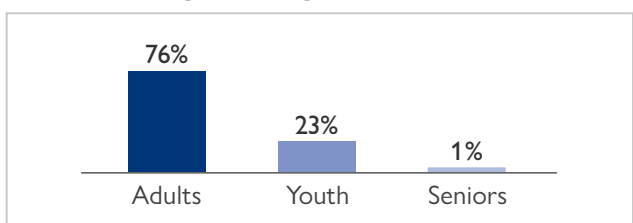


Figure 2. Age distribution



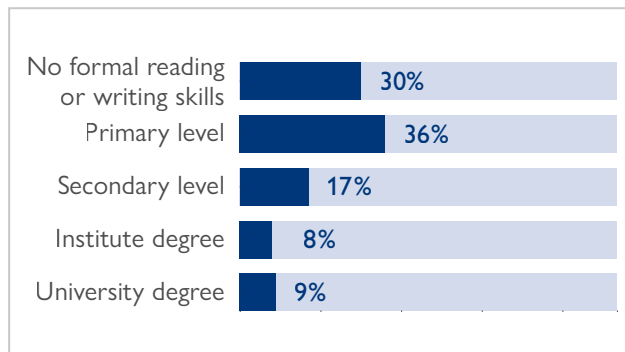
#### Areas of origin

A hundred and two participants were originally from Al-Qa'im except for one adult male who was from Der Al Zur (Syria).

#### Educational level

Most participants had a primary level of education (36%), followed by those who did not possess any formal reading or writing skills (30%), and participants who reported a secondary level of education (17%). Few reported having a university (9%) or institute (8%) degree.

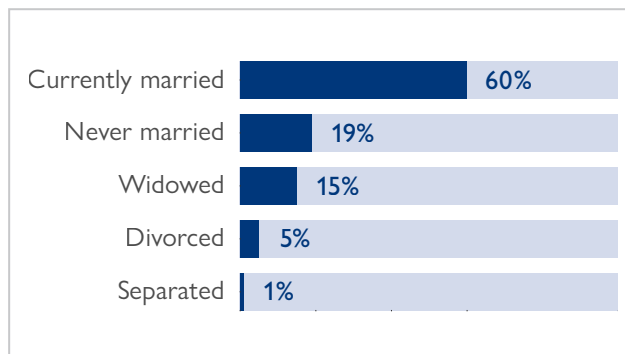
Figure 3. Educational level



#### Social status

Sixty per cent of the respondents were married, nineteen per cent reported to never have been married, while fifteen per cent said to be widowed. Five per cent reported being divorced and one per cent reported being separated at the time of the assessment.

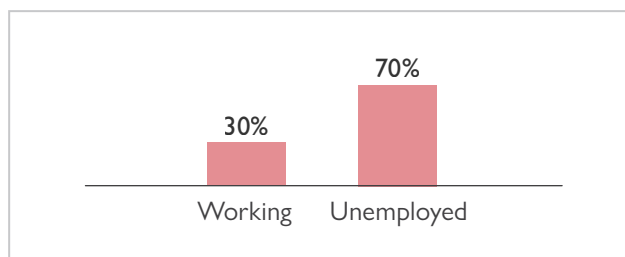
Figure 4. Social status



#### Employment status

Among the assessment respondents, the majority were unemployed (70%).

Figure 5. Employment status



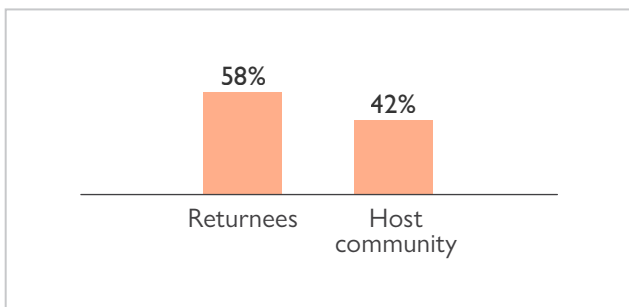
### Female headed households

Thirty-eight (36.8%) respondents indicated that their households were led by and taken care of by adult and young women; only 8 of which reported to be working.

### DISPLACEMENT STATUS

With regards to the displacement status of the respondents, 60 (58%) were of the returning population and the remaining 43 (42%) were from the host community. It is important to note that 16 of those who identified themselves as individuals from the host community have experienced displacement at least once previously.

Figure 6. Displacement status



A total of 76 out of the 103 respondents (73% of the sample) were displaced at least once in their lives at the time of the assessment. In 2022, there were 28 out of the 76 (36.8%) respondents who recently arrived in Al-Qa'im, most of which have returned from Al-Hol camp transiting through J1 in Ninewa. The remaining returnees that took part in the assessment returned to Al-Qa'im from AAF camp, Erbil, Kilo 7 camp and Khaldiya camp.

Between 2018 and 2021, 47 out of the 76 respondents (62%) have returned to Al-Qa'im from different parts of Iraq (AAF camp, Ramadi, Rawa, Baaj, Erbil, Suleiymaniyah, Seyahia camp, Al-Hol camp and the Jeddah Airstrip camp).

#### Total duration of displacement of the respondents

Majority of the respondents (n=57, 75%) spent between 4 to 6 years in displacement, 8 spent 7 to 10 years and only 5 spent 1 to 2 years in displacement.

### PERCEPTIONS OF SAFETY IN THE COMMUNITY

#### Feeling safe in the community

To better understand the community's perception of feeling safe while living in Al-Qa'im and what this could mean with regards to their mental health wellbeing, respondents were asked how safe they felt in the community and if they or someone they know of have experienced any incidents of discrimination. Although the purpose of the question was to get an idea of the challenges returnees could be facing in the process of settling down in Al-Qa'im, host community members were also asked the same to avoid potential reporting bias in responses.

Only 15 out of the 103 respondents stated that they did not feel safe in the community at the time of the assessment; four of which were from the returning population.

Some of the reasons behind feeling unsafe according to the respondents included the following:

- The unstable security situation in the area.
- Families who have children experience fear and worry over the quality of their children's lives considering the adverse experiences they have previously gone through.
- Losing the main caretaker of the family such as the father or husband has caused significant stress and anxiety among the remaining family members.
- Fear of the open desert area around Al-Qa'im, which ISIL sleeper cells can use as hideouts create concerns and worry as stated by the respondents. A fear of a possible second ISIL crisis was also mentioned.
- Feelings of uncertainty about the future.
- Feelings and experiences of discrimination due to having remained in Al-Qa'im during the ISIL occupation.

It is important to note that the data collectors observed that respondents did not feel comfortable enough to provide more details on the volatile security situation, which is understandable in the light of the context where some members of the community still refuse to accept the returnees in Al-Qa'im.

The following are verbatim responses to some examples of feelings of insecurity mentioned by the assessment respondents:

“ There are people writing threatening statements on the walls of our homes such as “You are Daesh” and “We will harm you”.  
– Female KII respondent returning from J1 center

“ We don't feel safe because of the lack of security within the area. – Female KII respondent from the host community

“ My husband has a lot of enemies here (Al-Qa'im) and this does not make us feel safe. – Female KII respondent from host community

“ You always feel that something bad is going to happen and that the situation in the region is unstable. – Female KII respondent returning from J1 center

“ I am the one taking care of my sisters, we only have our grandfather, and he is old. – Young female KII respondent from the host community

### Experiencing discrimination in any form

Additionally, respondents were asked if they or any one they know of have experienced discriminatory incidents of any form. Thirty-five individuals responded positively to having experienced or witnessed discrimination.

It is important to note that due to the sensitive nature of the question, no follow up questions (other than providing examples) were asked. Some participants felt uncomfortable sharing more details to avoid retaliation by community members, and others shared information that could be potentially emotionally triggering had they been delved into further.

The following are verbatim responses to some examples of discrimination as mentioned by the respondents:

“ My paperwork in the government is delayed because of my tribal affiliation.  
– Male KII respondent

“ I was tortured by some of the security forces in the area. – Male KII respondent

“ In schools, there is discrimination by encouraging and providing support to children according to the relationships the families have with the teachers and school staff.  
– Female KII respondent

“ Not receiving the promised compensations by the government for the destroyed houses is a form of discrimination. – Female KII respondent

“ The families who stayed in the area feel that they should receive the credit for liberating the city and are that they more entitled to receiving better opportunities and living conditions.  
– Female KII respondent

“ We do not receive sufficient food portions or oil for the heaters in winter by the government and when I work, I get paid less because I am Syrian, and I do not have Iraqi citizenship.  
– Male KII respondent

“ Because one of my family members joined ISIL, people call us names and tell us that we do not deserve to live. – Male KII respondent

“ We receive many comments like “You are Daesh, you killed our children, you are the ones responsible for the situation we are in.”  
– Female KII respondent

## MENTAL HEALTH AND PSYCHOSOCIAL NEEDS AND IMPACT OF STRESSORS

### Local terms describing stress

More often than not, the use of technical MHPSS terms in assessments may not help respondents to accurately describe their thoughts, feelings and experiences pertaining to their mental health and wellbeing. To prevent this and to ensure the cultural appropriateness of the assessment, respondents were asked about the commonly used terms or words that

describe experiencing any form of psychosocial distress. Accordingly, the same or similar terms were used during the assessment in relevant discussions. Some of the terms shared by the respondents are added verbatim to the table below along with their meanings and pronunciation in English.

Table 2. Words traditionally used to describe stress (Arabic – English)

المعنى MEANING	اللفظ باللغة الانجليزية ENGLISH PRONUNCIATION	التعبير المستخدم ARABIC
I have no interest (to do anything)	Ma-ly Wa-hes	مالي واهس
I am not in the mood	Ma-ly Khy-leg	مالي خلق
Suffocated	Makh-noog(M) / Magh-nooga(F)	مخنوق/مخنوقة
My soul is fed up with life	Baz-a'an Roo-hy	بزغان روحي
My psychological state is tired	Naf-se-ya-ty Ta'a-ba-na	نفسيتي تعبانة
Stressed out	Tha-yej	ضايح
I have unfortunate luck	Ha-thy Ta'a-ban	حظي تعبان
Stressed out	Mo-ta-wa-te-ra	متوترة
Depressed	Mok-ta-'eb	مكتئب
The world can't fit my misery	El-dinya ma Two-Sa'a-ny	الدنيا ما توسعني
Loaded/overwhelmed	Mah-moom	مهموم
I have reached my maximum	Tal-a'a Roo-hy	طالعة روحي
Repressed	Maq-hoor	مقهور

Note: The English translation provided in the table above are the meanings derived from their Arabic counterparts rather than their literal verbatim translation.



## Causes of stress as perceived by the respondents

Causes of emotional and psychological distress experienced by the respondents were further explored and the mentioned reasons are ranked in order of the frequency of the responses in a descending order from the most frequently mentioned causes to the least:

- Difficult financial situation
- Loss of loved ones due to death or incarceration
- Disturbed family dynamics
- Perceived feelings of taking on many responsibilities and the frustration and stress that come with this
- Lack of job opportunities
- Medical issues such as having a medical illness or taking care of a sick family member
- Perceived feelings of helplessness and the inability to take care of one's family, especially for female headed households
- Lack of basic needs and resources in the area
- Work related pressures
- Tough life conditions
- Scarcity of recreational places in the area
- Uncertainty of the future
- Ruminating on traumatic past experiences during the crisis and the displacement
- Shortage of health and medical services
- Unstable security situation of the area
- Experiencing incidents of discrimination
- The absence of supportive people in social networks
- Challenges with raising children and dealing with their difficult behavior
- Housing related needs and issues
- Poor psychological wellbeing
- Excessive worry over the children
- Nostalgia for the (better) life conditions that prevailed before the crisis
- Marginalization of women in the society
- Lack of the sense of equality
- Inability to provide decent educational opportunities to children

“ I do not have a stable financial income; our house is destroyed because of the war.  
– Male KII respondent

“ Society does not accept us; we are not welcomed here. – Female KII respondent

“ I am taking care of my 4 younger sisters, my father is in prison, my mother has passed away and we do not have anyone to take care of us.  
– Young female KII respondent

“ I regret returning back from the camp.  
– Female KII respondent

“ We were subjected to humiliation while moving between the camps, and we are still walking into the unknown. – Female KII respondent

“ I wasn't happy during my time in Al-Hol, I was always under strict surveillance by my family and there were restrictions on movements. This affected me and caused me a lot of stress.  
– Young female FGD participant

“ Most of the families in Karabla don't allow their daughters to pursue an education and force them to get married early. – Young female FGD participant

“ There is a wave of fear about the return process of families from J1 center and this is different across sub districts, the rejection is more in Heseiba than in the other locations. – Stakeholders FGD participant

“ I will not allow my children to interact with children of returnees because I fear they can influence them with their ideas and beliefs.  
– Stakeholders FGD participant



## Impact of expressed causes of stress on mental health

Experiencing immense stress for prolonged periods of time, especially within the context of vulnerable situations such as displacements, can lead to the emergence of numerous mental health and psychosocial issues.

Consequently, individuals participating in the assessment were asked if they have experienced any feelings, behaviours or thoughts in the two weeks that preceded the time of the assessment that could indicate the

presence of existing mental health concerns. This is to better comprehend the MHPSS issues that could be affecting individuals in similar contexts, to support the identification of the true MHPSS needs among the respondents and to inform MHPSS interventions, services, and activities within the community that are sensitive and adaptable to these needs.

**An alarming 99% of the respondents (102) reported having experienced at least one or more of the following presentations in a descending manner from the most to the least occurring:**



**78.4% (80)**

Feeling sad, down, depressed



*I am still very sad because I lost my son. I don't know how to forget about those difficult days. – Female KII respondent*



*I hope that I can turn back in time and regain my happiness and to be able to sleep comfortably again. – Female KII respondent*



**77.4% (79)**

Having little interest or pleasure in doing things



**62.7% (64)**

Feeling so angry to the extent of feeling out of control



*Sometimes I lose control of myself, and I hate it very much. – Male KII respondent*



**57% (59)**

Having trouble concentrating on things



**49% (50)**

Experiencing a marked change in appetite whether poor appetite or overeating



**49% (50)**

Having trouble falling or staying asleep, or sleeping too much



*I hope to get rid of nightmares and get enough sleep. – Female KII respondent*



**29.4% (30)**

Complaining of multiple body pains without a clear medical cause



**18.6% (19)**

Feeling afraid beyond being calmed down



**9% (10)**

Feeling hopeless to the extent of having thoughts of ending one's life



*Life has no meaning, but I am only worried about my children. – Female KII respondent*

The presentation of experiencing having thoughts of ending one’s life was found to affect 9% of the sample (10) and once identified during the assessment, they were provided with Psychological First Aid (PFA) on site by the MHPSS staff with the establishment of a safety plan and were subsequently referred to receive specialized mental health (MH) services.

Suicide is a complex human phenomenon, and it is challenging to infer causal risk factors from the findings of a rapid needs assessment. However, some descriptive characteristics of the 10 individuals identified to suffer from suicidal thoughts are summarized in the table that follows.

**Table 3. Descriptive characteristics of respondents with suicidal thoughts**

Sex	Age group	Social status	Displacement status		Psychological presentations at the time of assessment								
			Place	Period (years)	Anger	Anxiety	Sadness, depression	Loss of interest	Appetite changes	Sleeping problems	Concentration problems	Somatic complaints	
F	18-24	Widowed (FHH)	AlHol-J1	5	-	√	√	√	√	√	√	√	-
F	18-24	Married (FHH)	AlHol-J1	6	√	√	√	√	-	√	-	-	-
F	25-64	Widowed (FHH)	AlHol-J1	8	√	√	√	√	√	√	√	√	√
F	25-64	Widowed (FHH)	AlHol-J1	3	-	√	√	√	√	√	√	√	-
F	25-64	Widowed (FHH)	AlHol-J1	7	√	√	√	√	√	√	√	√	√
F	25-64	Married	Jeddah airstrip camp	6	-	√	√	√	-	√	-	-	√
F	25-64	Widowed (FHH)	Host community		√	-	√	√	√	√	√	√	√
F	25-64	Married	Host community		√	-	√	√	√	√	√	√	-
F	25-64	Married	Host community		√	√	√	-	-	-	√	-	-
M	25-64	Married	Host community		√	√	√	√	√	√	√	√	√

The majority of the individuals (9) were females, 2 of which were from the young adults’ group (18-24). Regarding the displacement status of the sample of concern, 6 out of the 10 were from the returning population; 5 returned from Al-Hol transiting through J1 center, and 1 returned from the previous Jeddah airstrip camp. It is not surprising that virtually all returning individuals who have suicidal thoughts were displaced in Al-Hol/J1 center before their arrival in Al-Qa’im given the harsh conditions that still prevail in Al-Hol to date.

Identifying persons with suicidality from the host community is another important finding that pertains to the importance of including host community members in programs designed to support the return and reintegration of displaced populations. This also indicates that the wellbeing of the community in its

entirety could be affected in one way or another by the prevailing conditions in the area regardless of the displacement status of the individuals.

Additionally, all of the respondents with suicidal thoughts reported experiencing feelings of sadness or depression. This is followed by 9 suffering from the loss of pleasure in doing things and the presence of sleeping problems. Another critical finding is that 3 individuals reported experiencing all 8 presentations which could indicate the presence of a mental health disorder and may require long term MHPSS interventions.

The above characteristics can help flag individuals requiring focused non-specialized and specialized MHPSS services early on and improve their mental health wellbeing in the long term.

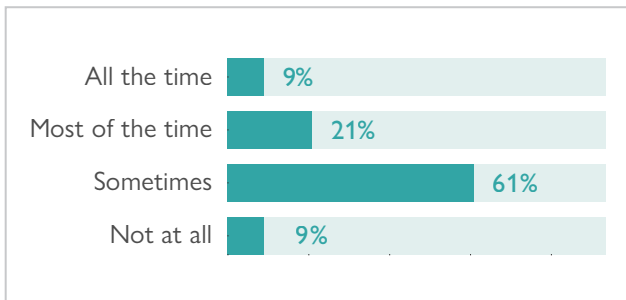
“ The war has caused many people to suffer from trauma as they keep remembering past experiences, have nightmares and severe anxiety. They have witnessed horrific incidents during the ISIL crisis where people were slaughtered and thrown off buildings and trialed without legitimate reasons. – Male FGD participant

“ Youth who suffer from psychological stress do not perform well with their schoolwork. – Male FGD participant

### Impact of stress on daily functioning

To further explore the psychosocial impact of experiencing stress, respondents were asked on how often they have been unable to carry out their daily activities in the two weeks prior to the assessment. Examples of activities of daily living include carrying out daily tasks, taking on work duties, taking care of oneself and of other family members and being able to maintain strong social networks with the community. Among the respondents, 8% reported constant difficulty in carrying out daily functions, 21% noted a difficulty in carrying out daily functions most of the time, while it was sometimes for 61% and no difficulties were reported by 9% of assessment participants.

Figure 7. Difficulty in carrying out daily functions



“ Women who are affected by stress and are anxious cannot take care of themselves or their children. – Female FGD participant

“ Emotional stress causes individuals to take out their stress on other family members and children. – Male FGD participant

### Impact of stressors on the mental health wellbeing of children and adolescents

It is well established that marked disparities exist between the mental health of children and youth affected by war and displacement and those in the general population.<sup>6</sup> This supports the notion that children and adolescents can be considered as one of the most vulnerable groups in contexts of conflict, displacement, and unstable security conditions.

Assessment respondents were encouraged to describe changes they have noticed in the behavior, emotions, school life and peer relationships of children and adolescents, whether they themselves take care of children or noticed these changes within their community. The following were the responses obtained from the KIIs, listed in descending order from the most frequently occurring to the least:

- Loss of self-confidence;
- Fearfulness, anxiety and feeling overwhelmed by the uncertainties of the future;
- Social isolation and withdrawal;
- Excessive use of phones and internet gaming;
- Engaging in harmful behavior such as smoking and substance use;
- Loss of the interest and the motivation to pursue schooling and education;
- Displaying behaviors of disrespect to elders;
- Displaying aggressive behavior to peers and to others;
- Loss of motivation to think about their ambitions, aspirations, and the future among youth;
- Mental health problems that prevail are depression, anxiety, sleeping problems, bedwetting, and traumatic stress reactions.

6 ([https://international-review.icrc.org/sites/default/files/pdf/1590391258/irc101\\_2/S181638312000017Xa.pdf](https://international-review.icrc.org/sites/default/files/pdf/1590391258/irc101_2/S181638312000017Xa.pdf)) (“Effects of War, Terrorism, and Armed Conflict on Young Children: A Systematic Review”, Child Psychiatry and Human Development, Vol. 47, No 6, 2016; Vindya Attanayake, Rachel McKay, Michel Joffres, Sonal Singh, Frederick Burkle Jr. and Edward Mills, Prevalence of Mental Disorders among Children Exposed to War: A Systematic Review of 7,920 Children”, Medicine, Conflict and Survival, Vol. 25, No. 1, 2009.).

“ Children are afraid to go out, they get easily startled by loud noises or seeing planes flying in the sky, and they come back running home fearful and anxious. – Female FGD participant

“ Adolescents have become more introverted and do not like to go out, they do not have good quality life skills, and they seem more fearful than before. – Male FGD participant

“ Children are displaying aggressive behavior due to the exposure to wars and violence. – Female FGD participant

“ Children’s behavior has greatly been affected by the crisis and the war; they engage in violent games. – Female FGD participant

The latest trends of return to Al-Qa'im have included many families who have been repatriated back from Al-Hol camp in North East Syria (NES) and it is well known that the conditions in that camp are appalling. The lack of basic service provisions, overcrowding, insecurity, restriction of movements, separation of family members, and the exposure to different forms of violence has taken a toll on the wellbeing of children, youth, and their caregivers altogether. As mentioned in a recent Managing Exits from Armed Conflict (MEAC) report, it was found that fear and anxiety prevailed amongst most -if not all- of the assessed youth and adults returning from Al-Hol.<sup>7</sup> Additionally, the most common mental health challenges reported among children exposed to conflict are PTSD and depression.<sup>8</sup>

“ When we were in Jeddah camp, my child used to hold the knife and threaten to kill himself. – Female FGD participant

While the above clearly supports the vulnerability of the wellbeing of children and youth in the face of adversities especially in the context of displacement and violence, the inborn power that children possess to deal with hardships cannot be overlooked. This is reiterated by one of the female participants of the FGD who noted that “*children are not much affected by such conditions because they are always trying to vent out their negative energy.*” Empowering communities to mobilize their resources in terms of enhancing the resilience of their young generations can be advocated for and implemented through context sensitive and adaptable MHPSS programming and interventions.



A painting by children at the MHPSS center – Al-Qa'im. © IOM

7 UNIDIR, UNU, 2022. Rehabilitation and Reintegration of Children from Families with Perceived ISIL Affiliation: Experiences from Iraq and Al-Hol. <https://reliefweb.int/report/iraq/rehabilitation-and-reintegration-children-families-perceived-isil-affiliation-experiences-iraq-and-al-hol>.

8 Claudia Catani, “Mental Health of Children Living in War Zones: A Risk and Protection Perspective.” World Psychiatry, Vol. 17, No. 1, 2018.

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT CAPACITIES AND RESOURCES

This section is concerned with highlighting the main mental health and psychosocial strengths and coping mechanisms used when faced with stressors and the available resources of the community in Al-Qa'im.

### Coping mechanisms commonly used to deal with stressors

Understanding the commonly adopted coping mechanisms by the community when faced with adversities is key to designing MHPSS interventions that are sensitive to and build on the strengths and resources of the community. For this reason, respondents of the needs assessment were asked to describe their interests and the activities they usually adopt to effectively deal with arising stressors.

To avoid possible reporting bias, and to inform relevant MHPSS interventions, both positive and unproductive/harmful coping mechanisms were included in the findings. The following responses are listed in a descending order from the most to the least used coping mechanism as per the respondents:

- Going for walks around the neighborhood;
- Falling back on religious beliefs (praying, reading the Quran);
- Social withdrawal from the family and community members;
- Meeting with and talking with friends;
- Keeping busy with housework;
- Crying;
- Spending time with family and relatives;
- Spending time in green or open areas or by the river side;
- Smoking excessively;
- Spending a lot of time on the phone;
- Sleeping it off;

- Taking out stress in the form of verbal and/or physical aggression towards family members including children;
- Watching the television;
- Practicing sports;
- Cooking;
- Practicing hobbies such as drawing;
- Eating (out of stress);
- Trying to be patient to endure the circumstances that they are going through.

“ Social withdrawal and crying by themselves. – Male FGD respondent

“ I remind myself that the future is better. – Male KII respondent

“ When I am under emotional pressure, I leave the house so that I do not take out my stress on the family. – Young male FGD participant

Key strengths that help community members overcome adversities, as identified participants in different FGDs include:

- Strong family ties, for which the community is known for;
- Presence of supportive people that can be relied on;
- Perception of having self-confidence in one's abilities to cope with stress and bounce back from adversity;
- Being hopeful that persisting problems will be overcome one day;
- Relying on spiritual beliefs and religious practices.

## Activities and interests

To shape and link MHPSS services with areas of interests, individuals were asked about the kind of activities and interests they would like to engage in but cannot find enough resources to do so. Understanding these interests can help in developing and subsequently providing MHPSS services in areas that are in line with the interests of the community and in advocating for similar activities to also be implemented by other relevant actors in Al'Al-Qa'im:

- Bicycle repairing and maintenance skills;
- Tailoring and sewing courses;
- Setting up a center for women that is run by women to help in building stronger social networks;
- Opening and running small private businesses such as clothing stores, hairdressing salons, electrical appliances maintenance shops, cattle farms, computer repairing shop, carpentry;
- Providing livelihood opportunities in the agricultural field;
- Continuing the educational journey and pursuing higher educational opportunities;
- Providing safe spaces for women to practice sports freely such as a gymnasium or a sports hall;
- Opening a library to encourage the practice of reading in the community;
- Establishing more factories in the area to deal with the issue of unemployment;
- Providing opportunities to community members, especially youth, to join organizations as volunteers to help spread awareness and help people within their community;
- Opening recreational spaces for different age groups that allow community members to meet and socialize;
- Establishing centers for mental health services provision;
- Providing sessions on life skills such as time management and self-confidence;
- Reinforcing arts-based activities such as drawing, painting and handicrafts courses;
- Establishing centers that provide driving lessons for women;
- Setting up bazars to showcase the talents individuals have and to empower their self-confidence;
- Extending mental health services and activities outside of primary healthcare centers;
- Conducting awareness raising events on mental health topics such as substance abuse, self-care and how to take care of one's mental health.

The list above is not an exhaustive one but activities mentioned should be taken into consideration, as the suggestions come directly from the community members themselves. However, it is crucial to keep in mind that not all suggested activities are suitable for everyone in the community, and it is important to avoid forcing individuals to join them. This was also reiterated by some participants in the FGDs, noting the importance of allowing individuals to choose for themselves the kind of activities they would like to participate in.

“ Group activities that bring together parents with their children to raise awareness on how to deal with youth should be done often. This will help in building better relationships within the family. – Young female FGD participant

“ There should be awareness sessions in primary and secondary schools delivered to children, youth and teachers about different mental health topics. – Stakeholders FGD participant

“ I'm getting older, I don't have any more interests. – Male KII respondent



## Seeking psychosocial support when needed and available

Stigma around mental health conditions and seeking MHPSS services is still heavily persistent within communities in Al-Qa'im. To address this, respondents were asked about their opinions on whether individuals would seek MHPSS services when needed and available. Eighty-four individuals responded positively and so were asked to give examples of the services that they find necessary for the community at the time of assessment. The majority mentioned group-based activities, followed by receiving specialized mental health services by psychologists or psychiatrists, providing awareness raising sessions, supporting caregivers' skills and setting up workshops on different life skills such as time-management, self-confidence and self-care.

81% stated that individuals in the community will seek MHPSS services when needed and available.

The rest of the respondents; those who thought that individuals might not seek MHPSS services, were asked about approaches that they believe could be effective in reducing barriers to seeking psychosocial support. Some of their suggestions are summarized in the following list:

- Highlighting success stories of individuals who have accessed MHPSS services and helped improve their wellbeing;
- Disseminating and sharing awareness leaflets;
- Ensuring the privacy and confidentiality of the services provided;
- Conducting outreach services;
- Supporting individuals in developing their reading and writing skills;
- Raising awareness on mental health issues in schools;
- Setting up life skills courses such as tailoring, hairdressing, computer skills courses for young people;
- Reaching out to affected families in remote and rural areas that are away from the city.

## Ensuring cultural appropriateness in MHPSS service provision

To ensure that the MHPSS services provided are in line with the customs and traditions of the community and to reinforce the “Do no harm” principle outlined in the IASC guiding principles, a specific question regarding the key concerns, beliefs, and cultural issues that service providers should be aware of when providing mental health and psychosocial support to the community in and around Al-Qa'im was asked to the FGD participants. The following were the responses:

- Avoid communicating with children and adolescents without taking consent from parents;
- Avoid imposing services to individuals or groups;
- Strictly adhere to maintaining privacy and confidentiality of the services;
- Invest in building a trustful relationship between the service providers and recipients;
- Respect the customs and traditions of the community, especially related to the attire and behavior of the service providers.
- Avoid discrimination in the provision of services between different groups. For example, avoid services that only target men and leave out women, or services that are only delivered to returnees and not to the host community.

## ADDITIONAL PRIORITY NEEDS OF THE COMMUNITY

Participants have expressed several additional needs that are not related to MHPSS during the KIs and the FGDs. This section highlights those main needs, clustered according to different strata of age groups (children, adults, seniors), and to problem-based status (persons with disabilities, female headed households, people with mental health conditions, returning and internally displaced populations). This can help in informing different actors to provide services that are in line with the needs of the community. Addressing any of the below needs will likely also have a positive impact on the psychosocial and mental health wellbeing of the community in Al-Qa'im.

### Children

- Setting up child friendly spaces and recreational places for youth;
- Opening centers for children with delayed developmental disorders to help them and their caregivers deal with these disorders;
- Providing good quality educational services and opening more schools to serve the population;
- Providing more spaces to practice sports activities such as football, volleyball playgrounds and swimming pools;

“ Youth have often tried to practice swimming but on the banks of the Euphrates. Unfortunately, several young people drowned while doing so and this calls for having swimming pools in the area. – Male FGD participant

“ For the young girls, there are lot of problems that still prevail in the community due to the customs and traditions such as early marriage and the access to education and schools. – Stakeholders FGD participant

### Adults

- Creating recreational spaces where people can meet and connect with each other;
- Providing literacy courses to those who have not received any kind of formal education;
- Providing good quality electricity services in the area;
- Increasing the accessible quality medical services. Poor medical services have caused many families to travel to far away places such as Ramadi, Baghdad or even Erbil to receive needed and proper medical intervention.

“ Unemployment is a serious issue in the area that causes many people to leave and go to other cities such as Baghdad in search for better job opportunities which hugely impacts the familial ties in the community. – Male FGD participant



“ Providing capacity building to governmental staff and entities to be able to provide good quality services in the community is essential. – Stakeholders FGD participant

### Seniors

- Providing good quality medication to seniors with chronic medical disorders;
- Creating a community center for seniors to meet and socialize;
- Giving elders a leading role in community activities that bring people together;
- Improving the financial status of some seniors who were part of the previous regime before 2003 and had cuts in their pension salaries which greatly affected their financial situation.

“ There is a need for a community center that is made for seniors where they can meet and socialize with each other as many of them feel isolated and withdrawn from the community. – Male FGD participant

### Female Headed Households (FHHs)

- Scaling up on safe and relevant job opportunities for women who lead FHHs, to assist them in supporting their families and to empower them to live independently;
- Issuing due compensations to FHHs. Many FHH who lost their husbands and sons during the ISIL crisis have not yet received their compensations (e.g., the rebuilding of their house), causing economic and psychological hardship and stress.

“ Because of the customs and traditions of the community, most of the women in the community do not have enough freedom to work independently, they need to have one of the relatives with them at all times which does not allow them to pursue work opportunities and depend on themselves. – Male FGD participant

### People with mental health conditions

- Provision of specialized MHPSS services. There is a need for psychologists, psychotherapists, psychiatrists, and the provision of psychotropic medication;
- Provision of awareness sessions on mental health disorders and the stigma around mental health conditions;
- Establishing centers to help children with autism spectrum and other developmental disorders.

“ People with mental health needs may not seek help because in this community they are usually called names such as “being crazy” or “mentally retarded”. – Male FGD participant

### Displaced people or returnees

- Support them with building or rebuilding their houses;
- Providing more job opportunities;
- Enhancing access to legal and documentation services;
- Addressing the fear shared by some participants in the FGDs that some returning families might still hold radical ideologies and that they may take revenge on the families within the host community.

“ Providing a safe and welcoming environment to returnees, since many families from the host community still hold them accountable for the losses that they had to endure during the ISIL crisis. – Female FGD participant

### Persons with disabilities

- Delivering awareness sessions to the caretakers of persons with disabilities and to the community about their rights how to empower them in the community;
- Providing persons with disabilities with appropriate job or skills building opportunities;
- Addressing the stigma around persons with disabilities and addressing the psychological sequelae of being bullied through awareness raising sessions and providing mental health and psychosocial support adapted to those affected;
- Providing equipment to persons with disabilities to ensure their safe movement and access to services.

“ It is necessary to provide accessibility equipment to those in need and cannot afford to buy them such as wheelchairs. – Male FGD participant

“ I would like to continue supporting my children until they achieve their dreams and ambitions and get the right education. – Male KII respondent

“ I aspire to have my own project and become a leader in my society. – Male KII respondent

“ I hope everyone feels better again, being able to see my children succeed and that the region does not face another crisis as in the past. – Female KII participant

“ I would like to see my children who are in Al-Hol camp, their father took them. I haven't seen them since 2014. – Female KII participant

## ASPIRATIONS FOR THE FUTURE

To conclude the assessment on a positive note and to rekindle the respondents' hopes for the future, they were further asked about the aspirations that they have for themselves and for their families.

Most of the responses mentioned achieving more stable, secure, and improved life conditions for themselves and their family as their main hope for the future. Other responses included the pursuit of education and getting stable job opportunities or setting up private businesses as well as family reunification.



## KEY FINDINGS AND RECOMMENDATIONS

The main purpose of this assessment was to inform MHPSS interventions and promote sustainable solutions, particularly for the process of reintegration of returning families to Al-Qa'im district in Anbar.

Apart from the findings and recommendations highlighted in the table below, there are three general recommendations that apply for the entire MHPSS programme and were mainly highlighted in FGDs with adults, youth and stakeholders:

1. Design MHPSS activities that are inclusive to individuals of both the host community and the returning population to avoid possible rising tensions.
2. Ensure that MHPSS activities target different vulnerable groups such as women, children and youth, seniors, persons with disabilities and persons with chronic mental health and medical conditions.
3. Design MHPSS activities while being mindful of the customs, norms and traditions of the community.

### FINDING 1

- An alarming 99% of the sample experienced at least one of the feelings, thoughts or behaviors that may indicate the presence of a mental health concern.
- Other reported presentations were problems with concentration, sleeping and eating patterns and multiple somatic complaints.
- Most reported presentations are experiencing feelings of sadness and having a loss of interest in doing things, followed by being overwhelmed with feelings of uncontrollable anger and fear.

### RECOMMENDATION 1

- Provide MHPSS services across all levels of interventions according to the IASC-MHPSS pyramid while adhering to the Do No Harm principle.
- Conduct awareness raising sessions on different MH topics that are of relevance such as stigma around mental health, coping with stress, self-care skills, dealing with difficult emotions, indicators on when to seek MHPSS, mental health conditions such as depression, anxiety and traumatic stress responses.
- Provide both specialized and focused nonspecialized MHPSS services according to the psychosocial needs of the individuals.
- Reinforce outreach MHPSS services through psychosocial mobile teams to reach as many individuals as possible in the community to inform them of the available MHPSS services that could be provided in their area.

### FINDING 2

- Suicidal thoughts have been identified in 10 individuals, 80% of which were women, 50% of which were from the returning population and virtually all of them had returned from Al-Hol camp through J1 center.

### RECOMMENDATION 2

- Provide focused non-specialized and/or specialized mental health services to individuals identified with suicidal thoughts or behaviors or to those suspected to have risk factors predisposing them to attempting suicide.
- Reinforce service provision pathways that link the departing residents of J1 center to the service providers in their areas of return especially those who received MHPSS assistance in J1.
- Provide MHPSS capacity building to personnel who directly interact with individuals such as school teachers, healthcare staff, law enforcement staff, tribal and religious leaders on topic such as suicide prevention, PFA and safe referral pathways.
- Conduct awareness raising sessions on suicide prevention to the whole community.

### FINDING 3

- Main causes of emotional stress identified were the persistence of difficult financial situation, loss of loved ones, disturbed family dynamics, lack of basic service provision.

### RECOMMENDATION 3

- Provide psychoeducation and awareness raising on how to deal with stressful situations and traumatic events, and on the importance of establishing and maintaining healthy family relationships.
- Advocate for basic service provision that are safe, accessible and that protect the dignity of the community members. Encourage humanitarian actors to deliver these services in a safe and socially appropriate way.

#### FINDING 4

- The emotional wellbeing of children and youth was found to be compromised due to the exposure to conflicts and violent events.
- Children and youth have demonstrated certain presentations, including a lack of motivation to pursue education, displaying disrespectful behavior towards elders and peers, social withdrawal and isolation, verbal and physical aggression towards others and symptoms suggestive of traumatic stress reactions.

#### RECOMMENDATION 4

- Conduct awareness raising sessions on the different stress responses that children and youth can present with after exposure to traumatic events.
- Advocate for designing and providing psychosocial support activities targeting children and youth, especially to organizations and entities that are solely concerned with providing services to this age group.
- Conduct caregivers' skills support workshops that bring together both the caregivers and the children or youth to empower healthy family relationships.
- Provide sessions to caregivers to equip them with relevant information regarding the wellbeing of children and youth, tips on how to effectively support them and how to deal with challenging behavior that they might be displaying.
- Provide MHPSS capacity building to personnel who are in direct contact with this age group such as school and nursery teachers, staff in primary health care centers, community police, etc.

### FINDING 5

- Community members, especially women, children, youth and seniors, need shared safe spaces where they can engage in recreational activities, receive courses, workshops or trainings relevant to their interests.
- The need for a space to practice different kinds of sports activities safely and regularly have been identified in the youth and women's groups.

### RECOMMENDATION 5

- Scale up on facilities that could be used for carrying out recreational activities such as arts, cultural events, and for setting up workshops on supporting different life skills.
- Establish and reinforce psychosocial support activities that are community based and delivered in group settings to strengthen communal and interpersonal ties.
- Advocate for the establishment of spaces where youth and women can freely practice sports and any kind of physical activity.
- Integrate psychosocial support content within community based activities whether recreational, cultural or sports based.

### FINDING 6

- Lack of available livelihood opportunities and the persistence of unemployment especially within the group of female headed households are major causes of stress within the community.

### RECOMMENDATION 6

- Implement integrated programming that includes providing support to community members to access livelihoods and become economically self-reliant through IOM's MHPSS and Livelihood Integration (MLI) programme. Examples of some suggested livelihood workshop activities are bicycle repairing and maintenance skills.
- Advocate for the provision of livelihood opportunities to support female headed households based on their interests and available resources.

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