MENTAL HEALTH AND PSYCHOSOCIAL NEEDS ASSESSMENT IN BASRA

REPUBLIC OF IRAQ, BASRA GOVERNORATE

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TABLE OF CONTENTS

LIST OF TABLES 4

LIST OF MAPS 4

LIST OF FIGURES 4

ABBREVIATIONS 5

EXECUTIVE SUMMARY 6

RECOMMENDATIONS 7

1. BACKGROUND 7

1.1 CONTEXT 7

1.2 MENTAL HEALTH AND PSYCHOSOCIAL CONTEXT 7

1.3 ASSESSMENT OBJECTIVES 8

2. METHODOLOGY 8

2.1 TARGET POPULATION AND SAMPLE SELECTION 8

2.2 INFORMATION SOURCES 8

2.3 ASSESSMENT TOOLS 9

2.4 DATA COLLECTION 9

2.5 LIMITATIONS 9

3. RESULTS 9

3.1 DEMOGRAPHIC DATA OF SURVEY RESPONDENTS 9

3.2 ACCOMMODATION, LIVING CONDITIONS, AND DISCRIMINATION 11

3.3 PSYCHOLOGICAL AND PSYCHOSOCIAL NEEDS 13

3.4 COPING STRATEGIES 16

3.5 COMMUNITY SOURCES OF SUPPORT 17

3.6 SERVICES REQUESTED TO HELP MANAGE MHPSS CONDITIONS 18

4. KEY FINDINGS AND RECOMMENDATIONS 19

LIST OF TABLES

Table 1. Focus Group Discussion Participation Breakdown

Table 2. Key Informant Interview Participation Breakdown

Table 3. Factors Facilitating the Adaptation and Social Cohesion

Table 4. Factors Complicating the Adaptation and Social Cohesion

Table 5. Reported Coping Strategies of Groups of Concern

LIST OF MAPS

Map 1. Map of Basra Governorate and Districts

LIST OF FIGURES

Figure 1. Gender

Figure 2. Age

Figure 3. Location

Figure 4. Education Level

Figure 5. Marital Status

Figure 6. Employment Status

Figure 7. Inability Status of Households

Figure 8. Housing Situation

Figure 9. Female- vs. Male-headed Household

Figure 10. Perceived Threat of Eviction

Figure 11. Perceived Restriction of Movement

Figure 12. Perceived Safety of Children

Figure 13. Experience of Discrimination

Figure 14. Type of Experienced Discrimination

Figure 15. Observed Discrimination

Figure 16. Emotional Distress Levels of Respondents

Figure 17. Causes of Emotional Distress

Figure 18. Perceived Prevalence of Distress in the Community

Figure 19. Impact of the Main Causes of Emotional Distress

Figure 20. Relationship with Family

Figure 21. Type of Family Support

Figure 22. Perceived Vulnerable Groups

Figure 23. Services Requested

Figure 24. Aspirations for Future

ABBREVIATIONS

FGD .....Focus Group Discussion

KII .....Key Informant Interview

MHPSS .....Mental Health and Psychosocial Support

NGO .....Non-governmental Organization

PMF .....Popular Mobilization Forces

TRD .....Transition and Recovery Unit

SC .....Social Cohesion

WGSSQs .....Washington Group Short Set of Questions on Disability

EXECUTIVE SUMMARY

This Mental Health and Psychosocial Support (MHPSS) assessment outlines the existing MHPSS needs, the perceived causes of these needs, coping strategies, and gaps in services in Basra Governorate. in 20201, The assessment also examines the respondents' relationships with their families and community members to understand the impact of social relations on mental health and psychosocial wellbeing.

The study utilized quantitative and qualitative methods to collect and analyse data from participants living in the districts of al-Qurna, al-Midaina, al-Maqil, al-Zubair, and Abu al-Khasib located in the north, centre, and south of Basra governorate. In total, IOM Iraq conducted 207 meetings with 196 respondents through Key Informant Interviews (KIIs) that were composed of surveys and 63 respondents through 11 Focus Group Discussions (FGDs). Of the 196 KII respondents, 42 were youth aged 15-18 (25 males and 17 females) and 154 were older than 18 years (79 males and 75 females).

Ultimately, the findings reinforced the need for MHPSS services, the connection between mental health and psychosocial wellbeing, the need for safety and stability, perceptions of existing socioeconomic and security challenges, and corresponding areas of improvement.

Overall, 64 per cent of the participants reported experiencing emotional stress either rather strongly or very much strongly. Psychosocial challenges, socioeconomic issues, the unstable political situation, and lack of access to public services are the most frequently reported causes of emotional distress. Meanwhile, sadness, anxiety, and-family issues are the most frequently reported impact of emotional distress.

While 83 per cent of the respondents stated they feel supported by their families, only 27 per cent reported feeling supported by their community members. The remaining stated they do not feel supported by their family members (17%) or communities (73%). When asked why, respondents mostly mentioned the lack of capacity and resources to offer moral and material support.

The need for socioeconomic security, including providing job opportunities and housing, stood out as the most urgent priority need to be addressed. This was followed by the need for recreational activities and spaces, better governance (including fighting against corruption, drug trade and drug use, and providing better services), better and more accessible educational services and opportunities (including vocational trainings and workshops), and support for girls and women, particularly to eliminate gender-based violence, domestic violence, and forced marriage.

Of the respondents who reported they have children in their household, 48 per cent expressed concerns for their children's safety.

Forty-three per cent of the respondents reported socioeconomic security and stability as the as the most important goal for themselves or their family. Other aspirations included completing studies, buying, or securing housing, immigration from Iraq, and travelling within the country or abroad. Twelve per cent of the respondents reported that they have no aspirations for the future.

Image 1: recreational activity among children and youth to strengthen emotional well being and coping mechanisms

RECOMMENDATIONS

- Establish holistic and comprehensive MHPSS interventions that complement the livelihood, protection, and health needs of adults, youth, and children.
- Provide both specialized and non-specialized-focused MHPSS services.
- Ensure the inclusivity of MHPSS services for different groups perceived vulnerable including men and women, elderly people, and people with disabilities.
- Promote socioeconomic security and stability in the community.
- Create safe spaces for conflict resolution and coexisting peacefully.
- Create safe spaces for recreational activities for different groups with different needs.
- Invest in long-term interventions as the needs are very complex and require time.

1. BACKGROUND

1.1 CONTEXT

The governorate of Basra is located in southeast Iraq, bordering Iran, Kuwait, and Saudi Arabia. The Shatt al-Arab waterway, formed by the confluence of the Tigris and Euphrates rivers in al-Qurnah district, cuts through Basra, and is an important socio-economic hub of south Iraq, particularly thanks to its oil and gas industry[1]. Despite its potential to offer socioeconomic opportunities to approximately 1.4 million citizens living in and around central Basra, the local community suffers from significant social, economic, and political challenges.[2]

The protracted political, sectarian, and tribal conflicts across Iraq have significantly contributed to the formation and mobilization of different armed groups. This has resulted in a complicated process, leading to diverse psychosocial, security, and economic precarities and needs. Basra governorate is particularly affected by these conflicts. Although the Islamic State (ISIS) did not reach Basra governorate, a significant number of young men joined the Popular Mobilization Forces (PMF) to fight ISIS in areas located in northern and western Iraq, including Mosul, Ninewa, and Salah al-Din. PMF is an unintegrated organization founded through "fluid and adaptive networks that vary in horizontal (leadership coherence) and vertical (ties to a social base) structure" where each structure "sheds light on its strategies, capabilities and connectivity to the state" to expand its socioeconomic and political power and control over the community and available resources.[3] Therefore, a significant part of the destruction to infrastructure and socioeconomic life is an outcome of internal, internal conflicts and the lack of effective governance across the governorate.[4]

To identify the mental health and psychosocial needs of people where IOM works with in northern, central, and southern Basra, IOM conducted an assessment that focuses on the existing psychosocial challenges, their perceived reasons, but also encouraging primary stakeholders to consider the outputs of the protracted conflicts in designing policies, programmes, and addressing diverse gaps and needs.

1.2 MENTAL HEALTH AND PSYCHOSOCIAL CONTEXT

The abovementioned conflicts and insecurities create significant psychosocial challenges that individuals in Basra experience at individual, family, community, and societal levels. The National Mental Health Council of Iraq was established in 2004 with the aim of implementing a plan, policy, and legislation addressing critical mental health issues. Developing community mental health services, downsizing institutional psychiatric hospitals while developing acute care units in general hospitals and integrating mental healthcare into primary healthcare were included in the priorities of the Council. As a result of the progress made in integrating mental health services within primary health-care services, a psychosocial sector for this purpose was established in Ministry of Health which is related to the non-communicable diseases department in Baghdad and a primary psychosocial unit care unit was established in every general directorate of health in all governorates. The mental health policy developed in 2014 is partially implemented as there is an ongoing initiative for the integration of mental health into primary healthcare, and related training and capacity-building for medical staff. However, there is no specific budget allocation for mental health

1 Aljamee, H., Naeem, S. & Andrew Bell. (2019). The causes of project delay in Iraqi petroleum industry: A case study in Basra Oil Company, Journal of Transitional Management.

2 World Population Review. (2021). Basra Population 2021.

3 Mansour, R. (2021). Networks of Power: The Popular Forces and the State in Iraq. London: Chatham House.

4 UN-Habitat. (2020). United Nations Humans Settlement Programme. Basra Urban Profile. UN-Habitat Iraq.

services and there is a lack of qualified and skilled staff in psychological therapies and psychiatric consultations[5,6]. in 2021 two hospitals and one community centre in Basra provide mental health services including psychiatric consultations. In order to support Iraq's national response to mental health and psychosocial issues, IOM expanded the geographical reach of its operations and began offering MHPSS services in Basra in September 2020.

1.3 ASSESSMENT OBJECTIVES

The main objectives of this assessment were to:

1. Identify mental health and psychosocial conditions and needs,
2. Explore the community's perceptions and understanding of mental health and psychosocial needs and available resources, and
3. Explore perceptions about the underlying reasons for psychosocial challenges and expressed need for MHPSS services.

Data collected will assist IOM Iraq and other relevant stakeholders in responding to the mental health and psychosocial needs of people of concern.

2. METHODOLOGY

2.1 TARGET POPULATION AND SAMPLE SELECTION

The population of interest for this assessment consisted of adults and young people, aged 15-18, in districts al-Qurna, al-Midaina, al-Maqil, al-Zubair, and Abu al-Khasib districts. The assessment was conducted through FGDs and KIIs and utilized a stratified sampling strategy to account for the varied measurement of interest for participating in the survey among different subgroups. This strategy also ensured representation from all subgroups within the demographics of age, gender, and residential area. Following the tailoring of tools for FGDs and KIIs, the team completed data collection between April and May 2021.

2.2 INFORMATION SOURCES

2.2.1 FOCUS GROUP DISCUSSIONS

A total of 63 participants shared their views in 11 FGDs.

Table 1. Focus Group Discussion Breakdown

	Number Of Fgd Conducted	Number Of Participants
Adult males and females (including stakeholders)	9	51
Young males and females (aged 15-18)	2	12
Total	11	63

2.2.2 KEY INFORMANT INTERVIEWS

A total of 196 participants answered survey questions.

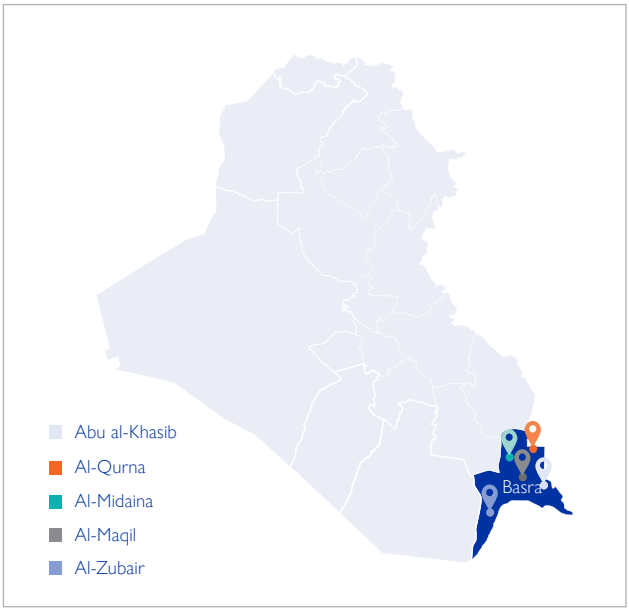
Table 2. Key Informant Interview Participation Breakdown

	Number Of Participants
Adult males (including stakeholders)	79
Adult females (including stakeholders)	75
Young males (aged 15-18)	25
Young females (aged 15-18)	17
Total	196

5 World Health Organization. (2006). World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS): Mental Health System in Iraq.

6 Al-Uzri, M., Abed, R., & Abbas, M. (2012). Rebuilding mental health services in Iraq. International Psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists, 9(3), 58-60.

Map 1. Map of Basra Governorate and its districts



2.3 ASSESSMENT TOOLS

The assessment adopted the "Qualitative Questionnaire for Households," which is part of IOM's "Psychosocial Needs Assessment in Displacement and Emergency Situations" tool.

2.4 DATA COLLECTION

Four IOM MHPSS staff trained and knowledgeable about the MHPSS needs and vulnerabilities in Basra conducted the interviews for this assessment. Additionally, the MHPSS Programme Officers provided them with a briefing session on how to use the survey and data collection tools and enter the data.

FGDs and KIIs were conducted in an age and gender-sensitive manner, with separate sessions held for adult and young males and females.

The programme team obtained participants' informed consent and explained the purpose of the assessment, how the data would be used, anonymized, and kept confidential.

2.5 LIMITATIONS

During the data collection, the MHPSS field team faced certain challenges and limitations. One of most notable constraints was the restrictions imposed by the local authorities to prevent the spread of COVID-19. The staff carefully followed the necessary measurements (e.g., keeping physical distance, wearing masks, and using hand-sanitizers) to avoid risking the health and wellbeing of both themselves and the participants.

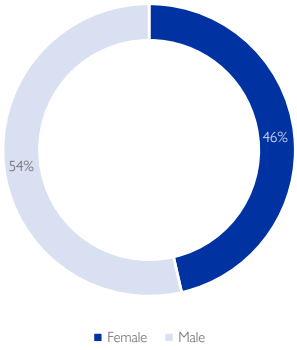
Although the Washington Group Short Set of Questions on Disability (WGSSQs) was used to assess the disability status of the households, there is no segregated data about persons with disabilities because the questions do not ask for further elaboration on the gender and age of those household members with a disability in one or more domains of function including walking, seeing, hearing, cognition, self-care, and communication.

3. RESULTS

3.1 DEMOGRAPHIC DATA OF SURVEY RESPONDENTS

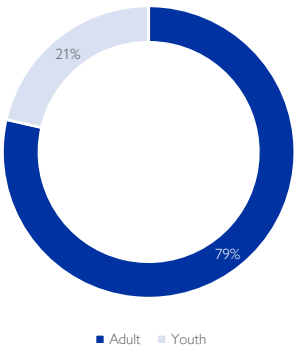
Of the 196 participants, 54 per cent (n=105) were male and 46 per cent were female (n=91) (see Fig. 1).

Figure 1. Gender



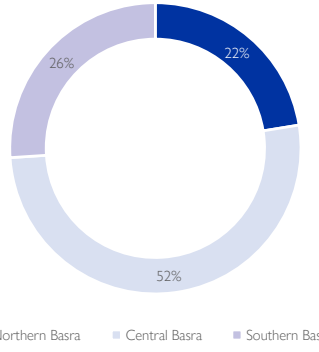
Regarding age, 79 per cent were adults (n=154) and 21 per cent were youth (n=42) (see Fig. 2).

Figure 2. Age



As per residential segregation, forty-four individuals were located in northern Basra (22%), 101 in central Basra (52%), and 51 in southern Basra (26%) (see Fig. 3).

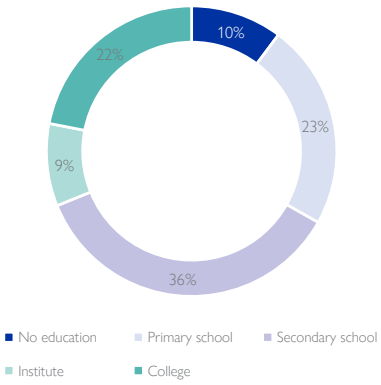
Figure 3. Location



The majority of the participants had no history of displacement. More specifically, ninety-nine per cent of participants had not been displaced before the assessment was conducted.

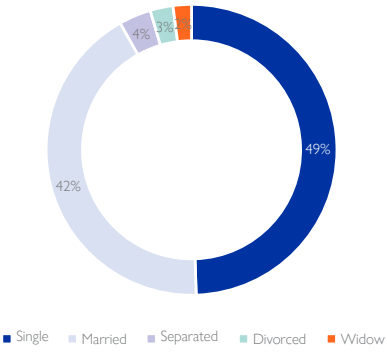
Regarding educational background, ninety per cent of participants attended educational institutions and obtained a degree. While 10 per cent (n=20) had no formal educational background, 23 per cent (n=45) attended primary school, 36 per cent (n=70) attended secondary school, 9 per cent (n=18) attended an educational institute (institute degree is a two-year diploma degree), and 22 per cent (n=43) obtained college degree (see Fig. 4).

Figure 4. Education level



A significant majority of the participants were either single (49%, n=97) or married (42%, n=83), whereas the rest were either living separately from their partners (4%, n=7), divorced (3%, n=5), or widowed (2%, n=4) (see Figure 5).

Figure 5. Marital status



The results also showed that approximately half of the participants were not employed throughout the formal or informal labour market. Less than half of the participants reported their current employment status as either self-employed (including owning a business) or employed (14%, n=27 and 29%, n=57). Twenty-eight per cent (n=55) of the participants were full-time students, 15 per cent worked as house keepers, 13 per cent (n=25) were unemployed, and 1 per cent (n=3) were retired (see Fig. 6).

Figure 6. Employment status

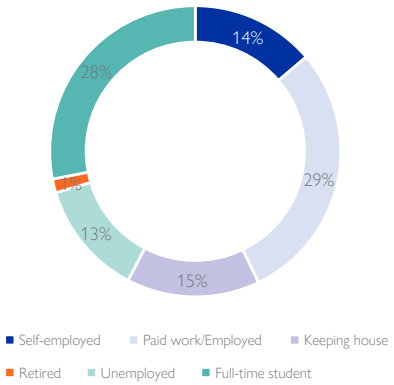


Image 2: paintings from an IOM arts-based MHPSS intervention

Household Data of Survey Respondents

This section used the WGSSQs identify people with different levels of difficulties walking, seeing, hearing, cognition, self-care, and communication. The majority of respondents reported that people in their household do not have difficulties in any of these categories. However, in order to accurately detect the number of people of concern, interviewees were asked further questions in a different manner. Specifically, they were asked to indicate the level of difficulty household members have with walking, seeing, hearing, cognition, self-care, and communication. As shown in Figure 7, 27 per cent (n=53) stated that household members have difficulties seeing; 44 per cent (n=86) with walking or climbing steps; 29 per cent (n=57) with hearing, even when using a hear aid; 6 per cent (n=11) with self-care; 4 per cent (n=8) with communicating; and 18 per cent (n=35) with remembering or concentrating.

Figure 7. Inability status of households

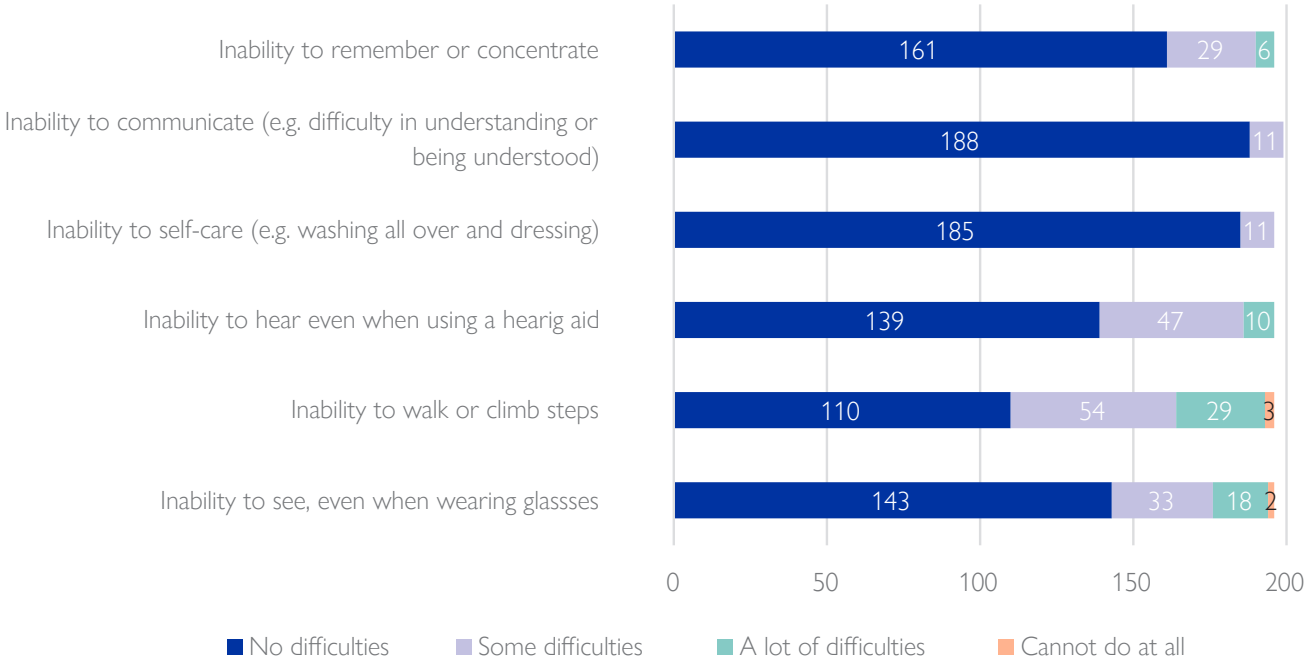
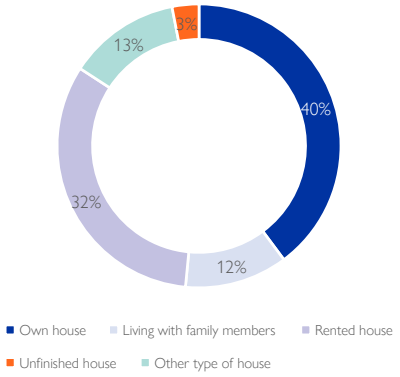


Image3: IOM psychosocial support activity in camp setting for children

3.2 ACCOMMODATION, LIVING CONDITIONS, AND DISCRIMINATION

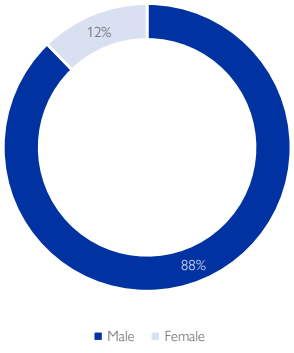
The results show that 40 per cent (n=78) of respondents own a house, 12 per cent (n=23) live with their family members, 32 per cent (n=64) live in a rented house, 3 per cent (n=6) live in an unfinished house, and 13 per cent (n=25) live in other types of houses (e.g., mud houses) (see Fig. 8).

Figure 8. Housing situation



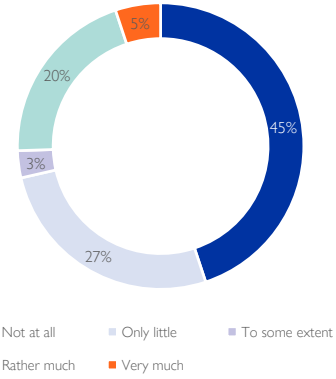
Also, the majority of the households were found to be male-headed (88%, n=172) while the rest were female-headed households (12%, n=24) (see Fig. 9).

Figure 9. Female- vs. male-headed household



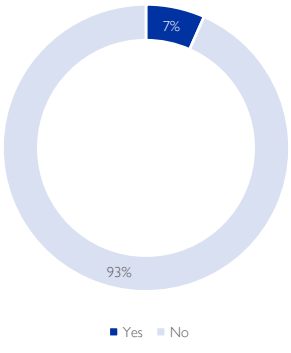
The respondents were also asked to indicate if they perceived a threat of eviction. The findings demonstrate that 45 per cent (n=88) believed there was no threat at all, 30 per cent (n=58) felt the threat existed a little or to some extent, and the rest of the participants believed there was rather much or very much threat (25%, n=50) (see Fig. 10).

Figure 10. Perceived threat of eviction



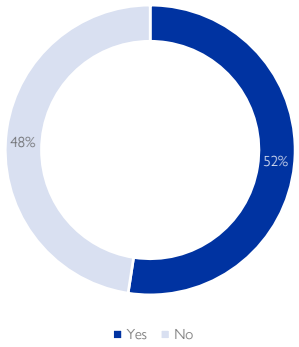
Those who perceive their movement is restricted due to lack of legal identification, fear of leaving their original settlement, inability to move without government approval, or the danger of armed groups were only 7 per cent (n=13) (see Fig. 11).

Figure 11. Perceived restriction of movement



Interviewees were asked also asked about their feelings regarding their children's safety and the areas where they play. Fifty-eight per cent (n=114) stated that they do not have children in their household. Fifty-two per cent (n=43) of those who have at least one child indicated that the children are safe, while 48 per cent (n=39) reported having safety concerns (see Fig. 12).

Figure 12. Perceived safety of children



When asked about their experiences with discrimination, 26 per cent (n=51) reported having experienced racist discrimination (82%, n=42) or discrimination due to the issues within their family or their socioeconomic status (18%, n=9) (see Fig. 13 and Fig. 14).

Figure 13. Experience of discrimination

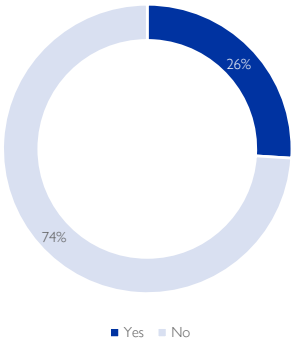
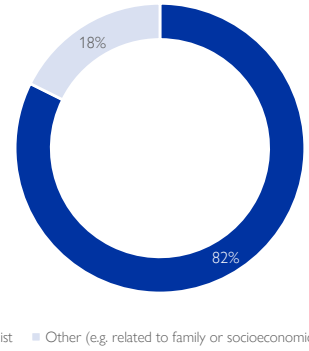
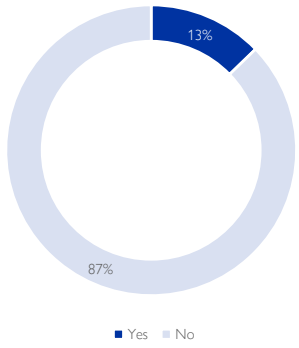


Figure 14. Type of experienced discrimination



Respondents were also asked whether anyone living around them was treated similarly. Thirteen per cent (n=25) of respondents reported observing people around them experiencing similar forms of discrimination (see Fig. 15).

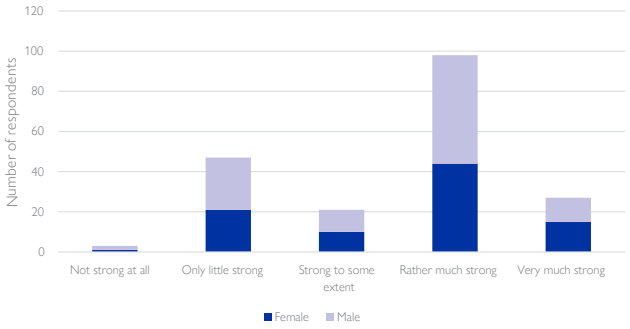
Figure 15. Observed discrimination



3.3 PSYCHOLOGICAL AND PSYCHOSOCIAL NEEDS

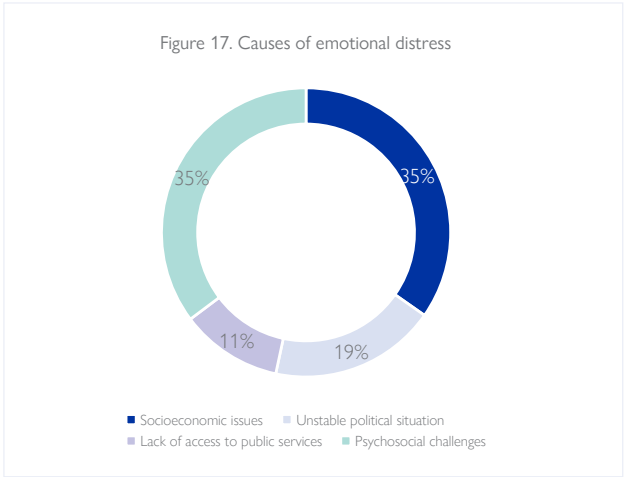
The participants were asked whether they feel emotional distress or uneasiness, to what degree, and its possible underlying causes. They were also asked whether emotional distress or uneasiness is widespread within the community and its perceived impact on daily life, interpersonal relations, and overall psychosocial wellbeing of different groups. The findings reveal that almost all participants feel a certain level of such distress or uneasiness. While similar tendencies regarding the degree of distress are observed among male and female participants in the overall sample, 64 per cent (n=125) reported that their level of distress is rather strong or very much strong, and 35 per cent (n=68) only a little strong or strong to some extent (see Fig. 16).

Figure 16. Emotional distress levels of respondents



Respondents identified two main causes of emotional distress or uneasiness: socioeconomic issues (35%, n=67) (e.g., current unemployment and lack of employment opportunities) and psychosocial challenges (35%, n=68) (e.g., painful experiences, sorrow, traumas, hopelessness, fear, and lose of loved ones). Other causes include unstable political situation (19%, n=36), particularly due to lack of security, protracted political issues, and armed conflicts between tribes and military groups, as well as lack of access to public services (11%, n=22) (see Fig. 17). Lastly, only 12 per cent (n=24) of participants reported others in their community experiencing similar distress.

Figure 17. Causes of emotional distress

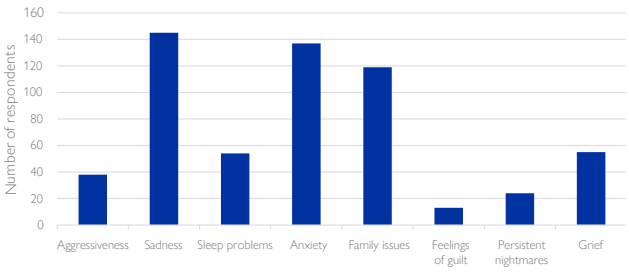


Findings from the FGDs validate the KII data examining the causes of the emotional distress.

> **Quote from FGDs with adults in al-Zubair and Abu Khaseeb districts**
>
> *Lack of job opportunities, clan disputes, and domestic violence.*
>
> *Divorce, family problem, and domestic violence.*
>
> *The lack of parks and places designated for children, family problems, and lack of attention to provide for the child's emotional or daily needs*
>
> *Divorce and domestic violence which complicate the adaption and social cohesion of children and families*
>
> *Unemployment, early marriage, customs and traditions, family disintegration due to social networking pages.*

The findings also indicate that emotional distress has diverse impacts on individuals. The three major impacts are sadness (74%, n=145), anxiety (70%, n=137), and family issues (61%, n=119). The respondents also noted that emotional distress causes sleep problems (33%, n=64), continuous grief (28%, n=55), aggression (19%, n=38), persistent nightmares (12%, n=24), and feelings of guilt (7%, n=13) (see Fig. 19).

Figure 19. Impact of the main causes of emotional distress



Participants also shared their perceptions regarding how emotional distress affects different groups. The responses indicate that the distress negatively impacted **men**, particularly in managing their works and/or business. This includes lack of interest to go to work, inability to concentrate and complete duties, conflicts with managers and colleagues, reduced work performance, nervousness, inability to establish and maintain good relations with family members, and feeling tired, sad, and depressed.

The main impacts on **women** were reported were the inability to do housework, establish and maintain good relations with their partner and children, loss of interest in daily activities, neglecting children's needs, their use of violence against children, and feeling nervous, sad, despair, and tired.

The respondents reported that the impact of emotional distress on **adolescents** include being unable to continue their education, general loss of interest daily activities, adopting "deviant behaviours" such as "disobedience, rebellion, drug abuse, and not respecting adults." Other effects include isolation, excessive sleep, inability to concentrate, feeling aggressive and withdrawn, and constant disagreements with peers and adults.

Anxiety, sadness, aggression, fear, crying, and feeling irritated and uncomfortable were the most commonly reported effects of emotional distress observed among **children**. Other effects included unwillingness to go to school, being easily distracted, and not being able to concentrate on their courses, general loss of interest, bullying peers and youngsters, and feeling isolated and bored.

> Quote from FGDs with adults in al-Zubair and Abu Khaseeb districts
>
> *It affects the behaviour and behaviour of children and makes them more vulnerable to isolation and crying, and there are many requests. As for adolescents, it affects their thinking and may tempt them to make mistakes in their behaviour and in their lives, and they tend to not follow the correct parenting.*
>
> *Their behaviours become aggressive, and their educational success decreases.*

When participants thought about emotional distress experienced by the **elderly**, they reported the following possible effects: encountering issues within the family, feeling isolated, inability to meet basic needs, feeling vulnerable to various diseases and strokes, nervousness, lack of regular and adequate sleep, feeling sad, and general loss of interest.

In FGDs with young and adult males and females, participants were asked to identify the societal, familial, and individual factors that facilitate and complicate the adaptation and social cohesion of youth and adults. Answers given in Table 3 and Table 4 indicate that both facilitating and complicating factors are multidimensional with some overlapping areas at societal, familial, and individual levels.

Table 3. Factors facilitating the adaptation and social cohesion

	Youth	Adult
Societal	• Providing entertainment places such as malls, sports clubs, parks, and cafes • Building sports fields for girls, swimming pools, and providing educational courses	• Providing recreational places • Providing job opportunities • Providing financial loans to kick-start projects
Familial	• Encouraging the pursuit of studies and sports • Offering youth educational and development courses • Addressing young people's needs with financial support	• Encouraging the pursuit of studies and sports • Offering youth educational and development courses • Moral and financial support
Individual	• Personal development • Offering educational courses • Development courses	• Providing financial loans and job opportunities • Courses with certificates for employment opportunities

Table 4. Factors complicating the adaptation and social cohesion

	Youth	Adult
Societal	• Early marriage • Absence and shortage of established schools • Lack of freedom to express themselves and their demands	• Lack of adequate schools or universities • Lack of job opportunities, especially for women • Women's restricted role in society due to customs and traditions • Lack of job opportunities and discrimination by managers
Familial	• Early marriage • Lack of moral support from the society, government, and professionals	• Lack of hospitals and health centres • Lack of work opportunities
Individual	• Restricting women's freedom to pursue an education, study, and other individual aspirations due to tribal customs • Lack of financial support	• Continuous conflicts and security problems • Random shootings at parties and events • Lack of work and financial grants

3.4 COPING STRATEGIES

KII respondents were asked to identify the strategies used by men, women, adolescents, children, and elderly people to cope with emotional distress. As listed in Table 5, each group was found to have both shared and individual strategies to protect their psychosocial wellbeing. Nineteen per cent (n=38) of participants believed that coping strategies do not help them, while 81 per cent (n=158) reported these strategies help them at different levels which varied between a little, sort of, and a lot. Some of the reported coping strategies include posative reactionsand harmful behaviors such as crying and talking drugs

Table 5. Reporting Coping Strategies of Groups of Concern

Group Of Concern	Coping Strategy
Men	• Going out with friends • Taking a walk • Going to cafés • Visiting relatives • Maintaining a routine • Going out with family members and playing with children • Reading Qur'an and praying • Adopting to the situation
Women	• Communicating with friends and close people • Crying • Visiting neighbours and relatives • Going out to shop and walk • Attending skills workshops (e.g., sewing) • Praying and visiting holy places • Supporting family and children
Adolescents	• Going out and playing with friends (e.g., football) • Playing mobile games • Attending and organizing sports activities • Studying • Taking drugs • Standing out against the adults or "rebelling"
Children	• Playing with peers in the neighbourhood • Playing mobile games • Going to parks and play fields with their parents • Crying
Elderly people	• Taking care of their health and seeking medical services • Visiting friends • Praying and visiting religious places • Spending time in parks and gardens

Quote from FGDs with adults in al-Zubair and Abu Khaseeb districts

Some of them [children] may be directed by parents and take the right path in dealing with problems, but many of those who do not find anyone to guide them and teach them how to deal with problems and needs.

Children play video games, but this does not help them.

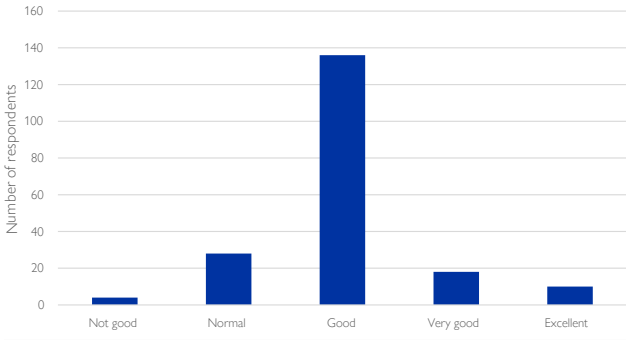
[For youth and adolescents] Entertainment, as well as providing job opportunities for youth and opening workshops to teach the youth such as carpentry, hairdressing and blacksmithing [could help with coping].

There are no available means for change, especially for women and children.

3.5 COMMUNITY SOURCES OF SUPPORT

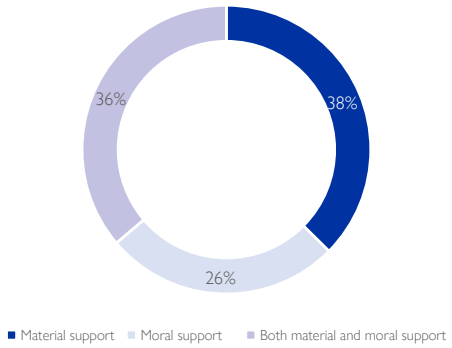
The respondents were asked to reflect on their relationship with their family and whether they received any kind of moral or material/financial support from them. Only two per cent (n=4) of respondents reported that their relationship with the family was not good. Seventy per cent (n=136) identified their relationship as good, 14 per cent (n=28) as normal or neutral, 9 per cent (n=18) as very good, and 5 per cent (n=10) as excellent (see Fig. 20).

Figure 20. Relationship with family



Of the total 196 participants, 163 (83%) noted that they are supported by their families. Sixty-one interviewees (38%) receive material support, 43(26%) receive moral support, and 59 (36%) receive both material and moral support (see Fig. 21). Those who stated that they do not receive family support reported two common reasons for this: that they rely on themselves in responding to psychosocial and economic difficulties, and that their families do not have the opportunity or capacity to offer such support. This was particularly true for material and financial support.

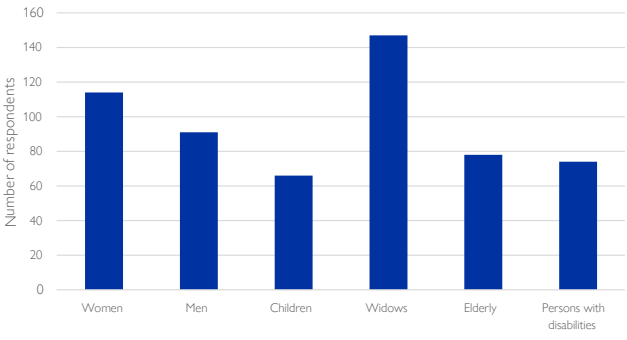
Figure 21. Type of family support



Approximately a quarter of the respondents (26%, n=51) reported feeling supported by the community. In contrast to family, the community support was either material (20%, n=10) or moral (80%, n=41). When asked about why such support was not given by their communities, participants noted the same reasons as above – lack of opportunity or capacity and wanting to rely on own sources.

The assessment also examined the participants' perceptions of vulnerable societal groups. Accordingly, widows (75%, n=147) and women (58%, n=114) were reported more vulnerable than men (46%, n=91). Additionally, elderly people (40%, n=78), persons with disabilities (38%, n=74), and children (34%, n=66) (see Fig. 22) were also perceived as vulnerable groups. Although the respondents acknowledged that these groups are in a vulnerable position, only 19 per cent (n=37) reported an availability of an internal support mechanism for these populations. This mechanism includes material or financial support given by – as reported by the participants – 'some good local people, relatives, and non-governmental and charity organizations. To the participants, the main reasons for this lack of community support include not having the socioeconomic capital, limited capacity to offer material support, and that these groups already receive government or family support.

Figure 22. Perceived vulnerable groups



3.6 SERVICES REQUESTED TO HELP MANAGE MHPSS CONDITIONS

The majority of the respondents (88%, n=172) stated that there are people in the community who need psychological or psychosocial support. This is an important factor to consider when responding to the wellbeing of the community. A similar number of participants (87%, n=171) believed that those in need of psychological or psychosocial support will seek it if it is available. When asked about specific reasons MHPSS services are required, respondents articulated the need to relieve or reduce stress, solve problems, improve their mental health and psychosocial conditions, gain experience and skills, and support self-development. Other reasons MHPSS services were needed was to ease the negative consequences of psychosocial distress so individuals could apply for and obtain loans, a job, and increase their capacity for employment.

Answers to the most urgent needs

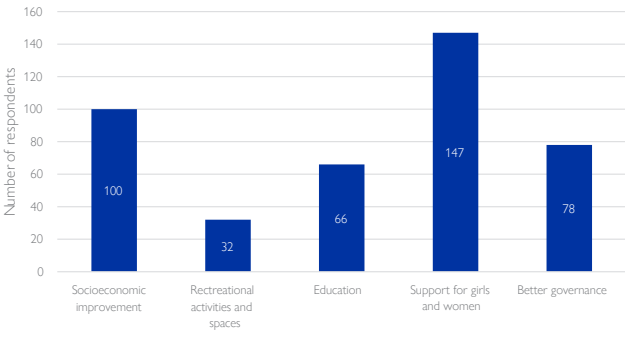
Awareness activities on psychological level, scientific activities, and life awareness activities to manage their lives in the future, and support activities for women and people with disabilities (FGDs with stakeholders from Basra centre)

Providing job opportunities, building hospitals, building schools, paving roads, and public services (FGD with youth females in al-Madaina District)

Elimination of ruling militias, family disintegration, and community development (FGD with youth females in al-Madaina District)

When asked about the issues that need to be addressed in the community, nearly half of the participants (51%, n=100) mentioned having safe and secure employment and appropriate housing. Others mentioned the need for recreational activities and spaces (16%, n=32), better governance (15%, n=29) (e.g., ending conflicts, fight against corruption and drug dealing, and increasing the availability and access of services), better educational services and opportunities (13%, n=25) (e.g., more vocational trainings and workshops), and support for girls and women (5%, n=10) (e.g., campaigns against forced marriage and protection against domestic violence) (see Fig. 23).

Figure 23. Services requested



Quotes from an FGDs with stakeholders from Basra centre:

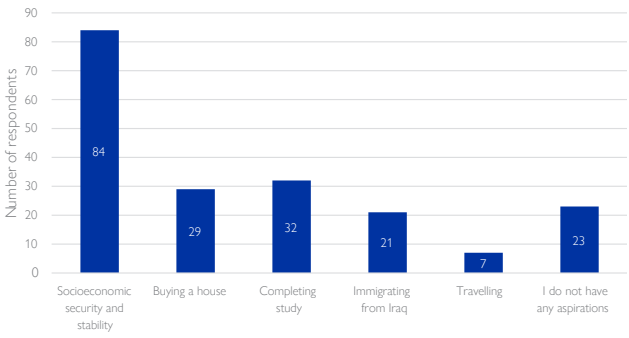
Integration of victims of wars and terrorism into society and activating psychosocial support services and developing them through courses and grants.

Unemployment and its economic and psychological impact. The impact of the coronavirus on social relations. Lack of leisure or well-being experiences for young men and women.

Increase projects to support women, youth, and vulnerable groups in society, and carry out recreational activities for children, and establish awareness-raising events and educational activities for youth.

Finally, the participants were asked if they have any aspirations for the future (see Fig. 24). The reported revealed that respondents' utmost priority was to ensure socioeconomic security and stability (43%, n=84). Other aspiration included completing their studies (either their own studies or supporting their children to complete their studies) (16%, n=32), buying a house either for themselves or their children (15%, n=29), immigrating from Iraq (11%, n=21), and travelling to other countries (4%, n=7). Twelve per cent (n=23) of respondents noted that they do not have any aspirations for their or their family's future.

Figure 24. Aspirations for future



4. KEY FINDINGS AND RECOMMENDATIONS

The broader purpose of this assessment was to inform the strategic approaches and MHPSS interventions and promote long-term and sustainable solutions for Basra Governorate.

This section summarizes key findings and offers relevant recommendations. The below introductory recommendations should be mainstreamed throughout the programme.

Finding 1

Emotional distress is an outcome of multiple challenges, including socioeconomic difficulties, psychosocial problems, political instability, and security issues.

Recommendation 1

Establish holistic and comprehensive MHPSS interventions integrated with other needed services that complement the socioeconomic, psychological, and security needs of children, adults, and elderly.

- Advocate for the provision of basic services that are ethical, safe, and accessible and protect the dignity of community members through documenting the services' impact on the mental health and psychosocial well-being of the populations; influence humanitarian actors to deliver these services in a safe and socially appropriate way.
- Ensure integrated MHPSS, livelihoods, and protection services. None of these services should be implemented standalone. Additionally, effective referral pathways should be established so these services are conducted in tandem. One example could be to provide psychosocial support to unemployed people and gender-based violence survivors.
- Implement integrated programming that includes support to different groups to access safe and secure livelihood resources and become economically self-reliant.
- Establish a coordination mechanism with relevant stakeholders, including local authorities and other organizations providing services in the areas of concern. This can prevent service overlap while ensuring services are provided in a complementary way. IOM in coordination with the Ministry of Health, Basra Department of Health, and national MHPSS working groups should establish a MHPSS sub-working group in Basra to improve coordination between non-governmental organizations working in MHPSS and governmental authorities.

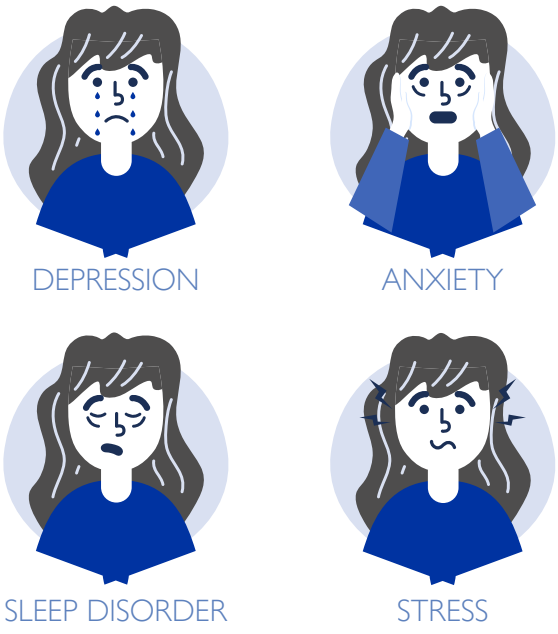
Finding 2

Emotional distress has both similar and diverse impacts on children, adolescents, men, women, and elderly, including sadness, anxiety, sleep problems, and family issues.

Recommendation 2

Design tailored MHPSS interventions that specifically aim to decrease the intensity of emotional distress on different age and gender groups.

- Provide psychological first aid and individual counselling services, and conduct support group sessions for those who exhibit high levels of emotional distress and symptoms of trauma
- Raise awareness about mental health and psychosocial issues, and availability of care to increase the likelihood of community members seeking assistance.
- Ensure the availability of specialized services, including psychological, psychotherapeutic, and psychiatric treatment for people with severe mental disorders. This could be done through establishing referral pathways to existing specialized services, setting up a MHPSS programme in consultation with specialized MHPSS staff, or providing of training programmes to primary healthcare workers and physicians to scale up services for mental, neurological, and substance use disorders.
- Include individuals with severe mental disorders, their families, and caregivers in the planning and implementation of MHPSS programmes.



Finding 3

There is an insufficient number of spaces dedicated to adults or children to conduct recreational activities that would help community members overcome boredom and be active in community-based activities.

Recommendation 3

Establish safe and easily accessible areas for inclusive recreational activities.

- Establish/increase local facilities and services for extracurricular activities such as art, music, and sports. Strive to hold activities once or twice on a regular basis for longer periods of time. The government should ensure the financial sustainability of facilities and effective coordination between the local authorities in charge of these facilities and donor organizations.
- Create and increase spaces for monitored positive cultural exchange (e.g., community centres or centres for children, youth, women, and sports) since social isolation is a significant risk factor that discourages adolescents and adults from actively interacting with people.
- Use psychoeducation as a potential pathway to analyse, manage, and transform conflict. This would fit into the existing efforts of MHPSS services as MHPSS education enables conflict-affected communities and individuals to understand how people work under stress, how they deal with grief and loss, how communication can be a positive factor, and what actions can be taken to respond to and manage adverse conditions.
- Organize workshops and group activities to raise awareness of functional, adaptive, and maladaptive coping skills. These activities could include analysis of case scenarios that require determining possible ways to deal with these issues, brainstorming and role playing, or psychodrama techniques that could be actively used to facilitate adaptive ways of coping.
- Organize peer support groups, sensitive to age and gender, so adolescents and adults can share their experiences and positive coping strategies.
- At the community level, community centres may be useful in creating a peaceful atmosphere for children, adolescents, parents, and caregivers. Thus, they could be leveraged as venues to gather, organize, and engage in activities for community members. Individuals could also be encouraged to undertake different responsibilities (e.g., gardening or organizing events). Working together may facilitate emotional sharing, contribute to interpersonal and intergroup trust, and develop supportive and respectful relations.
- Given that such activities have significant, positive impact on individuals' well-being, they also require a multidisciplinary approach focusing on parenting style, child safeguarding, and ultimately the children's well-being.

Finding 4

There is a clear need for better governance and increasing protective factors for community members to mitigate challenges to socioeconomic and political security.

Recommendation 4

- Organize participatory and inclusive forums and meetings at the district and governorate level to identify the major factors that put the safety and security of communities at risk.
- Invest in integrated and sustainable public policies for better governance based on the principles of transparency and accountability. This will prioritize safety and security of all community members and eliminate corruption. This is particularly important for reviving hope against the widespread belief that positive change is not possible.
- Identify risks associated with socio-political and economic instability across the governorate and develop a multisectoral strategic plan that will address interrelated issues and contribute to long-term stability.
- Prioritize the provision of wider and more sustainable employment opportunities in a way that carefully considers gender, disability, and skills differences.
- Increase the quality and availability of educational opportunities for all age groups. Support community members to develop their sociocultural capacity and skills through focused educational activities, including vocational trainings and workshops, that could help them obtain more stable jobs and contribute to their overall wellbeing.

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