

# Psychosocial support for children, families and teachers in Iraq

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*In 2003, a community based psychosocial programme for children in Iraq was started. Psychosocial activities were implemented in primary schools and in primary health care settings aimed at child mental health protection. This field report describes the programme and some of the difficulties that were encountered. It concludes that even in circumstances as difficult as they are in Iraq it is possible to run psychosocial programmes – if reliable partners are involved.*

**Keywords:** Iraq, children, mental health, psychosocial wellbeing, community based programmes, school based programmes

## **Children in Iraq**

The past and present situation in Iraq is well known; it is not necessary to describe its impact on mental health of the population, and particularly on children. The term 'traumatization' only covers a part of the wide range of adversities affecting mental health and psychosocial wellbeing of children and families in Iraq.

There are, however, problems that are also specific to Iraq. For instance, one problem linked to political change, is the children's lack of confidence in adults, this is affecting the general trust and feeling of security. Children complain to adults; *'you are lying and cheating on us. Before, no one, not parents or teachers said anything bad about Saddam Hussein and now you are telling us only bad things.'*

There are also many adversities stemming from the family situation and relationships. As well as the consequences of Saddam's

dictatorship, armed conflicts and poverty, there is quite a lot of family violence and physical punishment of children, and children working in order to feed families, cope with the bad health situation of parents, etc. Some of the problems related to schools affecting children are quoted by Iraqi colleagues below:

- Kidnapping and killing of students, parents and teachers;
- Children's fear of going to school;
- Absenteeism due to ongoing terrorist acts in schools and their surroundings;
- General increase of violence in schools, especially in secondary schools, where some students have guns;
- Drop out from schools (30% in the region of Babylon);
- Poverty;
- Bad quality of teaching;
- Physical punishment (we were told that three teachers were killed in Babylon because of beating students);
- Low education and professional capacities of teachers, many teachers are not properly qualified;
- Increasing number of students in classes (up to 70 or more – sometimes three children to one desk).

The two main protective resources for children, the family and the school, are in many cases weak, although there is an important protective impact of religion.

In terms of the mental health services and professionals, the situation is extremely

deficient. In Iraq there are about 80 adult psychiatrists for a population of 22 million and one child psychiatrist (in Kurdistan). There are no special mental health services for children. Also, primary health care workers (PHCW) and teachers have very little knowledge of mental health issues.

There are some small, ongoing psychosocial programmes aimed at aiding and protecting children, but their scope and duration are very limited. Therefore, it could not be expected that they would have any significant impact on the population.

### **A community based project**

In 2003, the Austrian and Slovenian governments initiated the programme 'Psychosocial Help to Children, Families and Teachers in Iraq'<sup>1</sup>. The Austrian Development Agency (ADA) and the Government of the Republic of Slovenia continue to finance the programme.<sup>2</sup>

The aim of the project is to empower Iraqi professionals, teachers and primary health care workers, parents and other caretakers, to help children to overcome traumas, losses and psychosocial adversities. The community based programme is supposed to contribute to the social wellbeing and social reconstruction of the covered communities as a whole.

From the very beginning the programme was conceived as developmental, with a strong emphasis on the capacity building of local partners. The basic idea is to link the domestic philosophy, wisdom, practices and resources of mental health protection and coping to modern approaches. Therefore, the programme is mainly based on local potentials. Iraqi partners are the agents of implementation of activities in the school system, in primary health care, and in the communities. Additionally, they spread the programme as a model of good practice and promote mental

health values through media and other public means, through professional conferences, papers, etc. The management of the programme in Iraq is also based on local human resources.

It mobilizes existing human resources in communities, is imbedded in the culture and actual context of Iraq, is based on the local philosophy and religious thinking, and synthesizes local wisdom with new knowledge in the psychological and psychosocial fields. The programme has a strong developmental character realized through local capacity building in the field of child mental health protection, and in the field of management, as well as through the development of a genuine Iraqi model of community based child mental health protection.

The programme is also following the World Health Organization (WHO) philosophy of 'health for all'<sup>3</sup>, which can be paraphrased into 'mental health for all children'. By this we mean it is population oriented; serving huge segments of population and not only treating a small number of individuals. It is community based, which implicates the mobilization of resources in communities as well as being implemented in the context of community structures, especially schools. The programme is holistic; linking the care for mental health with the care of educational achievement and health protection. It is also interdisciplinary and intersectorial; linking the educational sector, health sector, religious sector and others, and engaging representatives of each sector in various educational programmes.

We trained and developed close cooperation with: 55 psychiatrists, paediatricians, public health physicians, psychologists, educational workers, religious advisors and others; 45 primary health care workers; 530 teachers included in four module seminars for primary school teachers working in 146 schools, which

include (all together) 87.060 children, patients and other beneficiaries.

### **The activities of the programme**

The situation in Iraq, in which the programme was started, was very difficult and complicated, but it was expected that it would progressively settle down and that the violence would diminish. Unfortunately, this has not happened. Due to circumstances characterized by increasing violence and insecurity, the programme has had to be modified continuously.

From 2003, the programme was run in the region of Babylon, in 2005 it was extended to Karbala and Baghdad.

Due to the dangerous security situation, direct cooperation with Iraqi colleagues took place in Jordan (Amman) and in Slovenia, and, of course, continuously with email correspondence and phone contacts. Iraqi organizations implemented the programme autonomously in their own regions.

The main activities included: activities in the school system, a programme for primary healthcare workers, and creating a community centre for children (see Figure 1).

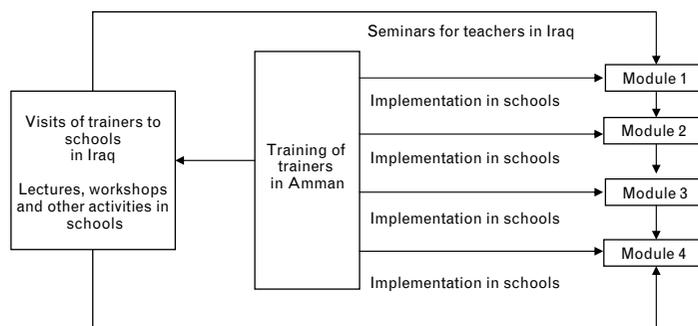
The school programme was adapted from the previous experience in similar programmes run in former Yugoslavia and North Caucasus (Mikuš Kos, 2005). It includes a training

of trainers, a psychosocial programme for teachers and outreach activities

The *training of trainers* (ToT) was aimed at preparing trainers for running psychosocial seminars for teachers, and outreach activities in schools. The principles of community based child mental health protection were presented, and the situation in Iraq was analysed. Consequently, a common philosophy and strategy for working in schools and with teachers was developed. Special attention was paid to the methodology of seminars for teachers, interactivity, short lectures based on concepts and vocabulary familiar and close to the teachers, principles and practice of participative group work, role-playing, etc. Topics most important in the present Iraqi situation such as trauma, losses, cooperation with parents, dealing with children with various problems were treated in lectures and role-playing.

Six three day trainings have been run in Amman, each for about 30 Iraqi participants, educational workers, medical workers, religious advisors, and administrative workers. The aims of the trainings were to prepare participants to run psychosocial seminars for teachers and outreach visits in schools in regions covered in Iraq.

The *psychosocial programmes for teachers* were aimed at providing teachers with a variety of skills, including:



*Figure 1: Activities in the school system. The activities within the framework of the schools system are shown.*

- Skills for integrating psychosocial and psycho-pedagogic components in their regular work with the class (i. e. in lessons) and in other job related activities (meeting with parents, etc.);
- Skills for providing individual support to children in need;
- Skills for working with parents;
- Skills for coping with their own traumas, losses, and job related burdens and adversities;
- Skills for mobilizing support in the community.

Groups of 60 (in total about 550) teachers from primary schools attended four three day training sessions. Those trainings were interactive and participative. Short lectures presented by Iraqi trainers were followed by extensive group discussions and role-playing exercises. Teachers participating in the programme implemented the new attitudes and knowledge in their everyday job activities and spread their knowledge among their colleagues.

The *outreach activities in schools* included:

- Workshops or other learning opportunities for all teachers (topics: traumas, stresses, professional burdens of teachers, possibilities of assistance to children and parents provided by teachers, etc.);
- Meetings with parents;
- Meetings with mixed groups consisting of: teachers, parents and students (covering, for example, emotional problems of children, the role of parents and teachers in supporting children, etc.)
- Meetings addressing all students of the school dealing with topics such as learning difficulties or coping with fear;
- Meetings with a group of students with psychosocial problems;
- Individual counselling for parents, students or teachers.

Trainers visited rural and urban schools included in the programme, as well as sometimes schools not included in the 'official' programme. During the visits, some topics from the psychosocial seminars were presented for all teachers of the school, using educational methods similar to those used during the seminars for teachers in the programme. Local administrators and religious advisors were invited as well. Parents also attended those events and, in some cases, students were also invited to participate. Teachers participating in the four modules assisted the trainers in conducting the seminar or workshop in their school.

*The programme for primary health care workers.*

The aims of the programme for primary health care workers are listed below:

- To sensitize and motivate medical workers (physicians and nurses) to child mental health protection;
- To give them practical knowledge on assessment and basic psychological and psychosocial help to children and parents, which could then be applied in their services and other settings;
- To enhance their capacity for cooperating with schools in the field of child mental health protection in general, and in particular;
- To develop community based strategies for child mental health protection;
- To train and empower participants for the process of dissemination of acquired knowledge among other medical services and PHCW, schools, nongovernmental organizations (NGOs), as well as other persons and services relevant for the protection of child mental health.

Senior primary health care workers (around 40), trained in Amman, are developing the strategy of implementation of the programme in Iraq and defining the contents

and methodology of seminars for their colleagues in primary health care settings. After that, they can participate as trainers or lecturers in seminars for teachers, become members of outreach visiting teams in schools or in other settings, and stimulate further knowledge and cooperation among participating institutes.

*Creating a community centre for children.* The wish of both governments and the funding agencies was to create a 'tangible product' of the programme: a community centre for children. The programme director, from the very beginning had strong doubts that this would be feasible. Her previous experience showed that such centres do not work in surroundings that are unfamiliar with psychological, or related, services or organizations. The Iraqi experience proved that once again. It took two years for the centre to start functioning to a very limited extent. Parents and children are not visiting the centre for security reasons, because of other adverse life circumstances, and due to the fact that local people are not used to making use of such services.

### **Effectiveness of the programme**

The effectiveness of community based psychosocial programmes is difficult to assess for methodological reasons, for financial reasons, for logistic reasons, among others, even in regions with much less complicated circumstances than those impacting in Iraq. The monitoring of *output* as an assessment whether or not the project is being implemented as designed (Duncan & Arntson, 2004) is feasible without considerable problems; but measuring *outcome* in terms of prevalence or degree of various problems is practically impossible. There are no baseline data, and it is not possible to compare the data in schools or other settings or localities covered by the programme to those not covered. There is also the question of how much the positive

or negative changes can be attributed directly to our project in the present circumstances of ongoing and escalating violence, insecurity and other adverse social and political processes.

The assessment of the presented programme is mainly based on qualitative data, quantitative data are usually gathered on a less important level. For instance, we have good evidence on the satisfaction of participants of different trainings, on their estimation of the utility and applicability of new ideas and knowledge, but we have no statistical data about the number of children whose psychosocial situation improved, or on other meaningful indicators. We only hear of the successes: cases of children who recovered from psychological afflictions, or about schools that have eliminated the use of sticks for corporal punishment.

Specific obstacles in assessment of effectiveness characterize the presented programme. International experts, or evaluators, do not enter Iraq for security reasons. There are though many concrete examples, quoted by Iraqi colleagues, which illustrate results in terms of changes of insight, attitudes and behaviour of teachers towards their students. We had also heard from the participants in the Amman training that teachers, who attended the psychosocial seminars, were able to identify and help children with psychosocial problems. There are a lot of anecdotal and other narrative reports about the impact of the programme. For instance, a considerable number of teachers included in the programme stopped beating their students.

Discussions about these topics with Iraqi colleagues helped to develop and accept realistic views on what is feasible, what is needed and what should be priorities of the programme in present circumstances of Iraq. For example, the ethical issue of screening was discussed from the perspective of the

principle *'do not screen, if you cannot provide treatment'*.

### **Strengths of the programme**

The most important strength of the programme is the implementation in extremely difficult circumstances, the development of local professional capacities, and creation of an Iraqi philosophy and models of good practice of community based child mental health protection.

An important quality of the programme is its multidisciplinary character, of special importance is creating links among the health, educational and religious sectors. The programme was characterized by participants as *'opening the path'* between schools and health care services.

In comparison with similar programmes in Balkans and North Caucasus, the professional level of Iraqi workers and trainers is very high. The majority of them are university teachers, or professionals in high level positions. The experience from programmes in other countries has been that the higher the job position of the professional or university hierarchy, the more difficult it was for them to accept a philosophy of the community based mental health programmes, the WHO philosophy *'health for all'*, and the approaches of mental health promotion. Our Iraqi colleagues showed, with their incredible energy and inventiveness, an astonishing flexibility and capacity to switch from their roles of traditional psychiatrists or paediatrician to the role of community mental health workers.

The senior primary health care workers, who were trained as trainers, stated that other psychosocial programmes for health workers were primarily only theoretical lectures. The present programme was especially appreciated because of its practical quality. This resulted in professionals of high level who

adhered to the programme with a deep understanding of its basic principles (community-oriented, inter-sectorial, broad concept of child mental health protection, etc.) and high level of devotion to the fulfilment of those principles.

All participants, especially the parents, appreciated the improved integration in communities, the high level of cooperation with local governmental structures and religious advisors, and with schools and services for children.

Also, having representatives from the teachers' unions as agents of the programme, promoting the programme through media and preparing good video documentation helped a lot.

Other strong points are that resources inside the community are activated: volunteers (medical students and others), and donations in money and in-kind contributions. The programme is well accepted and supported by the scientific community in Iraq as well. It also has many positive spin-off effects, for example: other NGOs are inviting implementers of the programme to present the ideas and knowledge of the programme in various seminars. Although the Iraqi government does not assure sustainability through the sponsoring of the programme, some important steps toward entering into the system has been achieved. For instance, the programme has become a part of the curriculum of the Teacher's college.

### **Main problems and obstacles**

The main problems encountered that have hampered the realisation of the programme have been security, frustrations experienced by Iraqi trainers, cultural differences, critical attitudes of the Iraqi colleagues, insufficient development of the NGO sector, management problems, the appreciation of the programme by the donors, and sustainability.

*The were two kinds of security problems.* The first is the question of security of participants of ToT travelling from Iraq to Amman, and within Iraq. Of particular danger is the road connecting Babylon–Baghdad, which is called the ‘road of death’. Of course, there are also risks of travel to and from schools. Sometimes, because of danger and closed roads, it can be impossible to reach the school, as is often the case in the city of Baghdad.

The second kind of danger is the risk for our Iraqi partners (managers, professionals, etc.) and teachers included in the programme, due to their cooperation with international organizations, which might not be appreciated by some extremist groups. The problem of security was repeatedly discussed with the Iraqi colleagues. They assured the Austrian and Slovene representatives that the continuation of the programme is feasible in spite of the risky conditions, and that the Iraqi side is strongly interested in the continuation of the programme. Their comment was: ‘*risk is a part of our every day reality*’.

The bad security situation has been a huge concern for the Foundation ‘TOGETHER’. It became a moral question whether to continue the programme in the existing circumstances, or not. At the time of writing this paper our respected and dear colleague and religious advisor from Iraq, Dr. Naji Alethawi, was killed after a speech on television in Baghdad. His public appearance was not directly connected with the programme, but his death was certainly a frightening indicator of risk to which more liberal intellectuals can be exposed.

For our colleagues it was certainly not easy to run a Western programme in their environments. We heard about ‘*suspicious*’ expressed by some people in Iraq, among others the questions concerning the provenance of the programme.

*The frustrations experienced by Iraqi trainers* concerned the lack of motivation and creativity on the part of teachers participating in the programme. Another issue was the dropout of trainers. A 20% dropout rate can be expected in any programme; but the difficult situation in Iraq, the delays of the programme and the changing scheme of attendance in Amman contributed to a higher dropout of trainers. Obviously, these problems are much less disappointing for the foreign trainers used to such phenomena. Iraqi colleagues were much more frustrated because they invest a lot in the programme and have very high expectations. On the other hand, the dropout of teachers is very low. In some programmes, so many teachers wanted to participate; they had to be refused for technical reasons such as lack of seats, or lack of air in the small premises.

*Cultural differences* sometimes create tensions between the European group and the Iraqi group. For instance, some European people were very concerned with the participation of religious advisors in the programme. They could not accept the fact, explained by our Iraqi colleagues, that such an innovative and large programme cannot be realized without the support of Islamic religious thinkers. It was even more difficult for some to understand that the process of synthesizing the religious and psychological, or medical, explanation of various psychological phenomena enriched the whole learning process. The differences in semantic and in conceptual apparatus, covering psychological and mental health issues also sometimes created problems of mutual understanding.

*The critical attitudes of Iraqi colleagues* were sometimes not easy to deal with, but at the same time very stimulating. They expressed their dissatisfaction very directly. One problem, which was very quickly solved, was about the expectations of some participants

who thought that the training of trainers in Amman would bring an entire menu of new western knowledge and therapeutic practices. The majority of participants understood very quickly the intentions and philosophy of the programme: namely, that it was aimed at developing Iraqi community based concepts and models of good practice in the field of child mental health protection; and not to import and intrude western knowledge and working practice.

*The insufficient development of the NGO sector* meant that knowledge about management, accountability and other functions had to be developed within a framework of legal chaos. Fortunately, our Iraqi colleagues are very quick learners in the field of management. Starting from scratch the Iraqi partners developed, in one year, a quite substantial knowledge about NGO functioning.

*The problems of management* and especially accountability are huge in the present circumstances of Iraq. Due to its chaotic situation it took a long time to accept the reality that sometimes it is difficult to get official receipts and bills.

*The appreciation of the programme by donors* differed from the appreciation by the experts implementing the programme. The donors did not seem to fully understand the extremely difficult conditions in which the programme had to be realized. The experts had a high respect for what has been done by Iraqi colleagues and minimized some of the managerial problems.

The donors are continuously stressing the importance of *sustainability*. In the present developmental course of political and social processes in Iraq, it is impossible to assure the sustainability of the programme in the sense of implementing it in regular governmental structures and funding. However, the programme is slowly developing links with governmental structures. On the other

hand, the donors seem not to recognize some of the very important sustainability dimensions. Namely, the development of social capital (knowledge, community based philosophy of mental health protection, etc.), which necessarily leaves traces, both in people being agents of the programme, in settings in which those persons work, and in the general mental health climate. Helping children to cope and to recover has a sustainable dimension for both those individually assisted, and the development of the community.

## **Discussion and conclusion**

*Is it appropriate, useful and economic to start to develop a psychosocial programme in the situation of social and political upheavals and high level of insecurity? Could such a programme survive?*

The described psychosocial programme proved to be feasible. Even more, we consider that it already acquired the role of nucleus of community based child mental health protection, and our Iraqi colleagues assume that the three years of acquiring experience will serve for future development of child mental health protection.

*What are the difficulties of the cultural adaptation of psychosocial programmes?*

According to our experience they are minimal if you respect the other culture, have confidence in its strength and leave the decision making and responsibility to local partners. Linking two cultures is an enriching process for both sides – the European and the Iraqi.

*Why it is so difficult to get funds for psychosocial programmes for children in Iraq?*

This is a question without an answer; at least the authors of the paper have no answer. The lack of readiness to finance such programmes is especially astonishing as it is well known how many Iraqi children are affected by past and present adversities and atrocities, how insufficient the school system is in psychosocial terms, and that there are no mental health

services for children. Our experiences speak in favour of investing resources in such programmes. The excellent cooperation with Iraqi partners, their energy, enthusiasm and efficiency should be an additional stimulation to potential donors.

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<sup>1</sup> This article is dedicated with respect and affection to the memory of the late Dr. Abdul Amir K. Al Ganimee, who started the program in Babylon and Karbala.

<sup>2</sup> The program is implemented by the Slovene organization Foundation 'TOGETHER' – Regional Centre for the Psychosocial Well-being of Children, in partnership with Iraqi organizations Local Network for the Psychosocial Help to Children of Babylon (Babylon) and Iraqi Human Relief (Baghdad).

<sup>3</sup> <http://www.paho.org/english/dd/pin/almaata25.htm>

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