

RAPID ASSESSMENT OF MENTAL HEALTH AND PSYCHOSOCIAL NEEDS IN NARGIZLIA 1 CAMP

Dohuk, KRI - March 8, 2017



EXECUTIVE SUMMARY

In total, 40 people were interviewed over a three-day period to assess mental health and psychosocial support (MHPSS) needs. Gender-balance was strived for with 62% of respondents being female, and 38% being male. Ages of respondents ranged from 16 years to 86 years old, with the mean age being 33 years old. Interestingly, 43% of respondents stated that this was not their first experience of displacement, stating they had previously been forced to migrate due to insecurity in their hometown.

Overall, women and children were considered the most vulnerable persons in the camp. However, upon examining the impact of displacement on the elderly it was revealed this population is likely suffering due to challenges in accessing necessary medications for chronic conditions, and challenges of accessibility within the camp (e.g. latrine use).

In general, familial and community support is considered high within the camp, with 70% of respondents reporting feeling supported by both. The word “suffering” was most commonly used to describe the experience of displacement, with 95% of persons believing this is a widespread feeling throughout the camp. Sleep issues (including persistent nightmares), anxiety, sadness and grief were reported as being the biggest impact of displacement experienced by respondents being interviewed. Not being able to work, no access to mobile phones to contact loved ones, and restriction of movement was identified as the primary concerns that was impacting psychosocial wellbeing within the camp.

Multiple respondent’s also raised the issue of women being predominantly confined to tents due to perceived security concerns in the camp. This must be considered as part of MHPSS programming, as a potential barrier to service utilisation. Psychosocial activities most commonly requested by respondents included skills-based courses (such as knitting), child-friendly spaces, general socialisation opportunities for the community, and group and individual counselling services.



BACKGROUND

The International Organization for Migration (IOM), has been actively providing emergency mental health and psychosocial support (MHPSS) in Nargizlia 1 Camp since January 5, 2017. A formalised needs assessment was delayed by the urgency to provide Psychological First Aid (PFA) and emotional support to the newly displaced. As of February 23, 2017, 1,520 displaced families were residing in the camp. In order to develop a comprehensive and community-tailored MHPSS program, an assessment was conducted to capture a snapshot of the MHPSS needs within the camp.

The main aims of the rapid assessment were to identify the most vulnerable persons within the camp, the prevalence of suffering and the issues and needs within the camp that could be addressed through MHPSS programming.

METHODOLOGY

The assessment was carried out by trained IOM psychosocial staff. One male and one female staff implemented the assessments and both were informed to prioritise the individual's needs and wellbeing over the assessment protocol. Therefore, time was taken to conduct each interview to ensure the minimisation of any distress to the respondent. In total, 40 individuals were interviewed over the three-day period, from 12th – 14th February, to assess mental health and psychosocial (MHPS) wellbeing. The assessment also aimed to enable community participation in the identification of priority areas of intervention and potential PSS approaches to address such needs.

Assessment was carried out in Section A of the camp. Section A was selected to avoid any duplication of the assessment being conducted by Un Ponte Per (UPP) in Section B. Households included in the assessment were randomly selected. Potential participants were explained the purpose of the assessment, and how data would be used. Confidentiality of responses was assured, and no identifying information was collected. Participation was entirely voluntary. All persons approached agreed to participate. Assessments were usually conducted in the respondents' tent to ensure privacy. However, limitations to privacy existed, as at times it was difficult to ensure no other family members of the respondent entered the tent.

DEMOGRAPHICS

- 40 people were interviewed
- 62% females and 38% males
- Ages ranged from 16 to 86 years old
- The mean age of respondents was 33 years

Vulnerable Groups

- 20% stated they were from a female headed household;
- 36% of households interviewed, had a pregnant woman or a child under 2 years old
- 49% of those with infants had a child under the age of 6 months
- Verbally, the majority of respondents with infants in the household reported concern about their difficulties accessing infant formula for their child

“My child is hungry and crying, there is nothing I can do”

– A respondent describing the impact of limited baby formula availability.

- 20% identified as living with a person with a disability
- Participants were asked who was considered most vulnerable, 28% of respondents stated women were the most vulnerable and that their vulnerability was exacerbated by the fact that many are now confined to their tent due to their husbands concerns regarding security.
- Children (23%) were identified as the second most vulnerable persons within the camp, with persons with disabilities identified as most vulnerable by 15% of respondents.

Migration Trends

- 50% stated they were from Mosul city, 18% from Tilkaif, and 18% were from Wana;
- 43% of respondents stated that this was not their first experience of displacement;
- Of those previously displaced, 20% stated they had previously left the city of Mosul, to live in surrounding areas.

REPORTED PSYCHOSOCIAL DISTRESS

- Respondents were asked for a word to describe their current emotional situation, the word “suffering” was endorsed by 55% of persons, with “worried”, and “depressed” being the second (10%) most commonly chosen words, and “isolated” selected as the third most common (5%).
- The Perceived Suffering Scale was utilised to measure each respondent’s level of perceived distress. The Perceived Suffering Scale is ranked from 0-10 and visually depicts the subjective levels of distress an individual can experience. Overall 48% identified as being a score of 10 on the Perceived Suffering Scale which indicates they report to be experiencing the highest level of distress. A further 48% reported a score of 5 indicating moderate levels of distress, and the remaining 4% of respondents endorsed a score of 0 indicating no to low levels of perceived suffering.



- When asked if suffering is a commonly perceived experience within the camp, 95% stated that it was a widespread feeling experienced by the majority of the camp community.
- When asked what the main causes of suffering were, the majority of respondents (40%) said their distress was due to the general effects of displacement, 30% stated the death, or the separation they are experiencing from loved ones, was a primary cause of their suffering, and 13% stated they had experienced and/or witnessed traumatic events during the displacement process (exposure to war) and were seriously impacted.
- Of the 4% who stated they experienced no suffering (as measured by the Perceived Suffering Scale), all stated that they now feel “safe” in the camp and this has eased any experience of suffering.

“I feel like I have more freedom and safety here in the camp”

– A male respondent reflecting on his new surroundings.

IMPACT OF DISPLACEMENT

- Participants were asked to discuss how the current situation of displacement has impacted them. The majority of respondents (33%) stated they were experiencing sleeping difficulties (challenges getting to sleep and persistent nightmares), 25% stated they felt feelings consistent with anxiety including persistent worry for the future, sadness was listed as an impact by 21% of respondents and a further 21% stated they were grieving the loss of loved ones.

“People have become destroyed inside. Children have died in front of our eyes, we are nervous and sleeping is difficult”

- A respondent reflecting on the impact of displacement.

- When asked to comment on the impact of displacement on children, 48% reported that children were experiencing emotional distress, 23% stated there was no observable impacts on children and if anything displacement has helped because they are now safe, and 13% discussed noticing signs of behavioural aggression being shown by children in the camps.
- For women, the majority of respondents (50%) stated that women were emotionally suffering, and a further 40% stated that women were most worried about the future of their family.
- Men were said to predominantly be impacted by the displacement due to loss of employment opportunities (55%), however 23% of respondents also stated that men were emotionally distraught by the displacement and the limited ability they now have to support their family.



- Although not previously identified as vulnerable by respondents, when asked how the elderly was impacted by displacement, 41% of respondent stated that the elderly were struggling to continue their necessary healthcare regimens, due to medication shortages and limited access to healthcare, additionally 28% said that the elderly were uncomfortable within the camp and were struggling to physically manage basic self-care (especially with respect to use of latrines).

“The WCs are difficult for the elderly to use, for some they have lost their dignity and are uncomfortable in this camp. There are no services for the elderly”

- A respondent reflecting on the challenges of camp life for the elderly.

PSYCHOSOCIAL SUPPORT WITHIN THE CAMP

- Familial support is high in the camp, with 70% of respondents saying they felt supported by their family. The remaining 30% of respondents stated various reasons as to why they receive no support, with the most common reasons being death or serious illness of their loved ones, and wives, in general, feeling unsupported by their husbands.
- Most individuals (70%) reported feeling supported by the community members within the camp. However, when asked if vulnerable persons (such as the elderly, disabled and children) were provided with support by the community in the camp, 52% stated vulnerable persons were not supported. The primary reason for this lack of support was that people were *“busy with their own problems”* and did not have time to help those requiring additional amounts of support.

MHPSS NEEDS WITHIN THE CAMP

- Respondents were asked if they believed there were persons in the camp who would benefit from support for their mental health and emotional wellbeing. One hundred percent of respondents stated that there were persons in the camp who required such support.
- All participants except for one stated that they believed people would access such support if it were available. For the one person who said the support would not be utilised they stated that women would suffer access issues, due to primarily being confined to their tent.

“Women need this type of support (MHPSS) but they will not be able to go because they are not able to freely leave their tents”

- A female respondent’s comment when asked if those in need would access MHPSS services.

- The majority of participants (67%) stated that MHPSS services were important to relieve the distress of persons within the camp. However, 29% also stated that such activities would assist to facilitate social interaction and to prevent isolation and boredom within the camp.
- When asked to rank the priority needs within the camp, 34% stated their primary concern was men not being able to work as they are struggling to earn sufficient income to support their families and to fulfil cultural expectations.
- As mobile phones were confiscated upon entry to the camp, 25% of respondents stated they were suffering due to not being able to establish contact with their loved ones who are still living under ISIS control.
- Restricted movement was raised as a third concern, as 21% of persons stated they were struggling being confined solely to the camp. Finally, 20% of respondents raised a concern that their children may not be able to access sufficient or suitable education within the camp.
- When asked what types of MH PSS activities respondents would like to see implemented in the camp, 39% stated they would like to participate in courses that taught skills (such as knitting, drawing, computer courses), 22% stated they would like to see a child friendly space, 20% said they would appreciate any opportunity that allowed them to socialise and relieve boredom, and 19% stated they would like group and individual counselling services to be available.

“People need to talk about what has happened, we need to connect to each other and share our experiences”

- A respondent explaining the importance of group counselling and socialisation opportunities.

