Mind the Gap: Why Mental Health Care Matters for Rebuilding Syria

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THE ONGOING WAR IN SYRIA HAS ENGENDERED DAMAGE THAT MAY NOT BE UNDERSTOOD for years, particularly on the three million Syrian children born since the start of the war. Available data indicates that nearly half of all Syrian children display symptoms of post-traumatic stress disorder (PTSD)¹ and a quarter face intellectual and developmental challenges.² The result is an entire generation susceptible to everything from depression and anxiety to behavioral dysfunction and radicalization.

Mental health care must promptly be added to the humanitarian response in Syria, in part by collaboration with international NGOs that can provide immediate support to those in need. Sustainable infrastructure must be established through degree programs that will integrate mental health care into Syria’s primary health system and strengthen the mental health workforce in the region. More comprehensive emergency and long-term services will prevent a “lost generation of children”³ for Syria’s future state-building prospects.

Children become highly susceptible to depression, anxiety, and other forms of mental illness in the short term when living in conflict zones.⁴ These challenges often act as barriers to physical health, education, and economic stability. Upon arrival in countries of first asylum, only half of all Syrian children were enrolled in schools; enrollment rates in Lebanon and Turkey were as low as 30 percent.⁵ Even when they do finally enroll, Syrian children are more likely than their non-refugee peers to receive failing grades or drop out as they deal with ongoing psychological trauma. Evidence suggests that untreated trauma-related mental and behavioral disorders may also lead to substance abuse and significant economic productivity losses.⁶

In the long term, a traumatic event can lead to behavioral dysfunction and juvenile delinquency: reporters visiting Syria speak of animals who have been “mutilated by children who had learned unspeakable cruelty.”⁷ Research of youth within the U.S. criminal justice system suggests that repeated exposure to violence is associated with higher rates of delinquent behavior.⁸ The 1.2 billion people currently living in fragile and conflict settings⁹ may regularly experience and bear witness to targeted killings and gender-based violence, and refugee children who have been exposed to conflict exhibit increased rates of domestic violence.¹⁰

Trauma and mental health issues may also play important roles in children’s
continuous trauma may cause grievances about injustice and perceived threats, both risk factors for radicalization. There is no “one size fits all” explanation for why some people are more prone to this process than others. But given the relationship between mental health and the variables that are generally associated with radicalization, mental health care services should be considered key components for future state-building efforts in Syria and globally.

Though humanitarian medical providers in Syria have attempted to scale up mental health care, many children still have not and will not receive adequate care. In some regions of Syria, aid workers have said there is just one professional psychiatrist for more than 1 million people.

Integrating mental health care services will therefore require a sustainable and multilayered system of response. These services must go beyond the provision of basic needs by instituting community-based health care systems. This model of public health embraces coordination between local leaders, public organizations, and private NGOs to address the community’s needs. Humanitarian agencies that are providing emergency services should also collaborate with development organizations that have an established presence in conflict zones to ensure the longevity of a more robust mental health system.

Respondents can coordinate more immediate plans to help alleviate long-term effects of untreated disorders. Some organizations, such as a German NGO called the International Psychosocial Organization (IPSO), have experience training counselors in conflict zones. IPSO has set up recruitment and training of Syrian refugees in Germany, who then deliver online care in Arabic to affected individuals in Syria. This type of collaboration provides immediate and culturally sensitive care to areas that need it most.

Syria is also facing a shortage of mental health professionals outside of psychiatry that focus on counseling interventions, which help promote protective factors for radicalization such as social support and cohesion. This type of preventative therapy would include structured problem solving, active listening, and help in reframing problems. In Palestine, Médecins Sans Frontières partnered with Al-Najah University to set up a master’s in psychology program, its purpose to
strengthen the mental health workforce in Syria. Responders should consider similar programs for Syria’s population as a long-term response to its mental health crisis and sustainable state-building measures.

There is large economic incentive for investing in mental health care: A World Health Organization (WHO)-led study concluded that there was a high benefit-to-cost ratio for scaled-up depression and anxiety treatment across country income groups. Furthermore, studies show that when provided treatment, children tend to show the most resilience.

Prior to the civil war, Syria had been a middle-income country with relatively good health indicators. Since the onset of the conflict, the deliberate targeting of medical facilities, most of all by the Assad regime, has destroyed the health care system. Moving forward, regardless of who is in power, creating robust mental health infrastructure will address long-term risks to social cohesion and stability. This will not happen without coordinated efforts by the Syrian government, development organizations, and humanitarian responders.

When a whole population must focus on staying alive, it becomes harder to focus on children’s healthy development. But these children are the Syria of the future. It is therefore crucial to prioritize the mental health of Syrian children today.

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Endnotes


5 Sirin, “Educational and Mental Health Needs of Syrian Children.”


10 Hawilo, “The Consequences of Untreated Trauma: Syrian Refugee Children in Lebanon.”


12 Hawilo, “The Consequences of Untreated Trauma: Syrian Refugee Children in Lebanon.”


16 Marquez and Walker, “Mental health services in situations of conflict, fragility and violence: What to do?”

Bhui et al., “A public health approach to understanding and preventing violent radicalization.”
Dickinson, “Q&A: How humanitarian crises are reshaping emergency mental health care.”
Marquez and Walker, “Mental health services in situations of conflict, fragility and violence: What to do?”
Dickinson, “Q&A: How humanitarian crises are reshaping emergency mental health care.”