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# THE NEED FOR TRAUMA THERAPY FOR VICTIMS OF MAN-MADE TRAUMA COMPARED TO THOSE OF NATURAL DISASTER, A SURVEY OF HEALTH PROFESSIONALS

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## SUMMARY

***Introduction:*** *Trauma Aid UK (previously HAP UK & Ireland) conducted three EMDR trainings in Turkey: the first was in Istanbul on 28th November 2013. Since then, 3 groups of mental health trainees attending part 1 of 3 parts EMDR training. In total, 86 clinicians were trained. Also, in June 2016, the first part of a three-part EMDR training in Nepal was completed following the Nepal Earthquake in 2015. The purpose of this study is to assess, analyse and understand the needs of Syrian refugees, who have being experiencing man made trauma since 2011, with Nepalese people who were exposed to the earthquake on 25/4/2015, in their needs for trauma services, training and provision as assessed by mental health professionals working with both groups of people.*

***Subjects and methods****: A survey was conducted at the beginning of each of the above-mentioned training courses. Participants were asked to consent to participate in the study and, if they did, they were given the 'The Need for Trauma-based Services' quantitative and qualitative questionnaire, or its Arabic translation. 63 Syrian participants of the Istanbul and Gaziantep EMDR training were compared with 37 Nepalese participants who also completed the survey.*

***Results****: The results analysis of these surveys showed significantly higher PTSD prevalence in the man-made trauma of the Syrian conflict compared with the prevalence following the natural Earthquake in Nepal. 52% of the Syrian mental health professionals surveyed suggested that PTSD is the major mental health problem in their country, compared to only 6% of the Nepalese mental health professionals. Both the Syrian (33%) and Nepalese (27%) health professionals surveyed felt that they were only able to meet around a third of their clients' needs. They felt that training in EMDR in their mother-tongue would help increase their meeting of these needs. Other suggestions of service provisions and innovations were made in order to meet more of the needs of their trauma survivors.*

***Conclusions:*** *This study highlighted a high need for trauma mental health services of the Syrian refugees as reported by mental health professionals working in the neighbouring countries. The important difference of these needs from those of the Nepalese people confirms that man-made trauma can cause much greater mental health disturbance and a higher level of needs. Recommendations for training and service development for Syrian refugees were made.*

***Key words:*** *psychological trauma – EMDR – refugees - needs assessment*

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## INTRODUCTION

Man-made trauma is ten times more likely to cause Posttraumatic Stress Disorder (PTSD) compared with natural disasters trauma (Kessler et al. 1995). Ancient Mesopotamia, which covers large parts of what are modern-day Syria and Iraq, was discovered recently to be the birthplace of the first-ever recording of the symptoms of PTSD 3.500 years ago (Abdul-Hamid & Hacker Hughes 2015). Since the start of the Syrian conflict in March 2011, nearly half of Syria's population has been displaced. This constitutes about eight million people in Syria and more than four million registered refugees who have fled to adjacent countries (UN 2015). It has also been estimated that more than 210,000 people have been killed and 840,000 injured since 2011 (UN 2014).

Many Syrian refugees have been exposed to massacres, murder, execution without legal process, torture, hostage-taking, enforced disappearance, rape, and sexual violence, as well as the recruiting and using children in hostile situations (UN 2014). Exposure to this level of violence has resulted in long-term physical and mental disabilities in survivors.

Even those who were spared violence and trauma continue to be concerned about the fate of relatives who they lost touch with, especially those relatives classified as missing, in addition to worry for relatives left behind in Syria because of the deteriorating security situation in the different parts of Syria which has resulted in looting and/or destruction of their houses and belongings (Almoshmosh 2013).

A study by Gokay et al. (2015) assessed a random sample of 352 refugees (aged 18 to 65) from among the 4,125 Syrian refugees who live in the refugee camp in Gaziantep, Turkey. The study found 33.5% of the sample to have had PTSD. PTSD was found to be acute in 9.3% of individuals and chronic in 89%. The average number of traumatic events that these refugees experienced was 3.71 events. Most traumatic events (66.2%) were related

to living in a conflict zone area and involved such events as witnessing the death of a close friend or family member in 66.2% of individuals, being abducted or taken hostage in 48%, or being a subject of or witnessing of torture in 42% of the sample. Another survey of trauma and PTSD was conducted on 155 Syrian refugees living in refugee camps in the northern part of Jordan. The findings showed that the severity of PTSD was greater in female refugees and in those who are educated and married. Also, having first-hand experience of the trauma and being affected or hurt also increase the severity. Also, the refugee having relatives who were physically hurt or lost in the traumatic events was another predictive factor (Al-Shagran et al. 2015).

The Humanitarian Assistance Programme (HAP) UK & Ireland (now called Trauma Aid UK) has been conducting training for the trauma therapy EMDR in Istanbul, Turkey since 28th November 2013. Courses are open to mental health professionals in the Middle East including psychiatrists, clinical psychologists, psychotherapists, counselors, and social workers. One important criterion for selecting candidates was that they are involved in treating and caring for trauma-related problems.

On Saturday 25th May 2015, a 7.9-magnitude earthquake hit Nepal but also affected other areas and countries including India and Tibet. The earthquakes caused around 9000 deaths, 23,000 injured and caused up to 3.5 million people to be displaced (Basnyat et al. 2015). While the earthquake caused an increased immediate need for health and mental health services, it also damaged many health and mental health facilities a long time after it happened (Sherchanetal 2017). Dr. Chuda Karki had, in liaison with senior psychiatrists in the only Psychiatric Hospital in Nepal, coordinated the provision of trauma provision to Nepal with support from Prof Jamie Hacker Hughes and Dr Walid Abdul-Hamid, both then based at Anglia Ruskin University. With the help of EMDR India, an EMDR training was held in Kathmandu on 3-6 June 2016. Part 1 (one) EMDR was funded by WHO and facilitated by Transcultural and Psychosocial Organisation (TPO) Nepal and training was provided by EMDR India.

Turkish researchers have demonstrated the effectiveness of EMDR in treating PTSD in Syrian refugees (Acarturk et al. 2015). A recent paper on a community survey that was conducted on Nepalese women, 20 months following the earthquake, showed that the prevalence of PTSD could be as high as 24% amongst Nepalese who were exposed to and survived the earthquake (Kvestad et al. 2019).

The purpose of this study is to assess, analyze and understand the needs of Syrian refugees, who have being experiencing man-made trauma since 2011, with Nepalese people who were exposed to the earthquake on 25/4/2015, in their needs for trauma services, training and provision as assessed by mental health professionals working with both groups of people.

## SUBJECTS AND METHODS

The EMDR training participants, coming, as they were, from highly traumatic situations in the Middle East, were considered by the authors to constitute an ideal convenience sample for using the 'The Need for Trauma-Based Services Questionnaire' (NTBSQ), constructed by the authors for the purposes of trauma-based services needs assessment. The study proposal was approved by Trauma Aid trustees and the questionnaire was then translated to Arabic by the first author, back-translated by an Arabic speaker and then checked by the second author who made further modifications which were made to the final Arabic version that was used in the interview. The 63 Syrian participants of the Istanbul and Gaziantep EMDR trainings were compared with 37 Nepalese Participants of the EMDR training in Kathmandu who were given the original English 'The Need for Trauma-based Services Questionnaire' and asked to complete it at the beginning of the part1 of the training.

The NTBSQ asks the mental health professionals to list the three most prevalent mental health problems and mental health needs in their country and in their practice. It also asks them to list what professionals are needed in order to meet the needs of their trauma clients. It also asks about the number of trauma clients they treat, the percentage of trauma problems presented by their clients, if trauma psychotherapy (EMDR or TF-CBT), is available to help these clients and what they use if these are not available. Open questions are asked on the current situation with trauma services and their views on how to improve this service.

Sixty-two participants were asked to consent to participate in this cross-sectional study and all of these (100%) consented. They were then given the Arabic translation of NTBSQ with quantitative and qualitative questions to complete. The questionnaire was deliberately made anonymous in order to ensure confidentiality of the study (the detailed results of the Syrian participants was published previously in Abdul-Hamid et al. 2018). We compared the responses of these 63 Syrian participants, all of whom worked with Syrian refugees in Syria and surrounding countries, with that of the 37 Nepalese participants.

Participants were asked to give their consent to participate in the study and, if this was given, they were given the Arabic version of the NTBSQ, with both quantitative and qualitative questions, to complete. Participants' identity was anonymized to ensure the confidentiality of the study. Statistical methods used in this study included bivariate analysis and chi-square (for categorical data) or t-tests (for continuous data) using the Statistical Package for the Social Sciences (SPSS).

**Table 1.** Demographic characteristics of the two groups

| Demographic Variables | Syrian Participants (N=63) | Nepalese Participants (N=37) |
|---|---|---|
| Gender | | |
| Male | 29 (46%) | 31 (66%) |
| Female | 34 (54%) | 16 (34%) |
| Profession | | |
| Psychologists | 33 (52%) | 13 (33%) |
| Psychotherapists/ Social Workers | 23 (37%) | 15 (38%) |
| Psychiatrists | 7 (11%) | 11 (28%) |

**Table 2.** Most important Major Mental Health Problems in Syrian and Nepalese Participants

| Problems | Syrian Participants (N=63) | Nepalese Participants (N=37) |
|---|---|---|
| PTSD | 33(52%) | 3(6%) |
| Depressive Disorder | 16 (26%) | 14 (30%) |
| Neurotic Disorder | 8 (13%) | 13 (28.%) |
| Childhood Disorder | 2 (3%) | 1 (2%) |
| Substance Abuse | 0 (0%) | 6 (13%) |
| Psychotic Disorder | 3 (5%) | 1 (2%) |

**Table 3.** Suggestions for Better Trauma Service Provision

| Syrian Participants | Nepalese Participants |
|---|---|
| Social Work and Occupational Therapy | Mental Health Training of Health Staff |
| Training Staff | Population education on Mental Health |
| Children Services | Community Based Services |
| Training/ education in Camps | Mobile Mental Health Units for remote areas |
| Tele-therapy | Multi-disciplinary Approach |
| Group Therapy | |

# RESULTS

All 63 Syrian participants of the Istanbul and Gaziantep EMDR trainings were compared with 37 Nepalese Participants of the EMDR training in Kathmandu, on the way in which they the NTBSQ. Participants completed both the quantitative and the qualitative questions with the following results (Table 1, 2, 3).

## Demographic characteristics of the participants

Thirty-three participants of the above-mentioned training were from Syria and, of these, 64% (n=21) were male and 36 % female (n=12) participants while 66% of the 37 Nepalese participants were male and 34% were female. The professions of these Syrian participants were as follows: 48.5% (n=16) psychologists, 12.1% (n=4) psychotherapists and 12.1% (n=4) psychiatrists. The professions of the Nepalese participants were 33% (n=13) psychologists, 38% (n=15) psychotherapists and 28% (n=11) psychiatrists. The mean age of the Syrian professionals was 33 years (SE=10.2) compared with 33.5 years (SD=8.6) for the Nepalese participants.

## Mental health problems

The participants were asked to list the three most prevalent mental health problems in their country. The results, as expected from recent man-made events in the Middle East, showed that trauma was the most common major problem listed by 52% of the Syrian participants as compared with 6% in the Nepalese participants (p=0.0005 Odds Ratio=16, CL=4.5-57.4).

The next question asked about the most common problems they saw in their place of their clinical practice. Post-traumatic problems were also reported as the major problems by the Syrian participants, being reported by 56% (SD=20.2) while in the Nepalese participants it was 29% (SD=20.2) (which is close to the findings of Kvestad et al. 2019).

## Trauma mental health needs

When both groups were asked what percentages of the needs of PTSD patient they were able to meet, this was 36% (SD=20) in the Syrian participants compared with 28% (SD=23) in the Nepalese participants.

When the question was put as to what services were unavailable in the places where the Syrian mental health professionals worked, these were; trauma psychotherapy in 98% (compared with 91% of Nepalese participants) while in both groups of participants reached 100% agreement for the need for EMDR in their clinical practice.

The next question was, in the absence of EMDR, what other therapies they used with PTSD patients. 54%

of the Syrian participants said they were using CBT compared to 21% of the Nepalese participants. Medication was used by 10% of the Syrian participants, compared with 2% of Nepalese participants). Counseling was used by 2% of the Syrian participants compared with 26% of the Nepalese participants.

## DISCUSSION

We must start by reminding the reader that the limitations of the data presented in this study do not represent direct epidemiological data collection but, rather, participants' impressions from working with these refugees and earthquake victims. Such data have their own limitations and might be biased by professionals' own experiences and the experiences of their clients. In addition, this study also has the limitation of cross-sectional descriptive studies of recall bias and other biases associated with such studies. However, we feel that, taking into account the paucity of data on trauma in the Nepal and the Middle East, this study could help to highlights some of the needs for mental health services.

As we have seen from the participants' views and experiences, the unsurprising finding is not the high prevalence of trauma-related mental health problems reported by Syrian participants, seeing patient who faced a man trauma, but the fact of almost equally low number of needs met by both Syrian and Nepalese participants. This might reflect the current situation in the third world as most resources, services and research happen in Europe where only 7% of world population live.

In relation to service provision in both situation, Syrian refugees are using services in the host countries that are already overstretched, while in Nepal, the earthquake damaged many health and mental health facilities that were not repaired until a long time after the quake happened (Sherchanetal 2017). Therefore, developing trauma services both in Syrian refugee camps and in Nepal will benefit the population of both Syrian refugees and their host countries and also help improve Nepal mental health provision. Such services could also be a base to provide trauma training in the Middle East and Asia in order to develop much-needed trauma therapy services there.

In order to help the large population of Syrian refugees who are in Syria and the surrounding countries, the international community needs to start thinking of the mental health needs of refugees, both inside and outside Syria. As Prof Mohammed Abou-Saleh1and Dr Mamoun Mobayed put it in 2013, even if the conflict had ended then, 'the mental health services (in Syria) will be grossly insufficient to meet the predicted care needs' (Abou-Saleh & Mobayed 2013, p:60). This makes it necessary for the international community to work hard in order to train more Syrian mental health professionals who could meet such needs. Currently the situation is too dire and a plan to bring about 'reconstruction of health services and to assist in providing skilled human resources for the suffering people of Syria' should be considered a priority (Abou-Saleh & Mobayed 2013, p:60).

The quick response of EMDR Asia to the needs of Nepal for EMDR training is a testament to the effect of the Mekong Project in developing trauma response in the region. This fact makes it necessary to establish a similar project in the Middle East which saw a huge increase in traumatic stress following the Iraq War and the Arab Spring. Moreover, following the economic crisis in Europe and the Gulf Arab states, we were repeatedly told, through our online supervision of participants, that many of the charities that work with Syrian refugees have since closed many mental health facilities. This is leaving many of the professionals who Trauma Aid UK trained unemployed and unable to help the traumatized refugees as they lost their jobs. We feel that the only way to meet refugees' trauma needs is through a Middle East EMDR project similar to the Mekong Project in South East Asia which not only trains therapists but also employs them (Mattheß & Sodemann 2014). As the Mekong is the longest river in South East Asia, we suggest calling the Middle East project the Euphrates project after the name of the longest river in South West Asia.

## CONCLUSION

This study highlighted a high need for trauma mental health services of the Syrian refugees as reported by mental health professionals working in the neighboring countries. The important difference of these needs from those of the Nepalese people confirms that man-made trauma can cause much greater mental health disturbance and a higher level of needs. Recommendations for training and service development for Syrian refugees were made.

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***Conflict of interest:*** None to declare.

***Contribution of individual authors:***

*Walid Abdul-Hamid* contributed to the design, data collection and writing up of the paper.

*Chuda Bahadur Karki* data collection and writing up of the paper.

*Jamie Hacker Hughes* contributed to the design and writing up of the study.

*Sian Morgan* contributed to the design and writing up of the study.

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