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# Assessing Mental Health Care for Iraqi Refugees in Jordan Looking to New Solutions for the Future

Hannah B. Egan  
*SIT Study Abroad*

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# **Assessing Mental Health Care for Iraqi Refugees in Jordan**

*Looking to New Solutions for the Future*

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## Table of Contents

Copyright .....	1
Abstract .....	3
Introduction .....	4
Research Questions .....	6
Hypothesis .....	6
Literature Review .....	7
International Agency Reports .....	8
Academic Papers/ Press Releases .....	11
Newspaper Articles .....	13
Methodology .....	13
Formal Interviews .....	14
Informal Interviews .....	17
Observations .....	17
Strategy .....	18
Findings .....	19
Causes, Mental Health Conditions, and their Treatments .....	20
Causes- Trauma in Iraq and Life in Jordan .....	20
Mental Health Conditions .....	24
Treatment .....	26
Problems with the System of Providing Iraqi Refugees Mental Health Care .....	31
Indefinite Iraqi Population .....	31
Weak Jordanian Mental Health Care System .....	33
Lack of funding .....	35
Stigma of Mental Health/ Care .....	35
Increase of Mental Health Conditions in Jordan .....	37
Conclusion .....	37
Study Limitations .....	39
Recommendations for Further Study .....	41
Bibliography .....	41
Primary Sources .....	41
Formal Interviews .....	41
Informal Interviews .....	42
Observations .....	42
Secondary Sources .....	42
Appendix .....	44

## Abstract

Across the globe citizens flee their native countries in search of newfound safety and stability. These people are known as refugees. Since 2003 refugees from Iraq have entered Jordan in search of a better life. Unfortunately, the terrors that Iraqi refugees escape do not disappear after crossing country lines. These memories cause serious mental health conditions for Iraqi refugees. Such conditions are intensified by the living environment in Jordan where Iraqis are not granted legal status. While some refugees are wealthy and others are resettled to the United States or Europe, the majority remain “stuck” in Jordan.

This study seeks to explore the mental health system used to deliver services to Iraqis living in Jordan. In doing so it investigates mental health conditions, the available treatment services, and the flaws in the system which provides them. The data and analysis is based off of research acquired through a set of interviews with Iraqis, aid workers, and mental health professionals. The addition of appropriate literature assists in developing and exploring my original hypothesis. The study indicates that five key problems exist within the aid system: unclear Iraqi population number, weak Jordanian mental health care system, decreasing funds, stigma of mental health, and hardships faced in Jordan. Furthermore, possible solutions are outlined in the conclusion of this study.

It is my personal hope that this study is used as further support that both the mental health care system in Jordan and the provision of aid to Iraqi refugees need major improvements.

### Acronyms

IOM- International Office of Migration  
 JD- Jordanian Dinar  
 NGO- Non Governmental Organization  
 UN- United Nations  
 UNHCR- United Nations High Commissioner for Refugees  
 WFP- Women’s Federation for World Peace  
 IMC- International Medical Corps  
 WHO- World Health Organization  
 GOA- Government Accountability Office  
 AIMS- Assessment Instrumental for Mental Health Systems  
 COR- Cultural Orientation Resource  
 IASC- Inter-Agency Standing Committee

### ISP Codes

Mental health	709
Psychology	906
Health Care Management	705

## Introduction

In May 2011, an article was printed by the *New York Times* about the mental health care services provided to Iraqi refugees living in Jordan. The article focused on the importance of programs that stabilize Iraqi refugee's lives while highlighting the blatant scarcity of these very programs.<sup>1</sup> I found myself drawn towards this issue, especially with my impending departure to Jordan only four months away. I wondered why such important programs were underdeveloped when a group of people needed them so badly. Some of these basic questions were answered when I listened to Dr. Haitham Al-Zou'bi's lecture during the Thematic Seminar at SIT. But, this lecture also lead me to more complex questions regarding the mental health care of Iraqi refugees and the process by which they receive such services. Dr. Al-Zou'bi was kind enough to introduce me to his wife, who works at the Ministry of Planning. I noticed that she stressed the importance of the UNHCR and NGO's in the provision of aid services. At this point in the semester I decided that I would focus my Independent Study Project on the relationship between the UNHCR, NGO's, and the services provided to Iraqi refugees in terms of mental health care. In my study I highlight the mental health problems faced by Iraqi's, the treatment they receive via NGO's and the UNHCR, the key problems in this system, and possible solutions for the future of Iraqi mental health care.

Although many individuals think that the Iraqi refugee emergency in Jordan has passed, this is entirely untrue, especially in terms of mental health. As Renata Dubini, head of the UNHCR in Syria claims, "Vulnerabilities are deepening at a time when the world is losing interest in Iraqi refugees. We count on the continued support of the international community and

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<sup>1</sup> Grady, Denise. "Tugging at Threads to Unspool Stories of Torture." *The New York Times* 2 May 2011. Print.

host governments to care for the hundreds of thousands still in need of our help.”<sup>2</sup> The initial movement of Iraqis to Jordan has slowed but, the Iraqis currently living in Jordan have a new set of mental health challenges to face. There are three main types of challenges faced by Iraqis in Jordan that cause mental health conditions. First, previous trauma suffered in Iraq causing conditions such as Post Traumatic Stress Disorder (PTSD). Second, the struggles that come with being treated as a guest in Jordan, specifically not being allowed to work legally. Third, Iraqis face a constant battle with the UNHCR over resettlement to the United States or elsewhere. This has become increasingly difficult after increased United States security following the Kentucky Iraqi’s attempt to send money, explosives, and missiles back to Iraq in July of 2011. The Washington Post reported, “Heightened security concerns in the United States have stalled the immigration process for tens of thousands of Iraqis.”<sup>3</sup> Therefore, the need for mental health services for Iraqis has increased since their initial arrival in Jordan. This topic is crucial because it grows in size every day that the need for treatment is ignored.

Mental health services provided to Iraqis are important because they reflect the care given to a large population of Jordanians. Fortunately, “refugees are provided with primary health care and education services equivalent to those enjoyed by Jordanian citizens.”<sup>4</sup> In order to have a secure and successful country all those who reside in it must be mentally stable. In addition, by ignoring the mental health conditions of Iraqi refugees their issues become more chronic. According to the IASC’s Mental Health Care Guidelines, as a problem becomes more chronic it also becomes more expensive to treat.<sup>5</sup> Therefore, if Jordan offered more basic mental

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<sup>2</sup> W. Khuzaie, UNHCR News Story: UNHCR Sees Deepening Needs Among Iraqi Refugees Even as World Interest Wanes, (UNHCR

<sup>3</sup> Alwan, Aziz. "Thousands of Iraqis Face Long Wait for Visas — and Entry to U.S." *The Washington Post*. Print.

<sup>4</sup> Ghareed, Edmund, Donald Ranard, and Jenab Tutunji. "Refugees From Iraq." *COR Center Enhanced Refugee Backgrounder No.1* (2008). Print.

<sup>5</sup> Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC

health care services then they would not have to treat as many severe cases. In effect, this would lower the amount of money spent by public health services, the UNHCR, and NGO's for treating Iraqi mental health problems. By promoting early assessment of mental health, problems would be discovered sooner. Leading Jordan and the international community to save money on the services required by Iraqis for mental health care.

My study investigates the mental health services provided to Iraqis through various lenses. I look at the problem from the government view, the UNHCR view, the NGO view, and the view of Iraqi refugees. By combining interviews, academic reports, previous research studies, and current news articles I develop a well rounded view of the issue. I am able to construct findings about mental health conditions faced by Iraqis, problems in providing the correct services, and conclude with solutions for better implementation of the funds bestowed to the UNHCR and NGO's.

#### Research Questions

- What are the mental health conditions faced by Iraqis in Jordan?
- How do the UNHCR and NGO's aid Iraqi Refugees with mental health services?
- What are the problems with the system used to provide Iraqi refugees with mental health services?
- What improvements could be made in the system so that the demographic of mentally distressed Iraqis is better aided with the funds that exist from the UNHCR?

#### Hypothesis

My main hypothesis states that the relationship between the UNHCR and Iraqi refugees does not work to its fullest potential because of lack of clarity. First, the number of Iraqi refugees in Jordan is undefined. This makes it impossible to assess how much aid is needed. A severe problem is created because organizations have no clear plan on how they will distribute mental health services in such an urban setting. A halt in services has occurred because of budget cuts. If a better understanding of how many refugees need this service was found, then a

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possibility of services could be renewed. In my hypothesis, I assume that the UNHCR does not have a sufficient method of distributing services to refugees through smaller NGO's. They ignore the necessity of sustainability when planning programs. My hypothesis assumes that more organization is needed for services to be efficiently distributed among refugees. This organization is especially necessary in terms of the mental health system in Jordan as a whole. There is little concrete support of mental health in Jordan. This is extremely detrimental in providing services. In addition, the need for future studies about the progress and failures that have occurred in terms of mental health are necessary. By reforming the mental health system and performing more research studies, forward growth can occur in the provision of mental health services. Therefore, I hypothesize that my specific research will fuel the need for research in the future in order to motivate the mental health system in Jordan and sustain dwindling funding.

### **Literature Review**

Throughout my research I found three main types of literature to be influential in formulating my study. First, reports on mental health from large international and national agencies such as the United States Government Accountability Office, the World Humanitarian Organization (WHO), the United Nations High Commissioner for Refugees (UNHCR), and the Cultural Orientation Resource (COR). These reports presented me with both facts and figures while also including organization beliefs, and suggesting future solutions. Secondly, I used a mix of short academic papers and online agency resources to develop my understanding of what actual services have been and are being offered. Lastly, newspaper articles helped to frame the history of Iraqi Refugee mental health treatment since their arrival in Jordan. Some of the articles used are from the past and some are current. Overall, finding literature about mental

health in the Middle East was extremely difficult because of the stigma attached to this topic of health care. In addition, in many cases I found contrasts between the literature I read and the opinions I received through interviews.

### International Agency Reports

I framed my research around the United States Government Office of Accountability's Report to Congressional Committees called *IRAQI REFUGEE ASSISTANCE*. This report seeks to assess the current status of Iraqi refugees, define their needs, discover problems with the UNHCR aid system, and look for solutions in the future. Although this report was presented to the United States Congress, it discusses the UNHCR's function, regardless of its affiliation to the United States. This study came to the conclusion that although a better understanding of Iraqi needs has been fostered in the last few years there is still a huge lack of clarity involving how to best aid the Iraqi refugees in Jordan. The study writes "First, the international community lacks a comprehensive independent assessment of the needs of vulnerable Iraqi refugees and the populations that host them. Second, State, UNHCR, and NGOs do not have a strategy that addresses factors that may affect assistance efforts. Third, the international community has lacked a coordination mechanism that involves all stakeholders."<sup>6</sup> This excerpt depicts the problems that are inherently part of the Iraqi crisis. The GOA study also attempts to provide solutions for the future.

The GOA study is useful as a basis to my study because it values the importance of communication and organization. But, I believe problems regarding mental health services provided to Iraqis need to be fixed from within Jordan before outsourcing to the United States

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<sup>6</sup> United States. Government Accountability Office. *Iraqi Refugee Assistance: Improvements Needed in Measuring Progress, Assessing Needs, Tracking Funds, and Developing an International Strategic Plan : Report to Congressional Committees*. [Washington, D.C.]: U.S. Govt. Accountability Office, 2009.

and the international community. Therefore, in my study I edit the GOA's criticisms of the aid system to specifically reflect the Iraqi refugee aid system. In my research I will focus primarily on mental health services and not all services provided to Iraqi refugees. In doing so, I will center in on the importance of a strong mental health system in Jordan as opposed to a system involving the United States. My research will be on a smaller scale. The GOA report emphasizes the importance of discovering flaws in order to better a system. Like the GOA, I will not only look for problems but also strive to find solutions for the future regarding the betterment of Iraqi refugees' mental health care.

The second international agency report that has been extremely helpful in framing my research is the Jordan addition of the *World Health Organization - Assessment Instrument for Mental Health Systems*. This assessment performed in 2011, is the most recent and comprehensive report of the status of mental health in Jordan. The WHO-AIMS study profiles the mental health system in regards to mental health legislation, authorities such as the Ministry of Health, sectors such as private, facilities, training, human resources such as number of psychiatrists and psychologists, and previous research.<sup>7</sup> My research touches on all of these subjects but focuses most importantly on training and human resources. I agree with the WHO-AIMS report when it claims "There is a lack of mental health training for primary health care workers and interactions between the primary care and mental health systems are rare."<sup>8</sup> This creates an overall lack of progress regarding the betterment of the mental health system. In addition, the WHO-AIMS report accurately discusses the utter lack of mental health personnel working in Jordan. The deficiency of staff is distressing because it means that the number of

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<sup>7</sup> WHO-AIMS Report on Mental Health System in Jordan, WHO and Ministry of Health, Amman, Jordan, 2011.

<sup>8</sup> United States. Government Accountability Office. *Iraqi Refugee Assistance: Improvements Needed in Measuring Progress, Assessing Needs, Tracking Funds, and Developing an International Strategic Plan : Report to Congressional Committees*. [Washington, D.C.]: U.S. Govt. Accountability Office, 2009.

experts in mental health accessible to Iraqi's is even smaller. Although NGO's may offer additional services through psychological counselors, these professionals cannot create a treatment plan, perform treatment, or prescribe medicine. Therefore, in serious cases they are not useful.

Similarly to the GOA report, the WHO-AIMS report details statistical information regarding the mental health care system in Jordan, identifies problems, and reflects upon possible solutions. I used this method in formulating the findings and conclusion of my research. Although my study is specifically about mental health care for Iraqi refugees it was important to analyze the overall mental health care system in Jordan because Iraqis use this system. The slight difference from my study and the WHO-AIMS report is that I include the extra resources from NGO's and the UNHCR that Jordanians do not receive. However, I analyzed this section of the mental health care system using the same format as the WHO-AIMS study does for Jordanian mental health as a whole. That is: data, problems, solutions.

A study that was extremely specific to my needs was the International Organization for Migration's *Assessment of Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*. After spending several months investigating mental health, a term that kept appearing was psychosocial. This report finally provided me with a concrete definition of psychosocial treatment (defined later in report). In addition, the IOM outlined the effects of living in Jordan on Iraqi refugees. This assessment went into tremendous detail about these various effects. My research offers a narrower view but, in the future I hope to explore the effects of a second country on refugees, just as the IOM does.

The third report used in my research is the *UNHCR Global Appeal 2011*. This specific report details the UNHCR's work with refugee's in Amman. I found a lot of data, such as names

of affiliated NGOs and specific budget information in the report. Yet I feel that it lacks some key elements like a breakdown of the 2011 budget and a more thorough explanation of the 2011 budget cuts effects. For example, I investigate the validity of this statement “There will be no mental or tertiary health care”<sup>9</sup> in my research. In addition, there is a lack of consistency and accuracy in this report, and a similar one from 2010. In my research, I hope to answer some questions that I have regarding this report. For instance, I want to find the most accurate number of Iraqi refugees living in Jordan. I hope to do this through my interviews with NGO workers, who are not as influenced by the government. This may be a challenging feat in terms of the UNHCR because getting in contact with the correct individual at the UNHCR is difficult.

#### Academic Papers/ Press Releases

In addition to the reports of International Organizations, academic papers and smaller reports helped to formulate my research. The most important of these was a paper by R. Srinivasa Murthy called “Mental Health and Psychosocial Support in Conflict Situations in the Eastern Mediterranean Region Intervention”. Similar to the WHO-AIMS report, this paper organizes the problems of the mental health system into categories. These seven divisions are “Shortage of national professional leadership, absence of infrastructure to support mental health and psychosocial programmes, stigma over mental health, multiple models of interventions, lack of funding, competing interests of NGOs and UN organizations, and insufficient political will and political instability.”<sup>10</sup> Although this paper is about the whole Eastern Mediterranean region and not just Jordan, I found the majority of these categories highly applicable to the problems

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<sup>9</sup> *UNHCR Global Appeal 2011 Update*. Rep. Vol. I. Print

<sup>10</sup> Murthy, Srinivasa. Mental health and psychosocial support in conflict situations in the Eastern Mediterranean Region Intervention 2008, Volume 6, Number 3/4, Page 239 – 242.

with the Jordanian mental health care system. However, I disagreed with two. In my study I argue that lack of infrastructure to support mental health programs is not a large problem in providing Iraqi's with mental health care. The infrastructure exists; it is just not being utilized to its best. In addition, my study argues that NGO's and UN organizations do not compete against each other. From my wide variety of interviews I actually found that these organizations often work together on programs and providing resources. Both of these points also go against part of my initial hypothesis. This will be further discussed in my findings.

Small reports found online also contributed to the formulation of my research. The United States Bureau of Population, Refugees, and Migration (PRM) has a short yet comprehensive report on its website called "Iraqi Refugee Assistance". This piece details what the United States is doing to help Iraqis whether it be through foreign aid or resettlement. I found the section on foreign aid to be useful because it served as a government point of view. I used this document to observe disconnects between the funding given to Jordan for Iraqi refugees and the services that Iraqis actually receive. Some of the numbers made sense while others left me wishing for a more concise breakdown. Another small report, "On World Mental Health Day in Jordan, Reducing Stigma Surrounding Mental Health", came from International Medical Corps (IMC) in the form of an editorial. This piece was useful in discovering what programs are being offered by NGO's in terms of mental health to both Iraqis and Jordanians. Yet, I remembered to keep in mind that these articles might be biased because they are from the organizations website. Therefore, this type of literature might exaggerate and beautify the organization and its programs. I used these articles as a guide to what services were being offered and then focused on interviews to define their validity.

### Newspaper Articles

Articles from the *New York Times*, *The Washington Post*, and *The Jordan Times* provided statistics and a news based focus. These articles presented interviews with Iraqis and members of the mental health community. Such opinions were useful in the beginning of my research when I was still trying to understand the basics of Iraqi refugees and the Jordanian mental health care system. By using both American and Jordanian newspapers I kept an unbiased view of current events regarding my topic.

### Methodology

My Independent Study Project is a qualitative report regarding the mental health services provided to Iraqi refugees by the UNHCR and NGOs. The majority of my research came from a series of twelve interviews that I conducted. Due to the sensitive nature of mental health, I felt that a more personal method of data collection was appropriate. Nine of my interviews were formal while three were informal. To better understand the relationship between large organizations and the specifics of mental health care it was crucial to interview representatives from the Jordanian government, the UNHCR, NGO's, and Iraqi refugees. This variety of interviewees aided in understanding the aid system, discovering problems within it, and creating solutions for the future. In addition, I used observation as another method of qualitative data collection. Although the situations differed, all observations were of Iraqis. My observations allowed me to understand Iraqi's in their daily lives as they face the struggle to fit into a society that does not accept them fully.

## Formal Interviews

I conducted nine formal interviews in my study. These interviews were semi-constructed. Prior to every interview I prepared a list of questions. These questions were the starting point of all my interviews. I listened to the interviewees answer and if it provoked new questions I would ask those, as opposed to solely using my prepared questions. If necessary, I returned to the questions throughout the interview if the conversation was ending or getting off topic. I chose all of my subjects because of their expertise in varying fields. Some were specifically interviewed for their mental health expertise while others were interviewed for their experience as refugees. Lastly, it is important to note that I found the setting of the interview affected the participant's answers. An interview in an Iraqi home often gave me more personal data than one at a government office. Many of my interviews were with Iraqis who also held positions in NGOs. The term "volunteer" is used for Iraqi's who work at NGO's; this position has a small salary. All the Iraqi's that I interviewed, regardless of their occupation and expertise, narrated their journey to Jordan for me.

My first interview was with a member of the Iraqi Coordination Unit at the Ministry of Planning and International Cooperation. He is the only participant in my research who requested to remain anonymous. This request came due to his affiliation with the government. My interviewee was part of a committee that approves or rejects all proposals for aid programs. This interview was important because it provided the governmental view on the subject of Iraqi aid. My questions were about the role of the government in providing mental health care. They were general and strived to create a clearer image of the governmental stance in this issue. My interviewee's lack of interest in providing mental health care for Iraqi's was crucial in shaping my findings.



My second interview was with Mr. Mark Brown, the Resettlement Program Manager at the International Organization for Migration (IOM). The IOM is, in essence, contracted by the UNHCR to handle the resettlement of the majority of Iraqi refugees. My questions focused on the IOM's relationship with the UNHCR. Although Mr. Brown was very knowledgeable, his expertise was not exactly suited for my topic. But, I did gather some information that sparked other questions about the mental impact of awaiting resettlement.

My third interview was also at the IOM. I traveled up two floors to speak with Dr. Marwan Naoum and Dr. Nedal S. Oden. These two men are the heads of the Migration Health Center at the IOM. Their job is to perform the mental exams required of Iraqis before they are permitted to be resettled to the United States. One large part of this task is assessing refugees' mental health and if necessary, referring them for further care before resettlement. My questions for the doctors regarded the types of mental conditions they see, how they treat them, and the influence of the UNHCR and NGO's in the process of treatment.

Dr. Ashraf F. Alqudah, a professor and clinical psychologist, provided me with some of my most valuable information in our interview at his office. Similar to Dr. Naoum and Oden, I asked Dr. Alqudah questions regarding the mental health conditions of Iraqi refugees and how these issues are treated. Additionally, our conversation led to questions regarding the overall flaws in the mental health system of Jordan. This was crucial because it prompted my realization that the problem of Iraqi mental health aid is bigger than just refugees. It reflects the overall flaws of the Jordanian mental health system. My interview with Dr. Radwan Banimustafa, a psychiatrist was very similar to Dr. Alqudah's. Dr. Banimustafa currently works at the University of Jordan Hospital but he used to be the head psychiatrist at the IMC's health clinic.

Therefore, I was provided specific information about the role of clinics in providing mental health aid.

Although not consecutive, my interviews with Fusayo Irikura of the Women's Federation for World Peace and Abdul Al Karim Buti of Save the Children were very similar. Both of these organizations provided mental health services in the past for Iraqi refugees. But, now due to budget cuts these programs do not exist. Ms. Irikura lives in Hashimi Shamali with Iraqi refugees so she was also able to elaborate on the daily struggles of Iraqis in Jordan and the cost of this on their mental well being. Mr. Al Karim is an Iraqi refugee himself who volunteers at Save the Children. His combined knowledge of NGOs and experience as an individual struggling to survive in a foreign country provided me with a well rounded view.

My final two formal interviews were both of Iraqi refugees at their homes in Hashimi Shamali. I used a student translator for both of these interviews. First, was Atheer, a volunteer at the Queen Noor Al Hussein Foundation, which provides psychosocial programs for children age six to eighteen. Atheer works as a psychological counselor and has had extensive training in youth psychological issues. I had a set of questions I wanted to ask Atheer but after one or two, he began to tell the story of his migration to Jordan and discuss his training in psychological issues faced by Iraqis. Although this is not what I planned, it worked wonderfully and he provided some great information. Similarly, Dikra, a Sahab Iraqi widow with four children, simply dictated her story to me. This was beneficial because it allowed her to speak without interruption. I felt that I got an honest and thorough example of a female Iraqi refugee, which was important to me. The only questions I posed to Dikra were regarding her experiences with UNHCR and NGO's regarding mental health. She answered these thoroughly. A challenge with this interview was not getting emotional because her story was very sad.

### Informal Interviews

In addition to formal interviews I also performed three informal interviews, or conversations in comfortable settings. This method was useful because it allowed for increasingly honest answers on sensitive subjects. I spoke with Schwan Barzinji on several occasions. He is a Kurdish Iraqi who works as a volunteer with Fusayo Irikura in Hashimi Shamali. We spoke while walking in Hashimi Shamali, in his home, and on several car rides. I believe that this informal setting prompted Schwan to share some very personal stories about his hard transition to Jordan which were beneficial for my study. My second informal interview was with Hanan Musa of the UNHCR. This will be discussed further in the observations section. Lastly, my adviser, Dr. Haitham Al-Zou'bi allowed me to informally interview him in his home. As a psychologist at an NGO (Terre Des Homes) and a professor of counseling, Dr. Al-Zou'bi provided me with information regarding the mental health conditions faced by Iraqis through our casual conversations. All of these interviews were prompted by questions that I thought of on the spot.

### Observations

Three observations were the final part of my methodology. I chose to conduct observations because it they were a way to see Iraqis functioning in different parts of their daily lives, as asylum seekers. At the IOM I was permitted to sit in on a session of the Cultural Orientation Class which Iraqis must take part in before resettling to the United States. This was useful because I saw how desperately Iraqis want to leave their suffering in Jordan and Iraq behind. This was facilitated by Daryl Morrissey of the IOM. Secondly, Hanan Musa kindly allowed me to shadow her on UNHCR house visits. She assesses the status of newly arrived Iraqis and files reports to the UNHCR which helps to determine how much financial aid they will

receive. Hanan is not fluent in English so I counted our experience together as a mix of an informal interview and an observation. Because we conversed in broken English about the families we were visiting, it was somewhat of an interview. But, I gathered more for my research from my observations of the squalor that many of the Iraqis live in, causing them distress. A final observation was from my personal experience helping to teach English in a psychosocial class for girls at the Noor Al Hussein Foundation in Hashimi Shamali. Through this experience I was able to observe the mental stress that is put on young female Iraqis from living in a country with few pathways to success.

### Strategy

As a researcher, it is important to obtain data in the most efficient yet considerate method. Before performing my research I went back to my notes and readings from the Field Study Seminar. I was careful to read over the instructions on how to deal with sensitive topics in an interview. This was important because I knew that many of the Iraqis I interviewed would have emotional responses to my questions about their personal stories. I was sure to be cautious about the questions I asked and used my common sense to judge when further questioning on a subject was inappropriate.

I gathered a lot of fantastic data through my interviews and observations. But, as part of being a good researcher, I felt it necessary to check the facts and figures I obtained against the literature I had read. For example, I back checked all of the monetary numbers I was given via interviews. One figure that I had trouble finding a concrete number for was the number of Iraqis in Jordan. I concluded that this is currently an impossible question to answer.

Finally, I was very clear with all of my subjects about the goals of my research. Before each interview I explained who I was and why I was conducting research. If my interviewee did

not speak English, a translator facilitated this exchange. A similar method was used for the signing of consent forms. For every interview the process of consent was thoroughly explained so that the interviewee knew what was being asked of them.

### Findings

Although not signatory to the 1951 Refugee Convention, Memorandum of Understanding, Jordan is still known as a safe haven for refugees. One of the populations of refugees that have taken advantage of this is the Iraqis. The suspicion of Iraq's possession of Weapons of Mass Destruction prompted the US invasion of Iraq. On March 20, 2003 President Bush declared the invasion of Iraq due to lack of cooperation from Saddam Hussein. At this time the first of two out-pourings of Iraqis occurred. The majority of these asylum seekers traveled to Jordan or Syria. In 2006 when the Golden Mosque in Samara was bombed, yet another population of Iraqis found refuge in Jordan.<sup>11</sup> Statistics show that "Since 2003 an estimated four million Iraqis have fled their homes, the largest exodus since Israel's creation in 1948."<sup>12</sup> According to the government, Iraqi's are recognized as guests in Jordan. However, for the purpose of this study I will refer to the Iraqi population as refugees. Due to their lack of status, Iraqis cannot legally work. But, fortunately, Iraqi's are provided with some aid services. Both basic health care and education for children are offered free of cost at public institutions. These factors are important in sustaining daily life for Iraqi refugees. But, it is the specific service of mental health that this study will look into. Moreover, it will examine the UNHCR's role in implementing proper mental health care to Iraqi refugees through NGO's.

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<sup>11</sup> "Iraq: Conflict Profile." *Insight on Conflict*. Peace Direct. Web. 25 Nov. 2011.

<sup>12</sup> Sweis, Rana F. "For Refugees, a Frustrating Feeling of Permanence." *The New York Times* 20 July 2011, Middle East sec. Print.

In this section my findings are broken into two subcategories. Through literature analysis, interviews, observation, and my time spent in Jordan I have organized my thoughts on the mental health services provided to Iraqi refugees. The first section outlines the medical conditions faced by refugees and discusses the various causes of these problems. For the majority of Iraqis in Jordan, conditions arise because of both trauma they witnessed in Iraq and the harsh living conditions in Jordan. Equally as important, the history and changes of treatment since 2003 until now are outlined. A second section discusses the problems with the system used to provide Iraqis with mental health care via the UNHCR and NGO's. Here, my original hypothesis will be reevaluated with the knowledge I have gained through further research. Possible solutions for increasing the efficiency of distribution of mental health care to Iraqi refugees will be discussed in the conclusions part of this study.

### Causes, Mental Health Conditions, and their Treatments

#### *Causes- Trauma in Iraq and Life in Jordan*

Before discussing the medical conditions faced by Iraqis it is important to understand these conditions stem from two main causes. First, many refugees fled Iraq because of the brutalities of war. These brutalities are often the cause of mental trauma. "Many Iraqis suffered atrocities such as witnessing the deaths of family members, kidnappings, targeted bombings and burnings, rape, physical attacks and looting. Many have lost everything."<sup>13</sup> Such experiences are severely damaging to ones psyche. Unfortunately, the majority of Iraqis living in Jordan, especially those who previously lived in Baghdad, have witnessed one of these acts.

When living in a war-time country it is almost impossible not to witness acts of violence. After the invasion in 2003, all concepts of "normal" life vanished for Iraqis. Witnessing soldiers

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<sup>13</sup> Center for Victims of Torture. Jordan. *CVT Jordan*. St. Paul: CVT, 2011. Print.

raiding homes, civilians being shot in the street, and others being captured became regular in Iraq. Dikra, an Iraqi refugee, told me that she fled Iraq due to the violence her children witnessed. Her four children were kept awake at night by the sounds of bombing, shooting, and falling debris. After several months of war, Dikra only allowed her children outside if absolutely necessary.<sup>14</sup> Furthermore, “A U.N. survey of Iraqi refugee children in Jordan found that 43 percent had witnessed violence.”<sup>15</sup> In addition to witnessing violence, another main cause of mental trauma is torture. Civilians with affiliations to specific religions or to the United States were often captured and tortured for information. These sessions of brutality lasted for days or weeks and sometimes resulted in death. The Center for Victims of Torture reports that one in five Iraqi refugees was tortured.<sup>16</sup> These events are clearly psychologically damaging. Sadly, when Iraqi’s arrived in Jordan they were not abolished of these memories. Therefore, traumatic experiences in Iraq are a main factor in the mental health conditions found in Iraqi refugees.

The other causal factor of mental health conditions in Iraqi refugees comes from living in Jordan. According to Dr. Marwan Naoum, the most significant problem faced by Iraqis living in Jordan is the lack of legal status.<sup>17</sup> As previously mentioned, Iraqi’s are guests in Jordan. They are not permitted to legally work or own property. Secondly, many Iraqis sit in their homes and wait to be resettled. This process is slow and often fills Iraqis with false hope. Finally, Iraqis have trouble fitting in to the Jordanian community because they are not fondly accepted. This creates both fear and segregation between Iraqis and Jordanians.

Although not as apparent as trauma suffered in Iraq, the lack of legal status creates suffering for Iraqis. The only privileges that they share with Jordanian citizens are public

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<sup>14</sup> Dikra, Iraqi Refugee, November 22, 2011

<sup>15</sup> Sweis, Rana F. "For Refugees, a Frustrating Feeling of Permanence." *The New York Times* 20 July 2011, Middle East sec. Print.)

<sup>16</sup> Center for Victims of Torture. Jordan. *CVT Jordan*. St. Paul: CVT, 2011. Print

<sup>17</sup> Dr. Marwan Naoum, IOM, November 14, 2011

healthcare and education. The inability to legally work is financially crippling for Iraqis. Many migrated to Jordan with their savings, “as former bank managers, social club directors and business owners, they thought their money would last”<sup>18</sup>. But after months, or for some years, in Jordan their savings were gone. Therefore, Iraqis began to seek out jobs. Positions are available for Iraqis but due to the fact that they are working illegally, no laws exist to stop employers from paying them miniscule salaries. When I spoke with Fusayo Irikura, she retold the story of a young male Iraqi refugee who worked twelve hours per day in a barber shop for five dinar.<sup>19</sup> For a single man, this is enough to live on but, for a father this is not sufficient to support a family. Herein lies the largest implication of lack of status on mental health: changes in familial roles. In their *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*, the IOM claims, “Men, who in the Iraqi patriarchal structures play a very prominent role in the family, mainly related to providing for the family, safety, and security, are in all these cases progressively losing their role and mandate. This has consequences on the self-reliance of the men.”<sup>20</sup> Therefore, the male is often stripped of his traditional masculinity. Additionally, often women end up being the providers for their family because micro-finance programs that help them to start small hand craft businesses. The combination of these two factors causes both males and females to struggle psychologically with challenging new familial roles.

Due to the wearing ways of life in Jordan and the inability to return to Iraq for safety reasons, many Iraqis yearn to be resettled to the United States, Europe, or Australia. In theory, this seems like a positive effect of the aid services provided to Iraqis. But, the process of

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<sup>18</sup> Tavernise, Sabrina. "Well-Off Fleeing Iraq Find Poverty and Pain in Jordan - New York Times." *The New York Times - Breaking News, World News & Multimedia*. The New York Times, 10 Aug. 2007. Web. 23 Nov. 2011.

<sup>19</sup> Fusayo Irikura, WFWP, November 9, 2011

<sup>20</sup> Schinina, Guglielmo, Rocco Nuri, and Elena Bartoloni. *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*. Rep. Amman, Beirut: International Organization for Migration, 2008. Print.



resettlement is extremely taxing. Additionally, in the last two years, the process has slowed tremendously because of lack of funds and increased security procedures. I spoke with Mark Brown at the International Organization for Migration to better understand the resettlement process. He explained that before being resettled to the United States refugees must undergo five security and background checks. This process is long and involves waiting, even after being approved for resettlement. In addition Mr. Brown mentioned that normally the United States accepts 3,000-4,000 Iraqis per year from Jordan. But, in the past few years this number has dwindled due to increased precautions from the Department of Homeland Security in an effort to fight terrorism.<sup>21</sup> Even if Iraqis are accepted to be resettled, it may take months or even years. In an article from the Washington Post, one Iraqi refugee commented “we feel like we’re stuck. We don’t know if we’ll make it out or not.”<sup>22</sup> The feeling of being trapped in a Jordan when opportunity exists elsewhere is clearly detrimental to one’s mental health. The UNHCR remarked in a press release, “Prolonged exile can have a crushing impact on a person’s sense of dignity and self-worth. With any savings or resources depleted, many refugees are resorting to negative coping mechanisms in order to survive.”<sup>23</sup>

A final source of mental trauma for Iraqis living in Jordan is the inability to fit into Jordanian society. It is important to note that many Jordanians do not like Iraqis because they think Iraqis are responsible for the troublesome economic situation in Jordan. Whether or not this is true, Jordanians are not eager to accept Iraqis. The IOM reports, “In Jordan, cases of mistreatment and discrimination against Iraqis have been reported by stakeholders, in schools

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<sup>21</sup> Mark Brown, IOM, November 14, 2011

<sup>22</sup> Alwan, Aziz. "Thousands of Iraqis Face Long Wait for Visas — and Entry to U.S." *The Washington Post*. Print

<sup>23</sup> W. Khuzaie, UNHCR News Story: UNHCR Sees Deepening Needs Among Iraqi Refugees Even as World Interest Wanes, (UNHCR)

and particularly towards Iraqis belonging to religious minorities”<sup>24</sup> Schwan Barzinji, a Kurdish Iraqi, shared his personal experience of feeling like an outsider in Jordan with me. Upon his arrival to Jordan in 2009 Schwan only spoke Kurdish. This left him feeling out of place. He recalled being harassed for both his Kurdish roots and Iraqi nationality. Within one year Schwan learned Arabic solely in an effort to avoid prejudice and fit in.<sup>25</sup> Similarly, Atheer, an Iraqi refugee, told me that after initially living in Sweifieh, he moved his family to Hashimi Shamali (the neighborhood most highly populated by Iraqis) in an effort to avoid prejudice and be closer to the Iraqi community.<sup>26</sup> Overall, being a foreigner in a community that does not accept them is extremely detrimental to the mental health of Iraqi refugees.

### *Mental Health Conditions*

As a result of experiences in both Iraq and Jordan, Iraqi refugees in Jordan are faced with mental health problems. The most well known condition that refugees come to Jordan with is Post Traumatic Stress Disorder (PTSD). According to the A.D.A.M. Medical Encyclopedia at U.S. National Library of Medicine, “Post-traumatic stress disorder is a type of anxiety disorder. It can occur after you've seen or experienced a traumatic event that involved the threat of injury or death”. Furthermore, “PTSD changes the body's response to stress.”<sup>27</sup> Therefore, those who have PTSD suffer from flashbacks, emotional detachment, avoidance of certain places, hopelessness, and difficulty concentrating. In my interview with Dr. Radwan Banimustafa, he recalled that the most common symptoms of PTSD were flashbacks and nightmares.<sup>28</sup>

Flashbacks consist of an event or experience coming to one’s mind without notice. An Iraqi

<sup>24</sup> Schinina, Guglielmo, Rocco Nuri, and Elena Bartoloni. *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*. Rep. Amman, Beirut: International Organization for Migration, 2008. Print.

<sup>25</sup> Schwan Barzinji, November 14, 2011

<sup>26</sup> Atheer, Iraqi Refugee, November 22, 2011

<sup>27</sup> Vorvick, Linda J. "Post-traumatic Stress Disorder." *A.D.A.M. Medical Encyclopedia*. A.D.A.M., 11 Mar. 2011. Web. 25 Nov. 2011.

<sup>28</sup> Dr. Radwan Banimustafa, psychiatrist, November 27, 2011

could be going about their normal day when an image of violence in Iraq is recalled.

Additionally, nightmares are experienced both due to stress in Jordan and trauma suffered in Iraq. When asked to elaborate on other symptoms of PTSD, Dr. Alqudah gave similar examples as the A.D.A.M. Medical Encyclopedia such as muscle tension, distractedness, change in appetite, and detachment.<sup>29</sup>

PTSD is the most commonly acknowledged mental health condition faced by Iraqi refugees simply because of the media around the Iraqi refugee situation. PTSD is mainly suffered by those who were severely traumatized, for instance by “witnessing the assassination of relatives and friends, kidnapping, torture, and rape”<sup>30</sup>. But, those who were not as severely traumatized still face mental health issues. Similar to PTSD is Acute Stress Disorder (ASD). The difference between the two is that the symptoms of PTSD last for more than thirty days while the symptoms of ASD are not as long lasting.<sup>31</sup> ASD is likely to occur in Iraqi refugees when they first arrive to Jordan and are adapting to a new environment. In addition to ASD, Iraqi refugees are often afflicted with just one symptom, or distress factor, of PTSD. A 2008 IOM study highlighted the most common distress indicators for 173 Jordanian families. Examples include anxiety, fears, and tension. For the full report see Table B in the appendix. These conditions are most common for those struggling to survive in Jordan due to lack of legal status.<sup>32</sup> Although not as prominently recognized, treatment of ASD and other psychological issues is just as important as treatment PTSD.

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<sup>29</sup> Dr. Ashraf Alqudah, Psychologist, November 16, 2011

<sup>30</sup> Schinina, Guglielmo, Rocco Nuri, and Elena Bartoloni. *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*. Rep. Amman, Beirut: International Organization for Migration, 2008. Print.

<sup>31</sup> Vorvick, Linda J. "Post-traumatic Stress Disorder." *A.D.A.M. Medical Encyclopedia*. A.D.A.M., 11 Mar. 2011. Web. 25 Nov. 2011.

<sup>32</sup> Schinina, Guglielmo, Rocco Nuri, and Elena Bartoloni. *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*. Rep. Amman, Beirut: International Organization for Migration, 2008. Print.

### *Treatment*

In terms of treatment specifically for mental health issues caused by displacement, the IOM's *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*, separates adaptation into three stages: impact, rebound, and coping. These three stages identify the part of adaptation that the Iraqi is undergoing. Specific methods of treatment should be provided depending on what state the refugee is in. The impact phase occurs when an individual or family first enter the new environment. This phase is challenging because often situations are very unstable. Therefore, it is difficult to deliver treatment and may not be realistically available. "However, a prolonged impact phase requires psychosocial intervention, in order to avoid endemization of the problems."<sup>33</sup> The phase in which intervention is most important is the rebound phase. Here, if treatment is facilitated then successful coping will be prompted. If, unfortunately, an intervention is not made at this point stagnation of the problem can occur. Therefore, the condition will grow worse instead of improve. Lastly, coping occurs during and after treatment as the refugee is integrated into their new environment. This process may be short and easy for some or long and difficult for others. Either way, treatment should continue until the refugee is stable and checkups should be facilitated.

Unfortunately, the current mental health treatment services in Jordan do not address the three stages of displacement. On arrival to Jordan, refugees are not required to undergo a mental health examination. However, in the past year a survey has been required of all migrants entering Jordan. Dr. Nedal Odeh stated that this survey has a mental health section. Currently it is simply used for data collection purposes. In the future he hopes that this survey will be evaluated by psychologists and psychiatrists who can refer those who show signs of mental

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<sup>33</sup> Schinina, Guglielmo, Rocco Nuri, and Elena Bartoloni. *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*. Rep. Amman, Beirut: International Organization for Migration, 2008. Print.

health disorders to the proper care.<sup>34</sup> Furthermore, Dr. Odeh would ideally implement a mental health examination of Iraqis upon their arrival to Jordan. This proposed system would lead to preventative intervention and referral. Unfortunately at this time, this is both logistically and financially impossible.

In order to understand what mental health treatment is available to Iraqi refugees in Jordan the role of the UNHCR and of NGOs must be understood. According to the *Statute of the Office of the United Nations High Commissioner for Refugees*, “The United Nations High Commissioner for Refugees, acting under the authority of the General Assembly, shall assume the function of providing international protection, under the auspices of the United Nations, to refugees”<sup>35</sup> In Jordan, the UNHCR’s main objectives are to implement an efficient refugee registration system, provide financial assistance, promote the use of the health and education system (whether public or private with funding), and provide assistance with resettlement or repatriation.<sup>36</sup> NGO’s help facilitate the duties of the UNHCR by offering specific programs to refugees. These programs include but are not limited to counseling services, coverage for expensive medical care and medicine, sponsorship for students to attend private schools, and basic necessity provision such as food and blankets.

In terms of funding, the UNHCR receives its money from countries and institutions all over the world. The UNHCR uses some of these funds for its own programs and sponsors NGO programs with the remainder. Most NGO’s receive funding from other sources besides just the UNHCR. In our interview, Karim Abdul of Save the Children explained the basic relationship between NGO’s and the UNHCR. The UNHCR often proposes a program to an NGO, such as

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<sup>34</sup> Dr. Nedal Odeh, IOM, November 14, 2011

<sup>35</sup> UNHCR - Statute of the Office of the United Nations High Commissioner for Refugees, 6 § 1 (UNHCR Communications and Public Information Service 1950). Print.

<sup>36</sup> *UNHCR Global Appeal 2011 Update*. Rep. Vol. I. Print, P.151

providing counseling for new mothers. That NGO plans and implements the program using the UNHCR's funds. Then, the NGO most likely will propose a follow up program to the UNHCR, such as providing awareness classes about post-partum depression for mothers. Depending on budget, the UNHCR will either accept or deny this proposal.<sup>37</sup> However, it is important to remember that the Iraqi Coordination Unit at the Ministry of Planning must approve all programs before they are implemented. This is true for both NGO's and the UNHCR.<sup>38</sup>

In theory the UNHCR has a positive relationship with both global and local NGO's. The main way that Iraqis receive mental health care is through referral, predominately from the UNHCR. There are several different ways in which an Iraqi could be referred for mental care. First, after Iraqis register at the UNHCR, a case worker visits their home to assess their financial situation. When this UNHCR worker visits they may notice significant symptoms of a mental health condition, and refer them to a NGO for further care.<sup>39</sup> I was fortunate enough to shadow Hanan Musa of the UNHCR, on her house visits. On three of the five house visits, Hanan Musa referred Iraqis to NGO's for mental health care.<sup>40</sup> However, this referral is simply done through a pamphlet that details mental health issues and where to seek help. Therefore, it is not as effective as a doctor prescribing care. Second, when an Iraqi applies for resettlement, part of the process consists of undergoing a medical exam. This exam includes both physical and psychological evaluations. Therefore, if the doctor performing the examination notices a mental health issue, the refugee will be referred to seek further care.<sup>41</sup> This method is more effective because the likelihood of one's resettlement often rests upon whether or not treatment is sought

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<sup>37</sup> Karim Abdul Buty, November 17, 2011

<sup>38</sup> Member of the Iraqi Coordination Unit, Ministry of Planning November 12, 2011

<sup>39</sup> Dr. Radwan Banimustafa, psychiatrist, November 27, 2011

<sup>40</sup> UNHCR House visits with case worker Hanan Musa, November 19, 2011

<sup>41</sup> Dr. Marwan Naoum, IOM, November 14, 2011

out. But, only refugees who are selected for resettlement receive this opportunity to obtain mental health care. Otherwise, Iraqis have to seek out mental health treatment on their own.

In the past, the UNHCR has paid for serious mental health care when required by Iraqi refugees. For example, if a refugee was suffering from a severe case of PTSD the UNHCR will refer them to a psychiatrist and pay for the care. If for some reason the UNHCR could not facilitate this they would refer the patient to an NGO, such as Caritas who could pay for care. In terms of less serious cases, such as stress, the UNHCR is responsible for referring any Iraqi to a NGO for care. For example, the psychological counselors from the Noor Al Hussein Foundation provide psychosocial care for Iraqis suffering minor mental health issues. This service is free of cost for Iraqis.<sup>42</sup> Unfortunately, all of these services have seen cuts in funding therefore availability has decreased.

A key term to understand in terms of treatment of Iraqi refugees is psychosocial. All programs that are currently operating or have operated in the past by NGO's and private medical facilities include psychosocial therapy. This type of approach focuses on the unavoidable connection between psychological and social factors on one's daily life. The IOM describes psychosocial therapy briefly in their report:

A psychosocial approach, therefore, tends to respond to people's interconnected social and psychological needs, addressing them in an integrated manner. This is always a necessity, but becomes an indispensable condition in all such situations where it is impossible to separate the social and the psychological consequences of the events (like when one's house is destroyed). In war and emergency displacement situation, it is also impossible to separate the "individual" from the "collective" given the communal profile of the experience, and the communal reason behind the attacks individuals are subject to<sup>43</sup>

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<sup>42</sup> Haitham Al-Zou'bi, November 2011

<sup>43</sup> Schinina, Guglielmo, Rocco Nuri, and Elena Bartoloni. *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*. Rep. Amman, Beirut: International Organization for Migration, 2008. Print.

In addition to psychosocial treatment, many NGO's also offer basic counseling such as private sessions or group support to Iraqi refugees. But, these are often not lead by an academically certified psychologist or psychiatrist. In most situations NGO's train volunteers or other workers to facilitate basic counseling services and reserve psychologists for severe cases.<sup>44</sup> In 2008, the IOM reported that CARE, Mercy Corps, the International Rescue Committee, World Vision, and WHO were offering psychosocial and counseling services to Iraqi refugees.

In my interview with Karim Abdul of Save the Children he said that in 2007 there was a mental health care surge in Jordan for Iraqi refugees. News media all over the world broadcasted the atrocities that Iraqis witnessed causing them to flee Iraq. This created a spike in funding for both the UNHCR and NGOs. Therefore more mental health services were offered in the years 2007 and 2008. But, since then funding has dropped.<sup>45</sup> The UNHCR commented, "Vulnerabilities are deepening at a time when the world is losing interest in Iraqi refugees. We count on the continued support of the international community and host governments to care for the hundreds of thousands still in need of our help"<sup>46</sup>. Currently, there are still some NGO's that provide psychosocial and counseling services such as the Noor Al Hussein Foundation and Caritas. But the number of programs does not compare to that which was offered in 2008. In addition, the coverage of mental health services for severe cases has also decreased. This decrease is due to a lack of funding in NGO's. A study by the National Center for Biotechnology Information reports "Of the 664 survey participants, 49% (95% CI = 45-53%) of respondents reported needing mental health services and 5% (95% CI = 3-8%) of those in need

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<sup>44</sup> Dr. Ashraf Alqudah, November 16, 2011

<sup>45</sup> Karim Abdul Buti, Save the Children, November 17, 2011

<sup>46</sup> W. Khuzaie, UNHCR News Story: UNHCR Sees Deepening Needs Among Iraqi Refugees Even as World Interest Wanes, (UNHCR)



had access to services”<sup>47</sup>. This unfortunate reality will be further discussed in the following section.

### Problems with the System of Providing Iraqi Refugees Mental Health Care

In my initial hypothesis I claim that three problems hinder Iraqi refugees from receiving proper mental health care. This preliminary hypothesis was based off the United States Government Accountability Office’s report, *Iraqi Refugee Assistance*. The first problem is the indefinite number of Iraqi’s currently residing in Jordan. I argued that without a concrete number, aid could not be properly assessed and facilitated. Secondly, the method of distribution is problematic because it lacks clarity. Specifically, programs are not implemented for long term success. The final problem stated in my hypothesis is the lack of organization of mental health care in Jordan as a whole.<sup>48</sup> This includes human resources, training, and awareness. After thorough research using literature, interviews, and observations I have identified five problems with the system of providing Iraqi refugees mental health care. Determination of these problems was highly influenced by R. Srinivasa Murthy’s article in *Intervention Journal*<sup>49</sup>. In addition, in my research I did not find a significant problem with method of distribution of services. The system would be successful if it had the correct resources. My original hypothesis is incorporated into the revised problems. The next section details my findings.

#### *Indefinite Iraqi Population*

As hypothesized, a serious problem with the distribution of mental health services to Iraqi refugees is the inability to define the Iraqi population size in Jordan. This makes the provision of

<sup>47</sup> Psychosocial health in displaced Iraqi care-seekers in non-governmental organization clinics in Amman, Jordan: an unmet need, Bader F, Sinha R, Leigh J, Goyal N, Andrews A, Valeeva N, Sirois A, Doocy S; IMC Study Team. *Prehosp Disaster Med.* 2009 Jul-Aug

<sup>48</sup> United States. Government Accountability Office. *Iraqi Refugee Assistance: Improvements Needed in Measuring Progress, Assessing Needs, Tracking Funds, and Developing an International Strategic Plan* : Report to Congressional Committees.

<sup>49</sup> Mental health and psychosocial support in conflict situations in the Eastern Mediterranean Region *Intervention* 2008, Volume 6, Number 3/4, Page 239 – 242.

aid challenging because it is impossible to know what percentage of the population is suffering from mental health conditions. If a large percentage of the population was struggling with mental health concerns more funding could be sought out by NGOs through world appeals. In 2010 the UNHCR claimed that there were 450,000 refugees living in Jordan. But, according to all of my interviewees and the literature I read this number is incorrect. Mark Brown at the IOM declared that a more accurate number is around 140,000 refugees.<sup>50</sup> The most recent UNHCR Global Appeal (2012-2013) does not even list a total number for the Iraqi population. It only notes the number of registered Iraqis.<sup>51</sup>

There are several reasons why the population number is unclear. First, Iraqis do not live in camps like Palestinians. Instead they live in urban settings among Jordanians. Therefore, it is extremely challenging to assess who is Iraqi and who isn't. Technically, all refugees should be registered at the UNHCR. But, only 30,800 currently are.<sup>52</sup> Some refugees do not register because they do not require financial aid while others avoid registration out of fear. Along with initial registration, another problem exists. When Iraqis leave Jordan for Iraq or a third resettlement country, their departure is not always documented at the border. A Fafo study reports "An important weakness in the registration of immigrants and emigrants at the Jordanian borders are known to be that the registration is better for immigrants than for the emigrants. Thus, people may be correctly registered when they are entering into Jordan, but not appropriately accounted for when they leave the country"<sup>53</sup> Overall, the inability to publish a definite population size of Iraqi refugees is detrimental to the aid system.

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<sup>50</sup> Mark Brown, IOM, November 14, 2011

<sup>51</sup> *UNHCR Global Appeal 2012-2013*. Rep. Vol 1. Print.

<sup>52</sup> *UNHCR Global Appeal 2011 Update*. Rep. Vol. I. Print

<sup>53</sup> Dalen, Kristin, Jon Pederson, Akram Attallah, and Marianne Daehlen. *Iraqis in Jordan 2007, Their Numbers and Characteristics*. Norwegian Research Institute Fafo. Norwegian Government. Web. 21 Nov. 2011. P. 7

### *Weak Jordanian Mental Health Care System*

The mental health care system in Jordan is extremely underdeveloped. In comparison with many other Muslim countries, Jordan is highly westernized. But, the Hashemite Kingdom has failed to develop a strong mental health care system. The largest problem is the “shortage of national professional leadership.”<sup>54</sup> The mental health care profession is not popular, therefore, a lack of human resources such as psychologists and psychiatrists exists. More specifically, there are not enough doctors to lead a mental health movement in an effort to change the system. The most recent data from the *WHO-AIMS Report of Mental Health System in Jordan* study reports “The breakdown according to profession is as follows: 61 psychiatrists, 30 medical doctors (not specialized in psychiatry), 221 nurses, 15 psychologists, 17 social workers and 5 occupational therapists. There are 16 psychiatrists working in Ministry of Health facilities, 12 in Royal Medical Services, 25 in the private sector, and 8 in universities.”<sup>55</sup> In addition, recent records from 2010 college graduates show only four psychiatrists.<sup>56</sup> Compared to the human resources of successful mental health systems, these numbers are insignificant at best.

A second causal factor of the weak mental health care system in Jordan is the method of intervention and referral. When an individual is thought to have a mental health condition, an intervention must be made. As previously discussed, for refugees this intervention should be made in the *occupy* or *rebound* phase. This intervention will lead to a referral for specific mental health care. However, in Jordan these interventions are commonly not made in time. In my interview with Dr. Ashraf Alqudah he explained that if an intervention does not occur initially,

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<sup>54</sup> Mental health and psychosocial support in conflict situations in the Eastern Mediterranean Region Intervention 2008, Volume 6, Number 3/4, Page 239 – 242.

<sup>55</sup> WHO-AIMS Report on Mental Health System in Jordan, WHO and Ministry of Health, Amman, Jordan, 2011.

<sup>56</sup> WHO-AIMS Report on Mental Health System in Jordan, WHO and Ministry of Health, Amman, Jordan, 2011.

the problem becomes chronic.<sup>57</sup> The *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* elaborate on this topic by explaining that the longer the problem goes untreated, the more chronic it becomes. Furthermore, the longer the problem remains chronic the more expensive it will be to treat when there finally is an intervention.<sup>58</sup> This problem is worsened by the lack of communication that occurs between primary care physicians and mental health care professionals. The WHO-AIMS study comments “Additionally, there was no interaction between primary care clinics and complimentary/ alternative/ traditional practitioners or the mental health and the non-traditional mental health systems in the last year.”<sup>59</sup>

Insufficient political will is the final cause of the weak mental health system in Jordan. Currently in the Middle East, both political and economic matters are unstable. Although Jordan has not had a revolution like Egypt or Tunisia, the government must remain aware of this threat. R. Srinivasa Murthy writes “When a state and society are struggling to keep their integrity, mental health is not a priority”<sup>60</sup> On a smaller scale, this is applicable specifically to the Iraqi refugee crisis. In Jordan, the government focuses on providing Iraqis with food, shelter, and health care.<sup>61</sup> Psychological care is not considered to be a basic need of refugees. However, more mental health care would foster strong mental capacities and therefore encourage refugees to go to school and look for work. In addition, strong mental capacities are required for dealing with the health problems that many refugees face, such as amputation or serious illness.

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<sup>57</sup> Dr. Ashraf Alqudah, Psychologist, November 16, 2011

<sup>58</sup> Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC

<sup>59</sup> WHO-AIMS Report on Mental Health System in Jordan, WHO and Ministry of Health, Amman, Jordan, 2011.

<sup>60</sup> Mental health and psychosocial support in conflict situations in the Eastern Mediterranean Region Intervention 2008, Volume 6, Number 3/4, Page 239 – 242.

<sup>61</sup> Member of the Iraqi Coordination Unit, Ministry of Planning, November 12, 2011

### *Lack of funding*

The amount of funding received by the UNHCR and NGOs determines whether or not mental health programs will be implemented and sustained. Unfortunately, in the last four years funding for the UNHCR and NGOs has seen a large decrease. This is due to current global natural disasters, financial crises, and the international community's loss of interest in Iraqi refugees. The cut in funding can clearly be observed through the decrease in UNHCR yearly budgets. In 2010 the budget was 62,767,339 USD. In 2011 it decreased to 43,620,558 USD.<sup>62</sup> This drop in budget is extremely detrimental to the provision of mental health services. In regards to the future, the UNHCR commented, "There will be no mental or tertiary health care".<sup>63</sup> All of my interviewees who work at NGOs stated that a decrease or disappearance of mental health programs and training had occurred in the last four years.

In addition, limited funds are intensified by the lack of sustainable programs. Although a sustainable program may cost more in the beginning, the long term benefits make it a smarter investment<sup>64</sup> Creating and implementing sustainable programs means allowing NGO's to withdraw and have the service continue by the power of the community. If programs are created in a more sustainable way, they will be able to function without the constant support from organizations such as the UNHCR and NGOs.

### *Stigma of Mental Health/ Care*

Unfortunately, in Jordan a stigma or negative attitude still exists towards mental health. Two opinions of mental conditions are commonly shared in the Jordanian/ Arab community. First, individuals with mental health conditions are considered "insane" or "crazy". People

<sup>62</sup> UNHCR Global Appeal 2011 Update. Rep. Vol. I. Print

<sup>63</sup> UNHCR Global Appeal 2011 Update. Rep. Vol. I. Print

<sup>64</sup> Mental health and psychosocial support in conflict situations in the Eastern Mediterranean Region Intervention 2008, Volume 6, Number 3/4, Page 239 – 242.

harass those who seek medical help. Therefore, some individuals don't seek medical help for fear of the prejudice they will receive. According to Fusayo Irikura, men often do not allow their female relatives to seek mental health for this reason.<sup>65</sup> Secondly, many people consider mental health issues to be weaknesses. Seeking treatment for such disorders is viewed as overly needy. Dr. Haitham Al-Zou'bi told me that this is especially true for men who do not want to appear weak when they are needed to support their families.<sup>66</sup> These two reasons are valid for both the Jordanian community as a whole and the smaller Iraqi community in Jordan. Therefore, Iraqis are not eager to seek mental health care, especially when they already do not feel comfortable in Jordan.

*Intervention Journal* refers to the stigma as a “barrier to population based initiatives towards self care, strengthening of resilience and promotion of appropriate coping strategies.”<sup>67</sup> This stigma can be blamed on the utter lack of awareness. The WHO-AIMS report on mental health in Jordan states “There are no coordinating bodies overseeing any public education and awareness campaigns on mental health and mental disorders.”<sup>68</sup> Refugee communities need to be educated on the normality and regularity of mental health conditions, especially for those suffering from displacement. Karim Al Buti, of Save the Children, told me that awareness campaigns are not incorporated into school curriculum and this only fuels the negative stigma. It is important to remember that both awareness and time will be needed for such a societal stigma to disappear.

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<sup>65</sup> Fusayo Irikura, WFP, November 14, 2011

<sup>66</sup> Haitham Al'Zou-bi, November 2011

<sup>67</sup> Mental health and psychosocial support in conflict situations in the Eastern Mediterranean Region Intervention 2008, Volume 6, Number 3/4, Page 239 – 242.

<sup>68</sup> WHO-AIMS Report on Mental Health System in Jordan, WHO and Ministry of Health, Amman, Jordan, 2011.

### *Increase of Mental Health Conditions in Jordan*

Iraqis often believe that upon arrival to Jordan, their problems will be solved. They hope that previous trauma will be erased from their memory. Unfortunately, this is not possible and often their existing mental health conditions worsen due to lack of psychological intervention. In addition, new mental health conditions arise due to harsh living conditions in Jordan. For the majority of Iraqis stress levels increase exponentially because of their inability to attain legal status in Jordan. As previously discussed the lack of legal status forbids Iraqis to legally work. Therefore they are faced with many troubles such as lack of financial security, the demasculinization of males, waste of previously acquired education, and an overall feeling of loss of control. It is almost impossible for mental health services to deal with both pre-existing conditions and the onset of another series of problems. Dr. Marwan Naoum remarked that “mental health services cannot keep up with the mental health conditions of Iraqi refugees.”<sup>69</sup> Proper referral from the very beginning would aid in avoiding this predicament.

### **Conclusion**

After analyzing the blatant problems with the distribution of mental health services to Iraqi refugees, I have several suggestions for improvement. This section is formulated through my own judgments, my interviewee’s opinions and suggestions, and literature on the subject. First, in order to monitor the number of Iraqis residing in Jordan the UNHCR needs to implement a better registration system. This can be established by enforcing stricter punishment for those who are not registered, such as fines. In addition, border control should also be more strictly monitored so as to develop a more accurate population number.

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<sup>69</sup> Dr. Marwan Naoum, IOM, November 14, 2011

Secondly, in an effort to create a larger community of mental health professionals, high school students should be educated about the possibility of a career in this field. Abdul Karim described to me a proposed Save the Children Program in which young adults are exposed to various important yet under populated careers, such as mental health.<sup>70</sup> The implementation of such a program is crucial to the advancement of mental health services in Jordan. Third, yearly training for members of the mental health care field needs to be provided. This should be sponsored by the Ministry of Health. Every year there are new advancements in mental health care, for example the revision of the IASC Guidelines in 2007. The IMC currently offers a “13-session training course for public and private-sector general practitioners to improve their ability to identify, manage, and refer mental health conditions for more specialized treatment.”<sup>71</sup> More programs of this nature need to be incorporated into the Jordanian medical system. Furthermore, participation in such programs should be required for both mental health specialists and primary care physicians. Fourth, awareness campaigns about mental health, especially in Iraqi communities, need to be sponsored in a combined effort by the Ministry of Health, the UNHCR, and NGOs. Dr. Radwan Banimustafa believes these campaigns should include mental health education through both the classroom and the media, specifically through television, radio, newspaper, and public service announcements.<sup>72</sup>

In my hypothesis I predicted that this study would spark the need for further research in the future. Although not mentioned in my findings, lack of research is a significant issue in the hindrance of forward movement for mental health in Jordan. I did not include this as a problem because currently there are many new studies being formulated about mental health in Jordan. This is a positive step. In particular these studies will be beneficial for Iraqis because they will

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<sup>70</sup> Abdul Karim Buty, Save the Children, November 17, 2011

<sup>71</sup> *On World Mental Health Day in Jordan, Reducing Stigma Surrounding Mental Health.* Editorial. IMC. Web. 17 Nov. 2011.

<sup>72</sup> Dr. Radwan Banimustafa, Psychiatrist, IMC, November 27, 2011



report the weak mental health care system and the need for more mental health services. In turn, the UNHCR and NGOs will be able to use this data in their appeals for funding. Therefore, as a solution to a lack of funding I propose increased research in regards to mental health care provisions for Iraqi refugees. Although this will be a financial investment, the benefits will be greater than the cost.

In an effort to “solve” the Iraqi refugee crisis, the proposition of legal status for Iraqis is commonly entertained. All of the Iraqis that I spoke with, Dr. Haitham Al-Zou’bi , and Fusayo Irikura believe that this is the correct solution. They felt that nearly all mental health issues procured by Iraqis in Jordan would disappear if status was granted. However, Mark Brown commented that the Jordanian government does not want the “Palestinianization” of the Iraqi refugee problem.<sup>73</sup> In essence, by allowing Iraqis to legally work in Jordan, an economic and social crisis would most likely begin. Three months of observation and four weeks of intensive research have not provided me with the solution to this particular issue. After seeing the small rooms, lack of heat, and limited food that Iraqi refugees are living with, I am sympathetic to those who yearn for status. But, my knowledge of the Jordanian economy is not expansive enough to foresee the economic implications of such a legal decision. In conclusion, economics-aside, I believe the Iraqi population in Jordan should be granted the right to work legally.

### **Study Limitations**

My study sought to analyze the relationship between the UNHCR, NGOs, and actual mental health services that Iraqi refugees receive. As part of this I wanted to interview someone at the UNHCR who was in charge of mental health care services, or even just health services, for Iraqis. I assumed that this would be manageable after making contacts within the government

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<sup>73</sup> Mark Brown, IOM, November 14, 2011

and the IOM rather quickly. But, it proved very difficult. Although I was able to talk with and shadow Hanan Musa, a UNHCR case worker, on her Iraqi house visits, it did not provide me with the specific details I yearned for. Meeting with a high ranking member of the UNHCR in Jordan would have provided me with specific details about mental health service distribution and funding. I tried to contact UNHCR members via information provided to me by the Iraqi Coordination Unit, the IOM, my cousin (a former UN worker), Dr. Radwan Banimusafa, and on my own accord. All of these sources failed. However, I learned a lot about the workings of the UNHCR through my interviewees who work with the UNHCR and through readings, including literature provided by the UNHCR. By using these sources, I was able to write a sound report that included the important role of the UNHCR in the distribution of mental health services to Iraqi refugees.

In addition, I feel that the short period of time limited this study because I was not fully able to investigate the inner workings of the mental health care system. In my final interview with Dr. Radwan Banimustafa I learned a lot about the role of health insurance in Jordan.<sup>74</sup> This is applicable to my report because Iraqis are treated as uninsured Jordanians. Therefore, for better or extra treatment they must pay more, often out of their own pocket. Although rich Iraqis can afford this, the majority of Iraqi refugees cannot. The UNHCR, IOM, and NGOs have provided financial aid for advanced treatment in the past. But, due to funding cuts financial assistance for advanced mental health treatment has been limited. If I had more time I would have investigated how this is affecting Iraqis.

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<sup>74</sup> Dr. Radwan Banimustafa, November 27, 2011

### Recommendations for Further Study

In my personal future I hope to return to Jordan and perform a very similar study with the Palestinian population living in camps. I think it would be very interesting not only to complete this study but also to compare it to my previous study. Another interesting study to conduct would be on the mindset and goals of Iraqi refugee teens and young adults. Due to their inability to work many Iraqis of this age have very few goals for the future. Essentially the Iraqi population is going to waste because of their inability to work. A study of how this affects Jordanian society as a whole would be interesting. In addition, as previously mentioned, a study of the Jordanian insurance system would be fascinating, especially in this time of economic trouble.

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### Appendix

*Table I-IOM Assessment of Distress Indicators of 173 Iraqi Families Displaced in Jordan, 2008*

Distress Indicator	Percentage of families in which at least one of the member experience distress indicator
Sleep problems	69.7
Nightmares	46.4
Weight problems	56.1
Appetite problems	58.2
Tiredness	76.5
Somatic complaints	43.9
Aggressiveness	36.7
Anger	60.6
Violence	55.1
Anxiety	44.9
Fears	59.2
Death ideas	45.9
Panic attacks	59.2
Hyperactivity	45.9
Learning problems	45.4
Sucking thumb	3.4

Taken from: *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*<sup>75</sup>

<sup>75</sup> Schinina, Guglielmo, Rocco Nuri, and Elena Bartoloni. *Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon*. Rep. Amman, Beirut: International Organization for Migration, 2008. Print.

*Table II- Sample Questions*For Mental Health Professionals

What is the most common mental health condition that Iraqis come with to Jordan?

What are the symptoms?

What types of things have Iraqis witnessed in Iraq?

For NGO Workers

Can Iraqi's not registered with the UNHCR still receive treatment? If so, do they?

What are the main priorities for your organization? What are the main programs provided for Iraqis?

Where does the WFP get their funding? The WFP partners with the UN, does this mean the UNHCR provides them with funding from the International community?

For Iraqis

Why did you leave Iraq? Are you happier in Jordan?

What aid, if any, do you receive from the UNHCR? From NGOs

*Consent Form***Assessing Iraqi Refugee Aid from the UNHCR for Mental Health Treatment and Looking to New Solutions for the Future.**

Hannah Egan, Villanova University, Villanova, PA, United States  
 School for International Training—Jordan: Modernization and Social Change

**Instructions:**

Please read the following statements carefully and mark your preferences where indicated. Signing below indicates your agreement with all statements and your voluntary participation in the study. Signing below while failing to mark a preference where indicated will be interpreted as an affirmative preference. Please ask the researcher if you have any questions regarding this consent form.

I am aware that this interview is conducted by an independent undergraduate researcher with the goal of producing a descriptive case study on the status of Iraqi refugees in Amman.

I am aware that the information I provide is for research purposes only. I understand that my responses will be confidential and that my name will not be associated with any results of this study.

I am aware that I have the right to full anonymity upon request, and that upon request the researcher will omit all identifying information from both notes and drafts.

I am aware that I have the right to refuse to answer any question and to terminate my participation at any time, and that the researcher will answer any questions I have about the study.

I am aware of and take full responsibility for any risk, physical, psychological, legal, or social, associated with participation in this study.

I am aware that I will not receive monetary compensation for participation in this study, but a copy of the final study will be made available to me upon request.

I [ do / do not ] give the researcher permission to use my name and position in the final study.

I [ do / do not ] give the researcher permission to use my organizational affiliation in the final study.

I [ do / do not ] give the researcher permission to use data collected in this interview in a later study.

**Date:**

\_\_\_\_\_

**Participant's Signature:**

\_\_\_\_\_

**Participant's Printed Name:**

\_\_\_\_\_

**Researcher's Signature:**

\_\_\_\_\_

***Thank you for participating!***

*Questions, comments, complaints, and requests for the final written study can be directed to:*

Dr. Raed Al-Tabini, SIT Jordan Academic Director

Telephone (962) 0777463348

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