





Annotated Bibliography on MHPSS, Culture and Faith in Syrian Communities

Syria Hub on Mental Health and Psychosocial Support (MHPSS) and Culture

Joint Learning Initiative on Faith and Local Communities (JLI) Syria Bright Future (SBF)

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About the Syria Hub on Mental Health & Psychosocial Support (MHPSS) and Culture

The Mental Health and Psychosocial Support (MHPSS) and Culture Shared Learning Hub (Syria) is an initiative to engage Syrian mental health practitioners and researchers working in Syria and in Syrian refugee communities in the region to address the mental health needs of Syrians. The Hub focuses on the role of culture in MHPSS, with a focus on social norms, traditions and faith. Co-led by the Joint Learning Initiative on Faith and Local Communities (JLI) and Syria Bright Future (SBF), the hub:

- Provides a platform for shared learning about MHPSS and culture in the Syrian context.
- Strengthens the capacities and leadership of Syrian MHPSS researchers and practitioners, especially in the area of MHPSS and culture.
- Builds and disseminates evidence on MHPSS and culture and assesses the adaptability of global MHPSS frameworks, processes and tools to the Syrian context.

Concretely, the Hub hosts a series of shared learning sessions to foster peer-learning and research capabilities of Syrian MHPSS researchers and practitioners. It also produces publications and organizes events to help bridge local and global approaches in addressing MHPSS in Syria.

About Syria Bright Future (SBF)

Syria Bright Future (SBF) is an independent, non-governmental, non-profit organization operating in Syria and her neighboring countries. SBF's vision is to build a flourishing society whose members enjoy psychosocial wellbeing. Its mission is to integrate MHPSS services with protection, nutrition, health, education, and other relief and livelihood programs to provide mental health, psychosocial support and protection services in an integrative framework.

SBF was one of the first Syrian organizations in providing MHPSS and protection services to refugees. It was started as a Syrian grassroots initiative in Jordan in 2012 and expanded to Turkey in 2014, and registered in Turkey in 2018. SBF has implemented multiple projects in MHPSS, women protection and empowerment, child and youth protection and empowerment, capacity building, and research and innovation. More recently, SBF has focused on the importance of culture adaptation of MHPSS and protection programmes that are provided to the Syrian people.

About the Joint Learning Initiative on Faith and Local Communities (JLI)

Founded in 2012, the Joint Learning Initiative on Faith and Local Communities (JLI) is a learning and evidence network of researchers and practitioners. It builds fair and equitable spaces to create and share evidence on religions in development and community work and aims to strengthen partnerships between and amongst faith and non faith actors, internationally and locally. JLI has three main goals:

Fair and Equitable Approach: JLI actively challenges asymmetries of power in knowledge and evidence within religions and development by embedding fair and equitable practices across all of its research, evidence, learning and partnership work.

REAL (Research, Evidence, Accountability and Learning): JLI is a leading global provider of research, evidence, learning and capacity sharing that strengthens practical religious engagement strategies for faith and development actors both locally and globally.

Member and Network Engagement: JLI is recognized as a broad network of diverse international and local (faith) actors, researchers and practitioners, providing a platform for intersectoral and multi stakeholder engagement that advances religion and development knowledge and learning.

Annotated Bibliography

on MHPSS, Culture and Faith in Syrian Communities

Aarethun, V; Sandal, G.M.; Guribye, E.; Markova, V.; Bye, H.H. (2021). Explanatory models and help-seeking for symptoms of PTSD and depression among Syrian refugees. *Social Science and Medicine*, 277, 1-9.

Keywords: explanatory models, help-seeking, coping, depression, PTSD, Syrian

- <u>Purpose</u>: examine how Syrian refugees explain and choose to seek help for PTSD and depression symptomology.
- <u>Method</u>: five semi-structured Syrian refugee focus groups were interviewed based on a vignette-technique. The vignettes described a fictional person experiencing symptoms of PTSD or depression based on DSM-5 and ICD-10 criteria.
- <u>Conclusions</u>:
 - The beginning period of resettlement may be an opportune time to prevent premigration trauma and post migratory stressors from evolving into more serious cases of depression or PTSD.
 - Even for those who knew of the available mental health services, navigating the health care system was perceived as stressful and challenging.
 - "All in all, our results suggest that refugees may prefer sources of help or coping in the country of settlement that may neither be available nor necessary in the country of origin. We refer to this flexible approach for help-seeking and coping as context-sensitive. " (7)

Abu-Kaf, S.; Al-Said, K.; Braun-Lewensohn, O. (2021). Community coherence and acculturation strategies among refugee adolescents: How do they explain mental-health symptoms? *Comprehensive Psychiatry*, *106*, 1-11.

Keywords: community coherence, refugees, mental health, acculturation

- <u>Purpose</u>: examine how child refugees from Syria, who make up half of this refugee population, develop a sense of community coherence (ComSOC) in Greece and how this may impact mental-health outcomes.
- <u>Method</u>: 173 adolescents aged 13-18 completed a survey regarding PTSD, internalizing and externalizing problems. Participants were also asked about their ComSOC, use of acculturation strategies, contextual factors, and sociodemographic factors. SPSS was used to analyze the collected data.
- <u>Conclusions</u>:
 - Female respondents reported a higher ComSOC and having received more aid from organizations than male respondents had.

- Male respondents reported more externalization of problems.
- The authors urge mental health providers to take into account different gender needs when designing programs.
- "Intervention programs that aim to increase the resilience of adolescent refugees should attempt to help them to adopt more adaptive acculturation strategies and enhance their social networks and their sense of COMSOC." (11)

Acarturk, C.; Konuk, E.; Cetinkaya, M.; Senay, I.; Sijbrandij, M.; Cuijpers, P.; Aker, T. (2015). EMDR for Syrian refugees with post-traumatic stress disorder symptoms: results of a pilot randomized controlled trial. *Eur J Psychotraumatol*, 18(6).

Keywords: refugees, PTSD, depression, randomized controlled trial, psychotherapy

- <u>Purpose</u>: examine the effect of EMDR to reduce PTSD and depression symptoms among Syrian refugees, which are the most common mental health problems among this population.
- <u>Method</u>: 29 adult participants with PTSD symptoms were randomly assigned to either receive EMDR treatment or were put on a wait-list. IES-R and BDI-II measurements were used to assess symptoms after treatment and at a 4-week follow-up.
- <u>Conclusions</u>:
 - Patients who received EMDR treatment had significantly lower PTSD and depression symptoms than the control group, illustrating that this may be an effective treatment for the Syrian refugee population.

Acarturk, C.; Cetinkaya, M.; Senay, I.; Gulen, B.; Aker, T.; Hinton, D. (2018). Prevalence and Predictors of Posttraumatic Stress and Depression Symptoms Among Syrian Refugees in a Refugee Camp. *The Journal of Nervous and Mental Disease, 206*(1), 40-45.

Keywords: PTSD, depression, refugee, refugee camp

- <u>Purpose</u>: investigate the prevalence of PTSD and depression in a refugee camp, as well as possible predictors of these disorders.
- <u>Method</u>: Impact of Event Scale—Revised and the Beck Depression Inventory.
- <u>Conclusions</u>:
 - "The current study reveals high rates of probable PTSD and depression among Syrian refugees and highlights vulnerabilities such as great risk for women of having psychopathology." (40) The study found a prevalence of probable PTSD of 83.5% in participants.
 - Probable PTSD had predictors of being female sex, previous mental health problems, life threat, and injury of a loved one.
 - Probably depression had predictors of being female sex, previous mental health problems, having a loved one who was tortured, and not being satisfied at the camp.

Akesson, B., & Sousa, C. (2020). Parental Suffering and Resilience Among Recently Displaced Syrian Refugees in Lebanon. *Journal of Child and Family Studies, 29*(5), 1264–1273.

Keywords: Syria, refugee, Lebanon, resilience, parents

- <u>Purpose</u>: Explore parental resilience in the face of war and displacement.
- <u>Method</u>: Family-interviews with 46 Syrian refugee families in Lebanon asking about six stages in their journeys: (1) life in Syria before the war, (2) life in Syria during the war, (3) making the decision to leave Syria, (4) the journey from Syria to Lebanon, (5) life in Lebanon, and (6) dreams for the future.
- <u>Conclusions</u>:
 - The individual well-being of parents and children individually, but also of the family roles overall all are threatened in war-affected contexts.
 - Parents were resilient despite all odds.

Al Laham, D.; Ali, E.; Mousally, K.; Nahas, N.; Alameddine, A.; Venables, E. (2020). Perceptions and Health-Seeking Behaviour for Mental Illness Among Syrian Refugees and Lebanese Community Members in Wadi Khaled, North Lebanon: A Qualitative Study. *Community Mental Health Journal, 56*, 875-884.

Keywords: mental health, mental illness, *Jinn*, health-seeking behavior, stigma, religious beliefs, religious healers, Lebanon, refugees

- <u>Purpose</u>: examine the beliefs that affect health-seeking behaviors among Syrian refugees in the wake of increased mental health struggles, with the goal of finding culturally-relevant and effective mental health treatments for refugees in Lebanon.
- <u>Method</u>: 8 focus group sessions and 8 key informant interviews were carried out with male and female Syrian refugees and Lebanese community members.
- <u>Conclusions</u>:
 - Mental illness was associated with stigma, shame, and fear among both populations. Beliefs about mental illness were related to religion, including the presence of *Jinn* and black magic (882).
 - Care from mental health professionals was more stigmatized and less culturally acceptable than from religious healers. People were likely to frequent a religious healer, pray, or consult family members for support on mental health issues (882).
 - In key informant interviews, multiple Syrian refugees discussed "fear of the future" as a mental illness in itself (878).
 - Barriers to seeking mental health services included a lack of knowledge about mental illness and services, financial barriers, and stigma or fear (880).
 - The article calls for three interventions: a culturally and religiously adapted mental health awareness campaign and services, engagement with community

leaders to raise awareness of mental health issues, and government-sponsored mental health centers in remote areas such as Wadi Khaled.

Atari-Khan, R., Covington, A. H., Gerstein, L. H., Herz, H. al, Varner, B. R., Brasfield, C., Shurigar, B., Hinnenkamp, S. F., Devia, M., Barrera, S., & Deogracias-Schleich, A. (2021). Concepts of Resilience Among Trauma-Exposed Syrian Refugees. *The Counseling Psychologist*, 49(2), 233–268.

Keywords: resilience, Syria, refugees, US

- <u>Purpose</u>: Look at resilience in the Syrian refugees in the US and consider how these strategies differ from Western ideas.
- <u>Method</u>: Qualitative interviews with eight adult Syrian refugees who had been based in the US for an average of two years.
- <u>Conclusions</u>:
 - Religion has characterized the literature on the resilience of Syrian refugees, yet continues to be relevant and important to consider for mental health professionals as it was mentioned in every interview.
 - Community and family is a very important aspect of coping in the face of difficulties for Syrian refugees.
 - Other important themes included nostalgia for previous life in Syria, systemic changes and failures, the difficulties and benefits of pre- and post- settlement life, difficulties understood as an individual rather than systemic issues, and cultural comparison.

Böge, K.; Hahn, E.; Strasser, J.; Schweininger, S.; Bajbouj, M.; Karnouk, C. (2022). Psychotherapy in the Kurdistan region of Iraq (KRI): Preferences and expectations of the Kurdish host community, internally displaced- and Syrian refugee community. *International Journal of Social Psychiatry*, *68*(2), 346-353.

Keywords: mental health, psychotherapy, Kurdistan, Iraq, Arab, refugees, asylum seekers, stigma, bias, satisfaction

- <u>Purpose</u>: Though experiences of mental illness have increased in Kurdistan in the last decades, access to and availability of MHPSS services remain low. The study examines the "perspectives, perceptions, and expectations of Syrian refugees, internally displaced persons and KRI host community members concerning mental health care in the governorate of Duhok." (346)
- <u>Method</u>: 101 participants from hospitals, clinical settings, and institutions from the governorate of Duhok were given the Patient Satisfaction Questionnaire and asked to evaluate services through four subscales: patient satisfaction, effects of therapy, bias toward therapy, and stigma.
- <u>Conclusions</u>:

- Participants in the study who were able to access mental health care services were satisfied with the results.
- The study found lower rates of stigma regarding the use of mental health care services in Kurdistan than previous research had identified. (351)

Braun-Lewensohn, O.; Abu-Kaf, S.; Al-Said, K. (2019). Women in Refugee Camps: Which Coping Resources Help Them to Adapt? *International Journal of Environmental Research and Public Health 16(2)*, 1-11.

Keywords: women, refugees, coping, mental health

- <u>Purpose</u>: explore the coping resources and mental health of women who have fled Syria into neighboring European countries, including the impact of coping resources on adaptation.
- <u>Method</u>: 111 female refugees aged 19-70 in a camp in Greece filled out a survey that measured demographics, situational factors, aid received, personal sense of coherence (SOC) and community sense of coherence (ComSOC). The study was grounded in the salutogenic model of positive psychology, which focuses on coping and resilience rather than risk factors. (2)
- <u>Conclusions</u>:
 - Time spent in the refugee camp, appraisal of danger during the war in Syria, SOC, and ComSOC played significant roles in predicting the variance of anxiety and depression. (1)
 - Personal resources and SOC became stronger for women over the time they spent in the camp. (8)
 - "SOC and ComSOC play the most important roles in explaining anxiety, depression, and somatization, and also mediate the effects of the amount of time spent in the refugee camp and appraisal of danger on those outcomes." (9)
 - Integration into societal processes can help women feel a stronger sense of coherence and control over their lives, which may lead to better mental health outcomes.

Cetrez, O. A; DeMarinis, V. (2017). A Psychosocial, Spiritual, and Physical Health Study among Assyrian-Syrian Refugees in Istanbul: Cultivating Resilience in the Midst of Hardship. *Middle East Journal of Refugee Studies*, 2(2), 227-255.

Keywords: Assyrian-Syrian refugees, psychological health, physical health, religious coping, trauma, Istanbul, community work

- <u>Purpose</u>: describe the general health situation of 171 Assyrian-Syrian refugees during two separate time periods.
- <u>Method</u>: participants were evaluated using the following assessments: PHQ, The Brief R-COPE, GSE, CD-RISC, PC-PTSD, and a number of other health items.
- <u>Conclusions</u>:

- "A mediation model, using a Sobel Test, showed that positive religious coping strategies reduced symptoms in male participants by improving their evaluations toward their own psychological well-being (p < .001)." (227)
- Empirical evidence shows that religious coping can affect one's adjustment to a crisis either positively or negatively. (237)
- Older participants used religious coping mechanisms more often than younger ones. (244)
- Positive religious coping strategies correlated to better psychological functioning, but not to physical functioning. (246)

Chaudhary, A.; Dosto, N.; Hill, R.; Lehmijoki-Gardner, M.; Sharp, P.; Hale, W. D..; Galiatsatos, P. (2019). Community Intervention for Syrian Refugees in Baltimore City: The Lay Health Educator Program at a Local Mosque. *Journal of Religion and Health 58*, 1687-1697.

Keywords: community health, refugees, Islam, faith-based intervention

- <u>Purpose</u>: assess the influence of a peer-to-peer healthcare training program on a local Syrian refugee population in Baltimore, MD.
- <u>Method</u>: qualitative study of how the curriculum of the Lay Health Educator Program aligned with the self-reported needs of community members- assessed through interviews with participants and surveys.
- <u>Conclusions</u>:
 - The peer-to-peer model led the participants to feel that they were able to provide culturally-sensitive care to community members.
 - Participants reported a need for more information regarding mental health in the Lay Health Educator Program.

Chemali, Z.; Borba, C. P. C.; Johnson, K.; Khair, S.; Fricchione, G. L. (2018). Needs assessment with elder Syrian refugees in Lebanon: Implications for services and interventions. *Global Public Health*, 13(9), 1216-1228.

Keywords: Syria, elders, refugees, Lebanon, psychosocial, needs assessment, empathy

- <u>Purpose</u>: understand the unique needs of elder refugees due to their additional vulnerability to health and safety issues.
- <u>Method</u>: semi-structured qualitative surveys and cognitive tests were administered to elders in refugee encampments in Lebanon.
- <u>Conclusions</u>:
 - Results showed a high level of depression and cognitive deficits in older refugees.
 - Elders expressed concerns over illness, loneliness, war, and instability, and saw family as an important source of normalcy and resilience in times of struggle.
 - Elders viewed their roles as similar to those of social workers due to the emotional support they provided to community members.

Chemin, E. J. (2017). Methodological Challenges in the Study of Forced Migration: Trauma, Resilience, Religion and the Problem of Trust in the Context of the Syrian Diaspora in Turkey. *The International Refugee Rights Association, 2(2),* 257-279.

Keywords: Syrians, forced migration, trauma, religion, resilience, methods

- <u>Purpose</u>: understand how displaced Syrians in Turkey cope with trauma and examine the possible role of religion as a coping strategy.
- <u>Method</u>: interviews conducted with 128 Syrian displaced adults in Turkey and analyzed using the LEC-5, RCOPE, and thematic analysis.
- <u>Conclusions</u>:
 - The study found a modest but positive correlation between membership in a religious group and the capacity to build positive coping strategies. (257)
 - The majority of the people in the study identified as religious, but few engaged with religious communities in their new settings.
 - Participants who had more traumatic experiences tended to identify themselves as less attached to religion (270)
 - Older participants tended to rate themselves as more highly religious than younger participants. (270)

Chung, C. M.; Shakra, M. (2022). The Association Between Trauma Centrality and Posttraumatic Stress Among Syrian Refugees: The Impact of Cognitive Distortions and Trauma-Coping Self-Efficacy. *Journal of Interpersonal Violence, 37(3-4)*, 1852-1877.

Keywords: cognitive distortions, coping, PTSD, refugees

- <u>Purpose</u>: provide evidence on the association between "trauma centrality, posttraumatic stress, and psychiatric comorbidity, and examine whether cognitive distortions and trauma-coping self-efficacy would mediate the impact of trauma centrality on distress among Syrian refugees residing in Sweden." (1852)
- <u>Method</u>: 475 participants filled out a demographic page, the Harvard Trauma Questionnaire, General Health Questionnaire-28, Centrality of Event Scale, Cognitive Distortion Scales, and trauma-coping self-efficacy. Multivariate analysis of variance was used to compare differences in trauma exposure and trauma-coping.
- <u>Conclusions</u>:
 - Trauma centrality was significantly correlated with PTSD and psychiatric comorbidities.
 - Refugees who did not believe in their own ability to cope with exposure to traumatic events had higher rates of psychological distress. (1853)
 - Traumatic experiences altered the self-perception of refugees and impacted psychological symptoms, particularly for those with dysfunctional beliefs about themselves and the world. (1870)

Dehnel, R.; Dalky, H.; Subashini, S.; Al-Delaimy, W. K. (2021). Resilience and Mental Health Among Syrian Refugee Children in Jordan. *Journal of Immigrant and Minority Health, 24*, 420-429.

Keywords: Syrian refugees, child and adolescent psychiatry, trauma, depression, resilience

- <u>Purpose</u>: measure the rates of resilience among Syrian refugee children and examine how resilience may affect the mode in which traumatic experiences are a risk factor for the development of mental illness.
- <u>Method</u>: survey of 339 Syrian refugee children aged 10-17 was used to assess resilience, depression, and history of trauma.
- <u>Conclusions</u>:
 - Relational support was found to be the most protective resilience factor against suicidal ideation and symptoms of depression. (420)
 - The study suggests that empowering children and families to build resilience through strong systems of social support may be an effective prevention and symptom management method in circumstances where treatment for mental illness is not affordable or not available.

El Arnaout, N., Rutherford, S., Zreik, T., Nabulsi, D., Yassin, N., & Saleh, S. (2019). Assessment of the health needs of Syrian refugees in Lebanon and Syria's neighboring countries. *Conflict and Health*, *13*(1), 31.

Keywords: Syria, refugees, health

- <u>Purpose</u>: conduct a literature review to assess the needs of Syrian refugees in Lebanon (primarily), Turkey, Jordan, Iraq, and Syria.
- <u>Method</u>: Scan Medline, PubMed, EMBASE, Scopus, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and the World Health Organization (WHO) Global Health Library for articles.
- <u>Conclusions</u>:
 - "the prevalence of mental and women's health needs in Jordan, Lebanon, and Turkey were remarkably high after compiling the existing literature. Specifically, mental health studies found high rates of PTSD and depression." (10)

Ersahin, Z. (2020). Post-traumatic growth among Syrian refugees in Turkey: the role of coping strategies and religiosity. *Current Psychology (2022), 41*: 2398-2407.

Keywords: post-traumatic growth, war trauma, PTSD, coping strategies, religiosity

• <u>Purpose</u>: determine the role of coping styles in the Syrian refugee community in Turkey, given that this community is reported to have increasing post-traumatic growth (PTG). PTG occurs when an individual experiences personal growth in the wake of a traumatic

experience, leading to experiences such as a new understanding of self, an increase in wisdom, or a new appreciation of life.

- <u>Method</u>: 805 Syrian refugees completed self-reported surveys that tracked trauma exposure, post-traumatic growth, PTSD, coping styles, and religiosity. Five surveys were used: the Post-traumatic Growth Inventory, the Impact of Events Scale-Revised, the Harvard Trauma Questionnaire, the Brief-Cope, and the Belief into Action Scale.
- <u>Conclusions</u>:
 - Problem-focused coping mechanisms revealed higher rates of PTG than emotion-focused coping styles
 - The study data supports the assertion that post traumatic struggle can predict a period of beneficial personal growth (2403)
 - Religiosity may enhance the individual's likelihood of experiencing PTG, particularly as religion can include a meaning-making system, community support system, or theology of suffering.
 - "survivors of traumatic experiences develop positive growth if and when they exhibit emotional control while deploying problem solving" (2403)
 - PTG and PTSD have been reported to occur concurrently in some cases

Hamid, A., Scior, K., & Williams, A. C. de C. (2020). Qualitative accounts from Syrian mental health professionals: Shared realities in the context of conflict and forced displacement. *BMJ Open*, *10*(5), 1-8.

Keywords: Syria, MHPSS, refugees, Turkey, displaced Syrian MHPs

- <u>Purpose</u>: Catalog the experiences of displaced Syrian mental health professionals in Turkey.
- <u>Method</u>: Qualitative interviews in Arabic with 16 displaced Syrian MHPs.
- <u>Conclusions</u>:
 - Overarching themes were divided into the shared reality with clients (further divided into empathy, linguistic and cultural similarities, and self-disclosure) and personal impact of therapy (further divided into fulfillment, distress, and ways of coping). Overall, there were negative and positive aspects to the experience of displaced Syrian MHPs in particular.
 - Recommendations included increased MHPSS for MHPs and self-disclosure only to the point of mitigating perceived or actual inequalities with clients.
 - Religion was not explicitly mentioned, but was encompassed under the umbrella of "culture." However, there were a couple relevant examples of the role of religion in the article

Hamza, M. K., & Hicks, M. H.-R. (2021). Implementation of Mental Health Services in Conflict and Post-conflict Zones: Lessons From Syria. *Avicenna Journal of Medicine*, 11(01), 8–14.

Keywords: Syria, MHPSS, refugees

- <u>Purpose</u>: Discuss challenges of providing MHPSS in conflict and post-conflict zones
- <u>Method</u>: Use personal experience of the author, Hamza, a Syrian-American forensic neurologist and an anonymous Syrian-American psychiatrist.
- <u>Conclusions</u>:
 - Mental health services must be adaptable, tailored to the local context, and humble. No jargon, assertion of correctness, or universal methodology. People should be sensitive to the religious context and the stigma surrounding mental health.
 - Religion can be a source of resilience.
 - Conflict and resulting trauma sustain existing and create new mental illnesses. This can lead to "horizontal trauma" wherein people affected by trauma resulting from violence perpetuate violence themselves. Children and women are especially at risk.
 - Mental health professionals and service workers are equally in need of care and careful training.

Hasan, S.; Mitschke, D. B.; Ravi, K. E. (2018). Exploring the role of faith in resettlement among Muslim Syrian refugees. *Journal of Religion & Spirituality in Social Work: Social Thought*, 37(3), 223-238.

Keywords: Syrian, refugee, resettlement, religious coping

- <u>Purpose</u>: explore the role of Islam in the resiliency of Syrian refugees resettled in the United States.
- <u>Method</u>: qualitative study of 10 semi-structured interviews.
- <u>Conclusions</u>:
 - "Findings emphasized the primary role of the Islamic faith in the lives of participants. For participants in this study, identifying as Muslim was an essential part of their identity and served as a source of comfort, strength, pride, and humility." (223)
 - Parents expressed worry that growing up in America would cause their children to devalue the Islamic faith and lose their connection to Syrian culture.
 - Participants identified religion as a central feature of their identities that guided their resettlement experience, rather than just being an outlet or coping mechanism. (233)

Hassan, G., Kirmayer, L. J., Mekki-Berrada, A., Quosh, C., Chammay, R., Deville-Stoetzel, J. B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S., & Ventevogel, P. (2015). Culture, Context and the Mental health and psychosocial wellbeing of Syrians. *UNHCR*.

Keywords: Syria, mental health, literature review

• <u>Purpose</u>: "This report aims to provide information on the sociocultural background of the Syrian population as well as cultural aspects of mental health and psychosocial wellbeing relevant to care and support." (8)

- <u>Method</u>: Literature review up to 2015 on PubMed and PsycInfo.
- <u>Conclusions</u>:
 - There needs to be a culturally sensitive response that 1. Does not silo physical and mental health, 2. That is aware of stigma attached to medical diagnoses and thus avoids them, and 3. Is aware of the communal rather than individual nature of social understanding.
 - Syrians have many coping mechanisms including prayer and gathering at mosques
 - Partnerships between traditional healers and psychiatrists might be useful
 - "Syrians are often categorised according to their religious affiliation (Sunni, Alawite, Christian, etc), but this does not necessarily mean an individual is devout, 'religious', or even an active practitioner." (10)

Hassan, G; Ventevogel, P; Jefee-Bahloul, H; Barkil-Oteo, A; Kirmayer, L.J (2016). Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences, 25,* 129-141.

Keywords: mental health, multicultural, other psychosocial techniques/treatments, psychological assessment

- <u>Purpose</u>: provide information on the cultural aspects of MHPSS that lend to improved care.
- <u>Method</u>: systematic literature search.
- <u>Conclusions</u>:
 - Mental health problems include: "(1) exacerbations of pre-existing mental disorders; (2) new problems caused by conflict related violence, displacement and multiple losses; as well as (3) issues related to adaptation to the post-emergency context" (129)
 - Power dynamics of the helping relationship can be a barrier to care
 - The literature review shows an emphasis on screening tools for symptoms of pathology and a greater need for screening tools for resilience and coping
 - Working with grassroots networks for MHPSS support utilizes the roles of local actors as culture brokers - mediators within clinical settings who know the background assumptions of clients and can help improve communication between helper/client (134)

Hendrickx, M.; Woodward, A.; Fuhr, D.C.; Sondorp, E.; Roberts, B. (2019). The burden of mental disorders and access to mental health and psychosocial support services in Syria and among Syrian refugees in neighboring countries: a systematic review. *Journal of Public Health, 42(3)*, 299-310.

Keywords: access, health services, mental health, refugees, Syria

- <u>Purpose</u>: examine evidence of the burden of mental disorders on Syrian populations stemming from exposure to violence and forced displacement. Analyze the modes of access to care and effectiveness of MHPSS services for the affected population in Syria and among Syrian refugees in neighboring countries.
- <u>Method</u>: systematic review of twelve bibliographic databases and additional gray literature sources of qualitative and quantitative studies. Descriptive analysis and quality assessment were carried out of these studies.
- <u>Conclusions</u>:
 - Levels of PTSD, depression, and anxiety disorders were high among Syrian refugees and those remaining in Syria.
 - There are gaps in knowledge of the interventions taking place within Syria, access and barriers to MHPSS care, and evaluation of MHPSS interventions that are being carried out.
 - Reported MHPSS interventions included art therapy, social interventions, CBT therapy, EMDR, and training in MHPSS for service providers. All interventions led to decreased symptoms in patients.

International Medical Corps; UNICEF (2012). *Displaced Syrians in Za'atari Camp: Rapid Mental Health and Psychosocial Support Assessment.*

Keywords: Syria, refugees, mental health, IMC, UNICEF

- <u>Purpose</u>: collect information about MHPSS issues for the Syrian population, summarize information about current MHPSS offerings, and understand resources and support for the population.
- <u>Method</u>: desktop review, mapping of services shared as part of coordination mechanisms, interviews with 91 key informants from three categories: Syrian camp residents, camp service providers, and mental health service providers.
- <u>Conclusions</u>:
 - Praying, reading the Quran, and seeeking out time alone were the top reported coping mechanisms among male participants
 - Barriers to these coping mechanisms were the absence of a call to prayer and not having a space to wash before prayer

IMC, UNICEF (2013). Mental Health/Psychosocial and Child Protection Assessment for Syrian Refugee Adolescents in Za'atari Refugee Camp, Jordan July 2013.

Keywords: Syrian, refugees, mental health, children

- <u>Purpose</u>: collect information about MHPSS problems among displaced Syrian youth, understand locally-defined mental health issues, examine current coping strategies.
- <u>Method</u>: desktop review, mapping of services shared as part of coordination mechanisms, interviews with 255 key informants
- <u>Conclusions</u>:

- 71% of respondents said they withdraw/hide in camp as a coping mechanism;
 23% pray/read religious texts
- 99% reported that they wished to return to Syria
- "The top three general concerns for adolescents are: fear in the camp, feeling sad and managing grief, and child abuse in the family." (22)

IMC; UNICEF (2014). *Mental Health/Psychosocial and Child Protection for Syrian Adolescent Refugees.*

Keywords: Syria, children, mental health, Jordan

- <u>Purpose</u>: examine the experience of adolescent refugees in Jordan and determine their MHPSS needs.
- <u>Method</u>: mixed qualitative and quantitative methods to study 2,028 Syrian adolescent refugees in five areas.
- <u>Conclusions</u>:
 - Participants in the 2014 study showed less depression than 2013 participants, but exhibited more tension and nervousness.
 - The main concerns that triggered mental health struggles were: feelings of longing for Syria, perceptions of discrimination by host populations, bullying, anger, nightmares, child abuse, and nervousness (3)
 - Coping strategies are often individual behaviors, such as reading the Quran, praying, or sleeping, but can also be external forms of socializing (31)

Jordan Health Aid Society. (2012). *Displaced Syrians in Jordan: A Mental Health and Psychosocial Information Gathering Exercise*.

Keywords: Syria, Jordan, refugees, mental health, IMC

- <u>Purpose:</u> "information gathering exercise of the mental health and psychosocial status of displaced Syrians living in Jordan." (3)
- <u>Methods</u>: Conversations with field staff from both CSO's and INGOs, followed by snowball sampling from beneficiaries for interviews.
- <u>Conclusions</u>:
 - When people understood the term coping mechanism, they offered three types: prayer, smoking, and socializing.
 - There is a lack of coordination between organizations.
 - Providers should be trained more in mental health awareness and emergency aid.

Kakaje, A., Al Zohbi, R., Hosam Aldeen, O., Makki, L., Alyousbashi, A., & Alhaffar, M. B. A. (2021). Mental disorder and PTSD in Syria during wartime: A nationwide crisis. *BMC Psychiatry*, *21*(1), 1-16.

Keywords: MHPSS, Syria, refugees

- <u>Purpose</u>: Measures PTSD, mental disorders, and MHPSS in Syrians both in Syria and in refugee camps.
- <u>Method</u>: Uses an online survey tool in Arabic to measure PTSD using Screen for Posttraumatic Stress Symptoms (SPTSS), mental distress using Kressler 10 (K10), MHPSS using Multidimensional Scale of Perceived Social Support (MSPSS), and socio-economic status (SES).
- Conclusions:
 - Surveys reported a high level of PTSD and severe mental health disabilities in Syrian populations, which they correlate with war noises, continual displacement, low SES, low education, being a woman and being young.
 - MHPSS was found to be lower in lower SES groups but was also found to have a significant impact in reducing mental health severity when present.

Karadag, O., Kilic, C., Kaya, E., & Uner, S. (2021). Challenges and lessons learned in mental health research among refugees: A community-based study in Turkey. *BMC Public Health*, *21*(1), 1537.

Keywords: Syria, refugees, MHPSS, Turkey, urban

- <u>Purpose</u>: Share the challenges of research evaluating the state of mental health in Syrian refugees in urban Turkey.
- <u>Method</u>: looked at two districts known for influx of Syrian refugees, used snowball effect to have quantitative interviews with refugees and surveys with mental health workers in the area. Tested for PTSD and depression.
- <u>Conclusions</u>:
 - The challenges included the population's trauma, legal status, willingness, cultural biases, and language, as well as the resentment of the host population.
 - The implications for the study are 1. The collaboration between public and clinical mental health professionals is beneficial, 2. Being flexible, adaptive, and creative in various contexts is a good methodology, and 3. Using digital technology can help.
 - Mental health workers should collaborate with community leaders and encourage peer-peer learning.

Killikelly, C.; Ramp, M.; Maercker, A. (2021). Prolonged grief disorder in refugees from Syria: qualitative analysis of culturally relevant symptoms and implications for ICD-11. *Mental Health, Religion & Culture, 24(1),* 62-79.

Keywords: prolonged grief disorder, ICD-11, cultural acceptability, culturally relevant symptoms, humanitarian migrants

- <u>Purpose</u>: identify cultural norms for grief in refugees from Syria to create a threshold of symptoms for the newly recognized Prolonged Grief Disorder (PGD) in the ICD-11 due to the fact that guidelines for diagnosing PGD include the qualification that symptoms of grief must exceed the socio-cultural norms of grieving in intensity and length. Establish barriers of use for the diagnosis.
- <u>Method</u>: qualitative study of 10 key informant interviews with refugees from Syria.
- <u>Conclusions</u>:
 - Barriers to the acceptability of the PGD diagnosis include stigma, ongoing trauma, and the refugee experience of ambiguous loss: the trauma that occurs from not knowing the whereabouts of a missing person, which can hinder the grieving process. (72)
 - Patients who do not believe that their cultural norms are understood by medical providers are seven times more likely to end their care than peers who felt understood. (63) Culturally sensitive mental health consultations lead clinicians to change their treatment recommendations in 70% of cases. (76)
 - The study asserts the need for a greater understanding of how culture affects the expression of symptoms of grief and mental illness and suggests that clinicians could provide better care if they made culturally-sensitive assessment plans and treatment recommendations.

Latifeh, Y.; Dashash, M. (2016). A Critical Analysis and a Suggested Reform of Psychiatric Curricula in Medical Faculties During Syrian Crisis. *American Journal of Health Research, 4(6),* 12-18.

Keywords: Psychiatric curricula, crisis, Syria, emergency, curriculum reform

- <u>Purpose</u>: examine the current curriculum of psychiatric programs for medical faculties serving Syrian refugees and suggest improvements to make it more effective for trauma treatment.
- <u>Method</u>: review of relevant curricula.
- <u>Conclusions</u>:
 - Medical students should have knowledge of all disorders caused by crisis and skills in treating them.
 - Students should be able to identify healthy coping mechanisms and differentiate between normal responses and mental illness.
 - "New psychiatric curricula should be adopted by Syrian universities in which medical students should be trained to inculcate the values and attitudes that foster tolerance, create respect for cultural, ethnic and religious diversity as well as human rights, and encourage peace." (17)
 - Treatment should be family and community centered.

Lindert, J., Neuendorf, U., Natan, M., & Schäfer, I. (2021). Escaping the past and living in the present: A qualitative exploration of substance use among Syrian male refugees in Germany. *Conflict and Health*, *15*(1), 26–26.

Keywords: Syria, refugees, substance use, trauma, Germany

- <u>Purpose</u>: Analyze substance use in Syrian refugee populations in Germany using a social suffering framework, which does not just analyze the trauma of the journey of fleeing but looks at the power context of life, even when settled.
- <u>Method</u>: Qualitative analysis of five focus groups of 3-9 male Syrian refugees moved to Germany in the last five years.
- <u>Conclusions</u>:
 - There were four themes related to substance use brought up in the focus groups: the availability of substances in Germany, the roles of various norms and rules (familial or religious), other influencing factors including traumatic experiences and difficulties of integration, and barriers for getting support, such as the stigma around mental health.
 - \circ $\;$ There is a high correlation between substance abuse and trauma.
 - MHPSS work with these populations should use context sensitive tools

Lucena, M. S. de. (2020). The sociocultural and psychological adaptation of Syrian refugees in Brazil. *Psico : Revista Semestral Do Instituto de Psicologia Da PUC Rio Grande Do Sul, Brasil, 51*(3), 1–12.

Keywords: Syria, refugees, Brazil, acculturation, sociocultural and psychological adaptation

- <u>Purpose</u>: To analyze the effect of the perceived cultural difference between home and host countries on the psychological and sociocultural adaptation of Syrian refugees in Brazil.
- <u>Method</u>: A spectrum-based quantitative questionnaire sent to 84 refugees offered in various languages.
- <u>Conclusions</u>:
 - Greater perceived cultural distance is correlated with lower rates of sociocultural and psychosocial adaptation while less perceived cultural distance and an orientation to the host country was associated with higher rates of adaptation.
 - This has implications for the mental state of many refugees, whose perceived cultural difference increases the difficulties they face entering into a new country.

Maconick, L., Ansbro, É., Ellithy, S., Jobanputra, K., Tarawneh, M., & Roberts, B. (2020). "To die is better for me", social suffering among Syrian refugees at a noncommunicable disease clinic in Jordan: A qualitative study. *Conflict and Health*, *14*(1), 63.

Keywords: Syria, refugees, Jordan, MHPSS, NCD

- <u>Purpose</u>: Analyze interaction between physical and mental health in the context of non-communicable disorders (NCD)-- ex. cardio-vascular disease, diabetes, hypertension- in the context of Syrian refugees in a Jordanian MSF clinic. Use a "social suffering" lens, which embeds an individual's suffering in their social and communal context.
- <u>Method</u>: Qualitative interviews with sixteen NCD patients (six Jordanians, ten Syrians) and eighteen health professionals at MSF clinic in Jordan that also offers MHPSS services to those referred by NCD clinicians.
- <u>Conclusions</u>:
 - Many patients saw a connection between their physical problems of NCD and the mental difficulties they faced, yet few made the conclusion that they should therefore seek mental health treatment.
 - Some barriers to seeking MHPSS were:
 - Lack of knowledge of the MHPSS program
 - Social stigma surrounding mental health
 - Belief in prescription-based medical treatment
 - Mental health a private matter
 - Unwilling to invest in their health for lack of hope
 - Having no time/ energy to devote to their mental health (ie seeing mental health as a secondary problem in comparison to financial and other difficulties)
 - Clinicians not referring
 - Religion was both a hindrance to seeking MHPSS services, but also a help to conceiving and addressing psychosocial stress etc.

Mahajan, S.; Meyer, S. B.; Neiterman, E. (2022). Identifying the impact of social networks on mental and emotional health seeking behaviours amongst women who are refugees from Syria living in Canada. *Global Public Health*, *17(5)*, 700-716.

Keywords: refugee, women, Syrian, healthcare, mental health

- <u>Purpose</u>: understand how social networks may shape the mental health resource-seeking behaviors of women who are refugees from Syria in Canada. The need for mental health care is higher for women who are refugees because they are 2-3 times more likely to experience depression than Canadians (701). The Canadian mental health system is also not equipped to meet the unique needs of a refugee population. The study examines whether social networks can serve as a protective factor against mental health crises.
- <u>Method</u>: qualitative study of the roles of social networks in help-seeking behaviours carried out through interviews with 12 Syrian refugee women that were thematically coded using NVivo 12.
- <u>Conclusions</u>:

- "families play large roles in teaching and providing information about Canada's health system, including mental health services" (700)
- "Social networks influence assumptions about mental and physical health services" (700)
- "women feel more welcomed into social networks in Canada than in countries of first asylum" (700)
- "social networks act as alternatives to seeking formal mental and emotional health care" (700)
- Gratitude emerged as a function of resilience in adjusting to new circumstances (708)

Malm, A.; Tinghög, P.; Narusyte, J.; Fredrik, S. (2020). The refugee post-migration stress scale (RPMS) – development and validation among refugees from Syria recently resettled in Sweden. *Conflict and Health*, *14*(*2*), 1-12.

Keywords: Post-migration stress, refugee, assessment, scale development, construct validity, confirmatory factor analysis, exploratory factor analysis, mental health, Syria

- <u>Purpose</u>: develop a clear definition of post-migration stress and an updated instrument to measure it.
- <u>Method</u>: the refugee post-migration stress scale (RPMS). The RPMS is a multi-domain instrument that hypothesizes seven sources of post-migration stress: perceived discrimination, lack of host country specific competences, material and economic strain, loss of home country, family and home country concerns, social strain, and family conflicts. Post-migration stress factors are studied because they may have a higher impact on psychological outcomes than pre-migration factors (2).
- <u>Conclusions</u>:
 - "The newly developed RPMS appears to be a valid instrument for assessing refugee post-migration stress. Our findings that post-migration stress primarily relating to social and economic factors seems to be associated with mental ill health among refugees is in line with previous research." (1)
 - "mental ill health among recently resettled refugees mainly appears to be associated with host society stress" (9)

McNatt, Z. Z., Freels, P. E., Chandler, H., Fawad, M., Qarmout, S., Al-Oraibi, A. S., & Boothby, N. (2019). "What's happening in Syria even affects the rocks": A qualitative study of the Syrian refugee experience accessing noncommunicable disease services in Jordan. *Conflict and Health*, *13*(1), 1-16.

Keywords: Syria, refugees, Jordan, NCD's

• <u>Purpose</u>: To understand the healthcare experiences of Syrian refugees residing in urban and semi-urban Jordan with a particular focus on patients with NCDs.

- <u>Method</u>: Qualitative interviews with 68 purposefully selected Syrian refugees residing in Northern semi-urban and urban Jordan.
- <u>Conclusions</u>:
 - There were four thematic issues:
 - The strong relationship between emotional/ mental and physical health
 - The complex and incomplete health service provision
 - Alternative methods of coping with illnesses and barriers to care
 - Host community support
 - On culture and faith:
 - The strong connection between emotional and physical health in the words of the participants and the lack of treatment of emotional/mental health provided by health providers
 - The constant mention of religion and God, and yet no discussion of religion
 - The focus on the recent 2018 bill in Jordan ending free health care for Syrian refugees and its effects on these populations

Nagi, Y., Sender, H., Orcutt, M., Fouad, F., Burgess, R. A., & Devakumar, D. (2021). Resilience as a communal concept: Understanding adolescent resilience in the context of the Syrian refugee crisis in Bar Elias, Lebanon. *Journal of Migration and Health (Online)*, *3*, 1-9.

Keywords: Syria, refugee, Lebanon, resilience, adolescent

- <u>Purpose</u>: Look at the factors contributing to the community and context-based resilience of adolescent Syrian refugees in Lebanon.
- <u>Method</u>: Semi-structured interviews with 15 adolescent Syrian refugees in Lebanon and two focus groups with their families in their homes.
- <u>Conclusions</u>:
 - There were five overall themes contributing to the resilience of these adolescents: supportive relationships (including family), work and employment, hobbies and communal environments (including the internet, community centers, educational centers, and mosques), memory and home, and religion.
 - Religion in particular was highlighted to be playing an important part of life as a "coping mechanism," for establishing strength, endurance, self-determinism, discipline, and perspective.
 - Resilience should be understood not as an individual stance, but as a community and social network phenomenon.
 - Recommended more opportunities for education, vocational training, and personal expression.

Naja, W. J., Aoun, M. P., El Khoury, E. L., Abdallah, F. J. B., & Haddad, R. S. (2016). Prevalence of depression in Syrian refugees and the influence of religiosity. *Comprehensive Psychiatry*, *68*, 78–85.

Keywords: Syria, refugees, religion, Lebanon, depression

- <u>Purpose</u>: "compare the pre and post war prevalence of major depressive disorder (MDD) and dysthymia, to identify possible socio-demographic correlates with depression, and to examine the effect that religiosity could have on the development of depression." (79)
- <u>Method</u>: Structured 15 min long interviews with 310 Syrian refugees in Lebanon which were randomly recruited while waiting to receive free primary health care. Measured depression before and after conflict, measured religiosity.
- <u>Conclusions</u>:
 - High level of depression resulting from conflict
 - No significant correlation between religious beliefs and depression. They suspect this result comes from the fact that religion can both offer community and systems of bereavement that help and hinder recovery from depressive symptoms respectively
 - Critique: Their approach to religion (functionalist view; assumption that religiosity can be quantified) is not in line with recent scholarship

Panter-Brick, C., Hadfield, K., Dajani, R., Eggerman, M., Ager, A., & Ungar, M. (2018). Resilience in Context: A Brief and Culturally Grounded Measure for Syrian Refugee and Jordanian Host-Community Adolescents. *Child Development*, *89*(5), 1803–1820.

Keywords: Syria, refugee, Jordan, adolescents, methodology

- <u>Purpose</u>: "Our study aimed to develop and validate a brief measure of resilience for inclusion in a longitudinal survey of mental health and psychosocial well- being of refugee and nonrefugee groups in northern Jordan" (1805).
- <u>Method</u>: Began with informal interviews with youth and staff from CSOs in Northern Jordan, then convened two workshops involving 26 refugee/nonrefugee youth on the CYRM-28 resilience indicator. Finally, they implemented the survey to 603 adolescents. Considered the factors of resilience, SES, trauma, mental health, gender, and refugee/ nonrefugee status.
- <u>Conclusions</u>:
 - Differences between refugee and nonrefugee youth in experiences of resilience (dealing with past trauma and current adversity).
 - Noting different ways resilience manifested in family, and social resources, including religious practices, such as praying, attending the mosque, and other organized religious activities.

Perkins, J. D.; Ajeeb, M.; Fadel, L.; Saleh, Gh. (2018). Mental health in Syrian children with a focus on post-traumatic stress: a cross-sectional study from Syrian schools. *Social Psychiatry and Psychiatric Epidemiology*, *53*, 1231-1239.

Keywords: war trauma, PTSD, depression, anxiety, risk factors

- <u>Purpose</u>: address the gap in research of the effect of the Syrian crisis on the psychological health of children who remain in the country many studies focus on the mental health of Syrian children who are in refugee communities.
- <u>Method</u>: an empirical study of 492 children aged 8-15 from schools in Damascus and Latakia. Psychological disorder symptoms were measured using self-report screening instruments, the Children's Revised Impact of Event Scale (CRIES-8), and the Revised Children's Anxiety and Depression Scale (RCADS-25). Binary logistic regression was simultaneously used to identify factors that could lead to experiences of PTSD.
- <u>Conclusions</u>:
 - 60.5% of children tested displayed symptoms of at least one mental health issue, with PTSD occuring with the greatest frequency. PTSD symptoms were predicated by living in Damascus, being female sex, having a pre-existing mental health disorder, and exposure to warzones.
 - Rates of depression were 32%, which is half the recorded rates in refugee children. This discrepancy may be attributed to the protective factors of family networks, school, and local familiarity. (1236)
 - A number of children described witnessing violence through social media and television as a marked negative experience, despite the ongoing violence around them. This may point to an under-studied source of psychological distress, as social media has been widely used to spread images of executions, torture, etc. (1237)
 - Children within the school system are being affected by exposure to conflict that can lead to mental health struggles. Their attendance at school serves as a potential starting point for psychological support programming.

Quosh, C. (2013). Mental health, forced displacement and recovery: integrated mental health and psychosocial support for urban refugees in Syria. *Syria, Intervention, 11(3),* 295-320.

Keywords: ADAPT model, displacement, evaluations, Iraqi, mental health and psychosocial support programming, outcome, output, refugees, Syria, wellbeing

- <u>Purpose</u>: describe and analyze a psychosocial support pilot program initiated by the UNHCR.
- <u>Method</u>: literature review.
- <u>Conclusions</u>:
 - Pilot program adopted a three fold approach: MHPSS case management for most at risk residents, community based refugee volunteer program and counseling center, national inter-agency capacity building project (302)

- A culturally grounded MHPSS assessment tool was piloted (310)
- "During the initial narrative analysis of wellbeing and distress, dimensions of existential meaning, religion, family violence, and somatisation were missing, because the community did not identify them as immediate priorities" (311)

Raslan, N., Hamlet, A., & Kumari, V. (2021). Mental health and psychosocial support in conflict: Children's protection concerns and intervention outcomes in Syria. *Conflict and Health*, *15*(1), 19.

Keywords: MHPSS, Syria, children

- <u>Purpose</u>:
 - Identify most prevalent protection concerns (mental health issues, psychosocial deprivation (PSD), and social behavioral and emotional (SBE) functioning concerns in Syrian children
 - Figure out how demographic information and protection concerns affect the success of MHPSS implementation
 - <u>Method</u>: Used data from Syria Relief taken of 376 Syrian students aged 4-14 from 3 schools in Northwest Syria.
 - <u>Conclusions</u>:
 - There were many protection concerns in these children, most of which were mental health and PSD concerns.
 - Gender and age create different protection concerns: girls are more likely to have mental health problems, but boys are more likely to be in child labor, which is associated with more difficulty in offering MHPSS. Younger children are more vulnerable.
 - Even while there has been an increased focus on MHPSS as of late, it is often attached to other projects. There needs to be more specifically MHPSS action that tailors itself to demographic diversity.

Renkens, J., Rommes, E., & van den Muijsenbergh, M. (2022). Refugees' Agency: On Resistance, Resilience, and Resources. *International Journal of Environmental Research and Public Health*, *19*(2), 1-16.

Keywords: Refugees, resilience, agency

- <u>Purpose</u>: analyze ways refugees, including from Syria, respond to their children's distress through a lens of agency and decision making power.
- <u>Method</u>: Semi-structured interviews with a purposefully selected population of 30, largely educated refugees in the Netherlands.
- <u>Conclusions</u>:
 - There were two themes of decision-making: distraction from and focus on problems through various actions.

- Agency and resources combine to affect decision-making power
- Religion appeared as prayers, reading the Quran, and doing Tasbeeh

Renner, A.; Hoffmann, R.; Nagl, M.; Roehr, S.; Jung, F.; Grochtdreis, T.; König, H.-H.; Riedel-Heller, S.; Kersting, A. (2020). Syrian refugees in Germany: Perspectives on mental health and coping strategies. *Journal of Psychosomatic Research*, *129*, 1-9.

Keywords: coping, mental health, PTSD, qualitative, refugees, Syria

- <u>Purpose</u>: investigate refugee perspectives on mental health following the UNHCR advice to consult the target group.
- <u>Method</u>: qualitative design with semi-structured discussions among 20 participants divided into three focus groups. Discussions were analyzed using content-structuring content analysis.
- <u>Conclusions</u>:
 - Participants most frequently reported feelings of hopelessness, fear, and worry as consequences of their experiences of war.
 - Symptoms of PTSD were identified, but unlike depression and schizophrenia, the diagnosis was not explicitly mentioned by group members. (1)
 - Social networks were identified by participants as the most important source of support.
 - Lack of information, stigma, and language barriers were noted as challenges to accessing MHPSS services.

Solberg, Ø., Nissen, A., Vaez, M., Cauley, P., Eriksson, A.-K., & Saboonchi, F. (2020). Children at risk: A nation-wide, cross-sectional study examining post-traumatic stress symptoms in refugee minors from Syria, Iraq and Afghanistan resettled in Sweden between 2014 and 2018. *Conflict and Health*, 14(1), 67.

Keywords: Syria, Afghanistan, Iraq, refugee, Sweden, PTSD, children

- <u>Purpose</u>: analyze PTSD in children from Syria, Afghanistan, and Iraq resettled in Sweden.
- <u>Method</u>: Sent a questionnaire to 1,129 refugee children in Sweden (404 Afghani, 151 Iraqi, 574 Syrian) measuring four points of interest: PTSD, [un]accompanied status, living situation upon arrival, and other demographics (age, gender, etc).
- <u>Conclusions</u>:
 - Previous studies on MHPSS are inconsistent in methodology,
 - Unaccompanied children have higher PTSD prevalence than accompanied children. This conclusion was related especially to Afghani children because in comparison to other children, a much higher number were unaccompanied and had unaccompanied living situations in Sweden.
 - Despite up to five years of living in Sweden, PTSD rates have not decreased and a concerning amount of children remain "at risk."

• There was (surprisingly) no difference between genders in PTSD prevalence.

Udwan, G., Leurs, K., & Alencar, A. (2020). Digital Resilience Tactics of Syrian Refugees in the Netherlands: Social Media for Social Support, Health, and Identity. *Social Media + Society*, *6*(2), 1-11.

Keywords: Syria, refugee, Netherlands, digital media, resilience

- <u>Purpose</u> : Look at the digital practices of Syrian refugees in the Netherlands through an "agency-centric" lens of resilience.
- <u>Method</u>: qualitative interviews with 22 Syrian refugees in the Netherlands.
- <u>Conclusions</u>:
 - The participants used five resilience tactics (social support, diversion, entertainment, contemplation, and emotion-management) and three digital resilience tactics (social support, digital health, and digital identity formation).
 - These tactics also had paradoxical flipsides: the social support could be draining, the digital health practices could preclude or shape well-beings, and digital practices means tailoring to several different audiences.
 - Religion is a part of digital identity.

Uysal, B., Yanik, M., Tastekne, F., Tuzgen, E., Altinisik, E., & Acarturk, C. (2022). Psychological problems and resilience among Syrian adolescents exposed to war. *European Journal of Trauma & Dissociation*, 6(3), 1-8.

Keywords: Syria, refugee, Turkey, resilience, dissociation, psychosis

- <u>Purpose</u>: Look at various pathologies (PTSD, depression, and anxiety with an eye toward dissociation), positive and negative religious coping mechanisms (positive = finding meaning in life, negative = not finding meaning in life), demographics (age, gender), and time away from Syria in adolescent Syrian refugees based in Istanbul and see correlation with resilience.
- <u>Method</u>: quantitative surveys of 506 Syrian refugees between 12-18 years old in Istanbul. To measure religion, used something called a "Brief Religious Coping Scale" which was divided into two parts (positive and negative religious coping).
- <u>Conclusions</u>:
 - Resilience has a positive correlation with perceived social support, positive religious coping methods, and lack of traumatic experiences.
 - $\circ~$ PTSD was high and correlated with higher age and shorter time away from Syria.
 - Trauma and negative religious coping mechanisms increase risk of pathology, however both positive and negative religious coping mechanisms enhance PTSD.
 - However, correlation is not causation so, given the fact that both "negative" and "positive" religious coping mechanisms are associated with PTSD, it can only be

concluded that religion is present, not that it has any sort of particular responsibility in worsening (or even making better for that matter) PTSD symptoms.

Wells, R.; Abo-Hilal, M.; Steel, Z.; Hunt, C.; Plested, B.; Hassan, M.; Lawsin, C. (2020). Community Readiness in the Syrian Refugee Community in Jordan: A Rapid Ecological Assessment Tool to Build Psychosocial Service Capacity. *American Journal of Orthopsychiatry*, *90(2)*, 212-222.

Keywords: N/A

- <u>Purpose</u>: Develop the capacity of MHPSS support in Jordan from the knowledge of current psychosocial workers in the area. The study uses an ecological assessment model to not only study the needs of the community, but examine the context in which services provided to meet those needs may be accessed. (213)
- <u>Method</u>: Phase 1 of the study employed the community readiness model to determine areas of need for capacity building through interviews with 8 Syrian key informants. In phase 2 of the study, a focus group was carried out with 11 local psychosocial workers in Amman, Jordan to build intervention models based on the findings of phase 1.
- <u>Conclusions</u>:
 - Though local attitudes to mental health were reported to be rapidly changing, including an increase in the perceived need of MHPSS care, stigma remained a key barrier to the use of MHPSS treatment. (220)
 - A lack of basic work rights for care providers led to burnout and undermined the ability of grassroots MHPSS groups to provide community members. (212) The study emphasizes the need for political rights and economic opportunities for both providers and recipients of care.