Cultural Adaptation of Mental Health Programmes in the Syrian Context: Dialogue Sessions Report

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

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

Contents

1. Introduction

Over the past ten years, since the outbreak of the Syrian revolution, many organisations have worked on providing mental health and psychosocial support (MHPSS) services to the Syrian populations affected by violence, arrest and displacement. However, MHPSS is a new field to many Syrian organisations, and most programmes in this area were prepared for societies with different customs, traditions, religions and culture. This created a gap in application on the ground, which necessitates a focus on cultural adaptation of MHPSA programmes in the Syrian context. Our work with the Joint Learning Initiative on Faith and Local Communities (JLI) is a new and bold initiative in the field of Syrian MHPSS. It is our hope that it will help address the cultural adaptation gap of MHPSS in the Syrian context and allow us to achieve better results in MHPSS to benefit society as a whole. This report summarises the findings of a series of dialogue sessions with Syrian MHPSS

professionals, students and faith actors, led by Syria Bright Future (SBF) with funding from and in collaboration with the Joint Learning Initiative on Faith and Local Communities (JLI).

2. Summary of activities

The SBF/JLI project on cultural adaptation for MHPSS programmes in the Syrian context began in March 2022. At the beginning of the project, the SBF and JLI teams co-developed the project design. Following that, Senior Research Fellow Dr Jennifer Philippa Eggert from the JLI provided a series of research trainings to the JLI team. The project then focused on achieving two main objectives:

1. Preparing a pilot study that includes the three following areas of focus: MHPSS, the Syrian context and culture. The scoping study will soon be available on the hub's page on the JLI website.
2. Carrying out dialogue sessions on the topics of MHPSS and culture in the Syrian context with key persons from amongst the Syrian MHPSS community in charge of implementing MHPSS programmes on the ground, with a view of identifying their views on the subject of cultural adaptation of MHPSS approaches. This report focuses on the dialogue sessions.

In total, seven dialogue sessions took place, of which four were physical and three online. The sessions, which were conducted in Arabic, were attended by 85 Syrian participants (with some attending more than one session).

The sessions were as the following:

Number of Session	Date	Format	Number of Attendees
1	30 March 2022	Physical (Turkey)	4
2	16 April 2022	Online	16
3	18 April 2022	Online	7
4	14 May 2022	Online	29
5	28 May 2022	Physical (Syria)	2
6	29 May 2022	Physical (Syria)	12
7	13 June 2022	Physical (Syria)	15

Most of the attendees had work experience in the MHPSS and protection sectors. Their academic and professional backgrounds were as follows:

- MHPSS and protection professionals
- Students in the Faculty of Education (psychological counselling, psychology, teacher training, sociology)

- Students and graduates of Islamic and Sharia studies
- Clergymen and faith leaders who practise traditional healing
- Physicians

3. Findings

At the outset of each dialogue session, a general definition of the concepts of mental health, culture, their components, and the mechanisms for implementing MHPSS programmes in the Syrian context were presented by the SBF team, as well as an Arabic language summary of the publication "A Faith Sensitive Humanitarian Response: Guidance on Mental Health and Psychosocial Programming" (2018), which SBF has translated from English into Arabic. After that, a facilitated discussion took place. The findings of the discussions can be summarised under four points as follows:

Participants' attitudes towards cultural adaptation

- Cultural adaptation of MHPSS is a new concept for Syrian MHPSS professionals and has a special sensitivity, due to it touching on questions of faith and identity.
- Since the topic is new to most Syrian MHPSS professionals, sometimes the discussions deviated from the main focus and instead evolved around questions of how to interpret Al-Qur'an Al-Karim or the Honourable Hadiths of the Prophet. The focus was also often on religious aspects only, neglecting other customs and traditions.
- Participants asserted the importance of raising awareness amongst MHPSS support staff of the role of religion, culture and adaptation in MHPSS to ensure best implementation.
- Sometimes, some attendees had reservations about participating in the discussion, preferring instead to listen more to understand the ideas presented.
- Participants raised that talking about mental health and working on harmonising it with community culture does not mean changing mental health approaches in themselves, but rather adapting practices to fit the specific culture in which they are applied.
- There was emphasis on the importance of cultural adaptation in the field of mental health, with a great desire to apply culturally adapted approaches. Participants reported that a large number of mental health services recipients received support from traditional healers rather than conventional MHPSS providers. Participants believed cultural adaptation may contribute to reducing the stigma attached to conventional MHPSS.
- Including religious aspects in MHPSS programmes may improve approaches and help make beneficiaries more comfortable and satisfied with our psychological services, because religious perspectives often feel closer with their beliefs to them than the western scientific perspective.
- Cultural adaptation requires coordination, especially with religious bodies, as otherwise it will be difficult to succeed in implementing it on the ground.
- International organisations are sometimes more enthusiastic about cultural adaptation than Syrians. They point to the importance of taking culture into account while implementing programmes, whereas some Syrians believe that we should be "neutral".
- Cultural adaptation is not only related to mental health, but includes all interventions in a crisis situation, and failure to apply it leads to many losses in time, effort and money, and can cause damage in the community. Therefore, it is important to align interventions with the context. This is similar to the idea of the WHO Mental Health Gap Action Programme

(mhGAP) which is aligned to fit our context, where there are not adequate numbers of psychiatrists, by training doctors and pharmacists to fill this gap.
- When implementing culturally adapted programmes, it is necessary to work on them on a substantial and fundamental (rather than superficial and simple) level, going beyond simplistic adaptation, which would include merely changing Western names or attire into Arabic ones in the imported curricula.
- The application of cultural adaptation requires high societal experience in understanding the diverse cultures and contexts of different subsections of society.

Models of cultural adaptation

- Many mental health practitioners improvise and adapt MHPSS programmes, which helps make their patients feel more comfortable in accessing MHPSS support. However, these adapted approaches are not based on evidence and lack supervision; therefore, there is a risk of poor practices and abuse. Spaces to discuss cultural adaptation professionally are needed, and evidence appropriate to the context should be issued.
- One of the participants had designed a questionnaire for a research paper, which was sent to a number of Syrian psychiatrists, psychologists, managers and mental health workers. The questions were related to the approaches and interventions provided. All respondents stressed that conventional MHPSS approaches do not fit the context in the liberated Syrian areas, and that there are topics that are highly sensitive, such as political neutrality, early marriage, and forced recruitment. Respondents saw this lack of cultural adaptation as repelling beneficiaries from conventional MHPSS.
- A psychosocial worker shared her experience working with women in Syria. She said the women said to her: “We are happy because a veiled woman is talking to us, we feel that you are closer to us because of that”. She said: “I have no information about their previous experience in this area or their expectations, but their mere stating that there is a similarity between me and them made me ask myself what their general view of psychological supporters was. They also did not expect us, as psychosocial supporters, to use expressions such as *assalam alaikum* or *alhamdulillah*, but they felt more comfortable as they heard us using them. When they started to ask me Sharia questions, this required me to clarify to them that my job is far from being a Sharia expert, so I cannot give them a response, but I can refer them to Sharia specialists.”
- There are reservations within society and amongst beneficiaries about some protection programmes and gender-based violence programmes. They are applied in coordination with the management of the respective organisations, as they may be controversial. One example are programmes aimed at addressing early marriage, which require a lot of cultural adaptation appropriate to our society, as otherwise they can produce opposite results such as family disintegration.
- One participant said: “I work in Syria, and I noticed that introducing religious aspects is more accepted and listened to now. For example, emphasising religious and spiritual duties and the concept of spiritual ‘nourishment’ makes you feel that the beneficiary is more comfortable during MHPSS sessions and that it increases his confidence in himself. Religious adaptation is considered key to raising people’s awareness and delivering MHPSS services in an improved way.”
- Some participants reported discussing psychological issues, disorders and diseases with faith

leaders because they are closer to beneficiaries in many ways. Even medicine is sometimes given by faith leaders as people are less likely to go to doctors for mental health issues. Participants also reported asking imams of a mosque to raise awareness about mental illness and the importance of seeing a psychiatrist for some specific symptoms. If this approach is implemented well, it can make a significant difference to the field of psychological support, but it requires first strengthening the relationship with imams and preachers, rather than antagonising them.

- In terms of psychological stress, participants indicated that prayer and supplication achieved good results for many beneficiaries.
- Some specialists try to act neutrally when providing psychological support in its various forms, out of commitment to the professionalism of the applied approaches, and out of fear of losing their jobs if they handle cultural adaptation, especially in previous years.

Cultural adaptation challenges

- Considering how recent Syrian MHPSS work is, we are relatively late in raising the issue of cultural adaptation. Because it has not been addressed earlier, a great tension between secular and religious positions has arisen between and amongst Syrian MHPSS professionals and the communities they serve.
- First, there is a challenge in understanding the meaning of the term *culture* and its definition, which includes agreeing on its components. Some believe that culture includes religion only, but in fact, it is a broader concept involving religion but also secular customs, traditions, norms and expectations.
- There is a need for engagement with people who have a simplistic understanding of the concept of culture, which is not based on evidence, and who try to apply this to their MHPSS work. While there is a need to support cultural adaptation, it is important for approaches to be based on evidence rather than individual interpretation.
- Some participants pointed out that MHPSS professionals and other stakeholders with secular ideologically driven beliefs, especially on the issues of protection, gender-based violence and mental health, jeopardise the efforts of those trying to adapt MHPSS interventions culturally. This is problematic as working with MHPSS concepts and tools that are not culturally adapted can reinforce resentment against MHPSS, as beneficiaries might be worried that MHPSS programmes are aimed at changing their moral and religious beliefs. Culturally adapted MHPSS interventions on the other hand can help improve beneficiaries' views of MHPSS, and as a result, uptake of MHPSS significantly.
- There are challenges related to customs and women's rights. Educating women about their rights is crucial, but it is important to be aware of the challenges it can come with. For example, pressure put on women can result in family disintegration. Therefore, the best approach is to educate all members of society about their rights and responsibilities, fostering a shared understanding of the challenges that affect women, men, and families.
- The lack of cultural adaptation in previous implementations of mental health and protection programmes has created a gap between local authorities and organisations working in the field. The effect of interventions that have not been culturally adapted, leading to conflicts within families, has caused religiously committed local authorities in northwestern Syria to oppose these programmes. In order to address this situation, it is imperative to prioritise cultural adaptation. Once adapted, the significance of implementing these programmes and their benefits to society should be effectively communicated to the authorities.

- There are a lot of disagreements, sometimes fundamental disputes, between religious scholars and MHPSS workers. There are no substantial efforts to mediate between the two groups or allow them to get to know each other's positions better. Religious scholars are not usually included in MHPSS or protection-focused cluster meetings.
- Some psychiatrists oppose merging faith and culture with psychotherapy, which leads to some people's reluctance to seek treatment because they prioritise their faith and are repelled by strictly secular approaches.
- Many people with mental health issues prefer to visit neurologists rather than psychiatrists, as they consider it less stigmatising. As a result, people often get misdiagnosed and end up taking medications that cause unnecessary side effects.
- Some participants in the workshop believed that the faith integration that some organisations aim to achieve is superficial and dangerous, and that it could be a way to hide ulterior goals and agendas, such as persuading people to sign up for these programmes and then introducing Western concepts to them, especially with regard to gender and the family.
- The diversity of Syrian communities can present an obstacle to the implementation of cultural adaptation. Syrian communities display a multitude of different cultures, customs, sects, and jurisprudential opinions. In case of cultural adaptation not being implemented in accordance with the needs of a given community or person, this can lead to a loss of trust between the MHPSS provider and the beneficiaries.
- The absence of a Syrian body that oversees MHPSS work and can provide scientific reference for determining the appropriateness of cultural adaptation mechanisms for work with Syrian communities, based on evidence and research, provides another challenge.
- There is a need to acknowledge and support the development of alternative approaches that are applicable in the Syrian context rather than rely on ready-made, external ones.
- MHPSS service providers should have a high level of education and knowledge. They should receive regular training and supervision, to ensure MHPSS support is provided to a high standard in terms of both scientific and cultural knowledge. We have to ensure that psychological support does not lose its value by turning into a form of advice or advocacy.

Recommendations and suggestions

Below we present the most important recommendations and suggestions that were put forward by the participants of the dialogue sessions. These were gathered during the dialogue sessions and through the evaluation forms sent to participants after each session.

MHPSS workers and advocates should:

- Assert the importance of coordination in the MHPSS sector and the need to establish a Syrian leadership body that is specialised in MHPSS. Such a coordination body could help organise and regulate practices in the sector, including cultural adaptation, by involving all relevant stakeholders, such as health directorates, universities, associations, medical and psychological unions, religious actors (whether groups or individuals), and others.
- Discuss strategies to address cultural stigma related to mental health issues and MHPSS amongst mental health workers, communities and authorities alike.
- Identify ways of raising awareness amongst donors that the programmes applied in the Syrian context are not appropriate, and then show them how to adapt within appropriate societal mechanisms.

Religious and traditional leaders should:

- Attend psychosocial support training courses and attain basic knowledge about common mental illnesses.
- Help develop approaches to dealing with issues such as jinn, magic, and the evil eye.
- Participate in dialogue sessions and discussions on MHPSS, culture and faith, in order to be able to include their views and experience and benefit from their societal influence.
- Collaborate with MHPSS workers to help raise awareness, establish cooperation agreements, manage cases according to needs, and achieve community wellness.

Research and evidence leaders in the field should:

- Make use of the large amount of existing evidence on MHPSS, culture and faith to identify opportunities and challenges of both conventional and culturally adapted MHPSS programmes in the Syrian context, in order to help develop approaches that are suitable for working with Syrian communities.
- Conduct research on the stereotypes and prejudices that Syrians have about MHPSS workers.
- Organise further dialogue sessions on the topic, which would allow more in-depth discussion, including on the question of whether the aim of work in this area is to merge conventional and culturally adapted approaches or to change existing MHPSS completely.

5. Conclusion

The dialogue sessions successfully brought together a diverse group of MHPSS professionals, religious leaders, and others working in related fields. The sessions provided a forum for open discussion about the concept of cultural adaptation, its importance, and how it can be effectively implemented in MHPSS work in Syria.

It was clear from the sessions that the concept of cultural adaptation in MHPSS is relatively new and requires more exploration and understanding. The sensitivity of the topic, particularly in relation to faith and identity, was evident in the discussions. However, participants recognized the importance of cultural adaptation in MHPSS and expressed a desire to apply culturally adapted approaches. Various models of cultural adaptation were shared, providing practical examples of how cultural adaptation can be implemented in MHPSS work. However, these examples also highlighted the risks associated with ad hoc adaptations that lack evidence-based approaches. Challenges associated with cultural adaptation in MHPSS included notably the tension between secular and religious positions, the lack of a unified understanding of the term "culture," and the lack of an overseeing body for MHPSS work in Syria.

Recommendations were made for different stakeholders, including MHPSS workers, religious and traditional leaders, and research and evidence leaders in the field. These recommendations emphasise the need for coordination, awareness-raising, increased engagement of religious leaders, and further research in the field. The dialogue sessions have highlighted the complex and multifaceted nature of cultural adaptation in MHPSS. As such, it is necessary to continue discussions, training, and research in this area, with the ultimate aim of improving MHPSS services and reducing the stigma associated with mental health in Syria.

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