

Learning to hope: Adapting UK-based Mental Health Skills to Suit Working with Syrian Refugees - a Week in Gaziantep

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Introduction

The crisis in Syria which started in 2011 as a democratic and peaceful revolution soon descended into a civil war that has claimed the lives of about half a million people, left many more injured and rendered over half of the population internally-displaced or refugees in other countries. A whole nation has been traumatised amidst almost complete lack of mental health care provision for Syrians in Syria or in neighbouring countries. Mental health services in Syria were already very underdeveloped with over 23 million people being served by just over 70 psychiatrists and only two public mental health hospitals. The war has led the vast majority of Syrian psychiatrists and other mental health professionals to leave the country¹. Many of those have tried to gather their strength and organised themselves and their former colleagues and friends to form organisations that took the huge charge of providing mental health support to Syrian refugees and internally-displaced individuals.

Syria Bright Future and Us

One of those mental health professionals is Omar Sayed Yousof, a Syrian counselling psychologist from Damascus who, along with a few other colleagues, founded Syria Bright Future (SBF), a non-governmental organisation that was initially based in Jordan before it was forced to move to Gaziantep in Southern Turkey. For the past few years Omar and SBF have been very active in providing mental health help for Syrian refugees. With growing experience, their work has gradually focused more on training and supervision of other organisations and non-specialised mental health professionals than delivering individual help.

In July 2016, Omar invited us to visit him and SBF in Turkey to share our experience. Hampered by streaks of helplessness in the face of the national disaster and unsure what we could offer, we suggested to Omar that we could do a talk or two about mental health and trauma. But Omar, who has had his fair share trauma and suffering, seemed to possess a well of persistence, hope and enthusiasm and before we knew it, he had put together a full week's training programme with talks, seminars, debates and discussions which he asked us to chair, lead or contribute to around refugees' mental health and trauma.

We are both British Syrian psychiatry higher trainees who, following graduating from the same medical school in Aleppo (an hour away from the Turkish border) we left Syria in order to further our medical training and running away from oppression and restrictions to freedoms in Syria. We are also close friends who share passion for reflection, curiosity and psychotherapy! After following distinct paths, we both ended up in Dual ST Training in General Adult Psychiatry and Psychotherapy in Manchester.

The Participants

Omar invited around 30 Syrian professionals and volunteers working in the field of mental health who were themselves refugees in Gaziantep and neighbouring areas of Turkey. They were psychiatrists, other specialty doctors, graduates of psychology and other related fields and some other interested healthcare workers. We knew hardly any of them before but our assumption was right that all of them have experienced significant trauma and loss.

The Programme

The programme of the ‘Scientific Week’ spread over five full days and consisted of one-day field visits to other organisations working on refugees’ mental health and four days of seminars, workshops and talks facilitated and delivered by us or by members of SBF. We will only highlight a selection of those subjects.

- **Refugees and Psychological Trauma**

Mustafa has been researching resilience among Syrian refugees and Hosam had previously volunteered in Calais refugee camp and was part of a mental health support group working with Citizen UK to help settle Syrian refugees in the South West. So we used these experiences as well as our knowledge and skills in psychiatry, psychotherapy and group dynamics to facilitate an experiential workshop on the concepts of refugees and trauma and how the current approach to refugees’ mental health might jeopardise their recovery by pathologising their normal experiences and depriving them of the capacity to use their own healing potential and internal resources. The group members were able to reflect on their own professional work with refugees and on their own experiences as refugees themselves whose active engagement in helping others has helped them overcome their own suffering and given them a sense of purpose. In this session, we aimed to provide a containing space for the practitioners to express themselves and feel heard in a free-flowing conversation about refugees and trauma, and to set the scene, and the tone, for the rest of the week, a tone based on a curious and open dialogue between people present and a move away from ‘expert-led sessions’ and professional hierarchy.

- **Mindfulness**

This was another challenging session! Although mindfulness has a good evidence base in the treatment and prevention of certain mental disorders², the concept of mindfulness is still new to Western culture and its application in mental health is still under study. In the Syrian culture, mindfulness remains a foreign concept. In fact, there is no word in Arabic for mindfulness! We were therefore anxious about how the session would be received. Indeed, the practitioners were initially sceptical about the idea and unsure about its relevance. “Does mindfulness mean that we stop thinking? What will happen to my past If I focus only on the present? How can I be neutral and non-judgmental towards my experience when it is all traumatic and negative?” They were gradually able, however, to develop genuine curiosity about mindfulness especially as they had a go at some exercises such as mindful eating, body scan and compassionate meditation. These exercises were led by a young Syrian undergraduate who had developed interest in mindfulness as a way of helping himself deal with his own trauma-related difficulties. One of the mindfulness exercises (compassion meditation) was rather challenging

to some practitioners who realised, as a result, that their traumatic experiences remain unprocessed and reflected on ways to help themselves deal with that.

- **Self-care and Compassion Fatigue**

This was another interactive session facilitated by the practitioner responsible for self-care at SBF and it sprang out of the sense that working with traumatised refugees can easily lead to burnout, compassion fatigue or secondary vicarious traumatisation especially if the worker him/herself is has suffered loss and trauma and is living as a refugee under unstable and under circumstances.

Various strategies and methods were discussed in the session as ways of preventing and coping with the mental health challenges that professionals might suffer as a result of this emotionally challenging work.

- **Motivational Interviewing and Hope Eliciting Skills**

Loss of hope is one of the main challenges that face mental health practitioners working with refugees. And after nearly six years of war, hopelessness has become the predominant feeling expressed by Syrians. In fact, Syrian practitioners in Gaziantep expressed their difficulty in eliciting hope in refugees and displaced persons that they work with especially that they themselves feel hopeless.

Using his experience in motivational interviewing (MI) for substance misuse which he acquired during his psychiatric training in the UK, Hosam adapted some of the MI principles using case material offered by the participants to create a format with which a language of hope can be devised and shared to help refugees whom they are working with to derive hope and meaning and to cope with their sense of hopelessness.

The ultimate aim of the interviewing skills sessions was to develop skills of eliciting hope, using refugees own set of cultural or even religious values. This has been recognised as a tool to use in narrative therapeutic approaches where trauma is “not past”³.

- **Gender-Based Violence (GBV) and the Role of the Mental Health practitioner**

This session was delivered by Dr N, one of Syria’s most eminent psychiatrists who, himself, had been arrested and tortured for his human rights activism in Syria. Dr N skilfully handled this very sensitive topic and helped the audience make sense of the roots of GBV and the roles and responsibilities of the mental health practitioner in situations of GBV which is a growing concern in Syrian families as a result of the change in family dynamics and the loss of role among many Syrian men⁵. Here again, the group showed a great level of open-mindedness and openness to the progressive ideas that Dr N was proposing on the topic.

- **Introduction to Cognitive Analytic Therapy Principles, Bringing Enactment to Awareness:**

Although CAT is still a relatively young therapy it has been shown to be effective in specific mental health conditions⁴. We were aware of the lack of supervision for most of the practitioners who were working with vast number of clients, some of whom with complex problems that predated the recent crisis. This will inevitable bring about relational difficulties

and halt the process of treatment. In this session, therefore, we introduced the concepts of enactment and reciprocal roles to help the practitioners develop awareness of those difficulties and later bring them to supervision when available.

- **Balint Group**

This was our most ‘adventurous’ session. None of the audience had heard of Michael Balint or of Balint Group as a method of learning and reflective practice. Moreover, paying attention to our own feelings, as practitioners, and using these feelings as a tool in therapeutic work with patients, is also as alien to Syrian practitioners especially non-specialist practitioners or those who are not familiar with psychotherapy. After a short presentation on Balint Group, a member of the audience, a non-psychiatric specialist doctor, presented a very interesting, though painful, case of a woman whom she had worked with and who had left her with strong emotions that she struggled to make sense of and tended to deny or project.

The group were encouraged to reflect on their feelings in reaction to the story and to link these emotional reactions with the patient’s background and use them to understand the patient’s inner world. Realising that they can sometimes have negative or strong countertransference towards patients was new to some practitioners who felt validated and relieved by being encouraged to own up to their countertransference and use it to help the patient. We were also fascinated by the insight and openness that a group of mostly young and non-specialist practitioners were able to bring into the discussion. The feedback we received enforced our belief in the value of Balint Group as a learning method even in unconventional settings.

- **Religion, Conflict and the Therapeutic Role of the Mental Health Practitioner**

In this session, another sensitive topic was tackled in an atmosphere of respect, curiosity and tolerance. The kind of the questions that were raised or debated in this session included the relevance of religion in the current Syrian conflict and the potential for religion to help people cope and remain resilient, how a mental health practitioner can work with a patient who might differ radically from him or her in terms of their religiousness or religious affiliation, and whether or how to discuss religion in a therapy or counselling session with a refugee or a psychologically-traumatised individual. The complexity and sensitivity of the subject were clear to the group from the start but what was noticeable was the shift that took place in the group from a certain and confident position that some members had at the start of the session into a more curious position that advocated a meaningful way of engaging with patients on the subject rather than acting on the temptation to preach, persuade or give answers.

Reflection

We have used the writing of this article as an opportunity to reflect on our shared experience which we have not had a chance to do before.

The ‘Scientific Week’ was a success. It achieved its main aim by creating a reflective space and a dialogue between ‘local’ and ‘expatriate’ professionals on issues relevant to refugees’ mental health, psychological trauma and the meaning of suffering. Importantly, the ‘Scientific Week’ was the first step towards meaningful collaboration and exchange of ideas and experiences between us and SBF and other NGOs working in the field.

On a personal level the experience was very enriching for us in various ways. It was also challenging! We have both been trained in psychiatry in the UK, i.e. in English. Translating some of the psychological and psychiatric concepts into a culturally-acceptable Arabic proved to be difficult!

Also, facilitating a learning experience for the Syrian practitioners in Gaziantep that is not based on 'experts' lecturing them was initially difficult and took some getting used to. We were worried that they might not find our training sessions useful if they felt that we did not deliver any new knowledge to them. It was also difficult initially for the Syria practitioners who have been used to a didactic lecture style of learning where they receive unquestionable 'wisdom' from experts in the field. The practitioners, however, were able to embrace this style of learning and fully appreciate its value, as they felt valued themselves and able to contribute to the process of mutual learning.

It was, indeed, heart-warming to see a group of Syrian professionals break the traditional rule of hierarchy, grow in maturity and cohesion as group; and share experiences, and express opinions strongly and freely. It was also interesting to observe how people walked this journey at different paces throughout the week. They take all the credit for bravely discussing sensitive subjects.

Despite being close friends, the 'Scientific Week' was our first joint professional endeavour. While planning the talks and seminars we wondered whether by taking part in the 'Scientific Week' we were perhaps responding to a 'survivor's guilt' which had been eating away at us since the start of the 'Syrian Crisis' and had left us with a sense that we had to do something to help! It is perhaps no coincidence that Aleppo, the city that we both grew up in most of our lives, was being shelled and under siege when we were in Gaziantep for our 'Scientific Week'. At the same time, and although we are not refugees, we have both suffered significant loss as a result of the Syrian crisis, the most important of which has been the loss of the 'home', i.e. a home to go back to and a country to hold on to, even in an abstract sense. Were we, therefore, trying to deal with our own loss by trying to help other people gain something? Maybe we thought that by connecting with fellow Syrian mental health professionals who are themselves refugees, we can 'sublimate' our feelings of helplessness and hopelessness that is triggered by the Syrian crisis into a positive energy. We were no "Chiron" as in the Greek myth and Jung's concept of the 'wounded healer' (REF) certainly springs to mind and calls for further reflection on the motivation for working in the field of mental health in general. Maybe a topic for another reflective piece to be submitted for another essay prize in the future?

Our main endeavour was how to make what we learnt about the assessment and management of mental health in the UK relevant to Syrians working with refugees. We adapted UK methods and approaches of CAT, Psychodynamic Psychotherapy, Group therapy, Motivational Interviewing, Balint group, and to suit the setting and the environment of Syrian refugees. This process of adaptation was only made possible through the active engagement of everyone. It was indeed the shared concern that made a successful week. We left Turkey with a great sense of gratitude for learning from everyone's rich experience, and for having the chance to reflect on our own knowledge or the lack of it and for the connection that we were longing for.

As we came back to the UK and resumed our work as psychiatrists working in inner city Manchester and operating within a national health service in a first world country, we found

ourselves suddenly acutely aware of the injustices and traumatic experiences that some of our fellow citizens/patients in Manchester and in the UK at large have to go through on a daily basis, the rocketing levels of deprivation, poverty and homelessness (losing his or her home is the main feature defining a refugee), we felt more connected with that shared pain and the sense that suffering is universal and the need for compassion and healing is, therefore, also universal. Finally, and as we get busy with our work, training and social life, we try not to forget the traumatised Syrian people, we hold on to great memories of a ‘Scientific Week’ in Gaziantep and we hold on to the hope that meeting Omar and his colleagues has instilled in us, a hope for a bright future for Syria.

Acknowledgment

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Conflict of Interest

None.

References

1. UNHCR. WORKING S, CONFLICT A. Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians. 2015.
2. Piet J, Hougaard E. The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: a systematic review and meta-analysis. *Clinical psychology review*. 2011;**31**(6):1032-40.
3. White KRaDDC. *Responding to Trauma That Is Not Past: Strengthening Stories of Survival and Resistance* Dulwich Centre Foundation International; 2014.
4. Clarke S, Thomas P, James K. Cognitive analytic therapy for personality disorder: randomised controlled trial. *The British Journal of Psychiatry*. 2013;**202**(2):129-34.
5. MADRE TIWsh, of RICatCU, New York (CUNY) School of Law TWs, Freedom ILfPa, (WILPF). Seeking accountability and demanding change: A report on women’s human rights violations in Syria before and during the conflict. 2014.