



Prevalence of mental health status among displaced individuals at Hamam al-Alil camp in Ninevah governorate

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Abstract

Background: Nearly 45 million individuals worldwide are internally displaced annually by conflicts. While the psychological effects of war have been extensively documented, there is less understanding of the psychological and mental health symptoms experienced by internally displaced persons (IDPs) as a result of forced displacement. (IDPs).

Aim: This study aims to assess the mental health status of people displaced in Hamam Al-Alil Camp.

Methods: The cross-sectional survey study design was performed in Hamam Al-Alil camps (Situated on the western bank of the Tigris River in the Nineveh Governorate in Iraq, to the south of Mosul) for the period of 26th December 2017 throughout 1st March 2018. The sample of the study consists of (869) participants.

Results: The study distributed 869 surveys which show that the estimation of females was (54%), while males (46%), most of the participants in this study were at age (18-30) years old, and a majority of the participants reported at least one or more mental conditions such as PTSD and anxiety

Conclusions: Most of the participants were female and housewives (54%) (52%) respectively, and in terms of age (39%) they ranged in age from 18 to 30 years old as well as Hamam Al-Alil residents people reported a high prevalence of mental health symptoms.

Recommendation: Resettlement partners must be mindful of the specific health concerns within this population to effectively meet the needs of the community.

Introduction

More than 45 million individuals worldwide have been compelled to leave their homes due to conflict and insecurity (Tinghög et al., 2017). Individuals who have been displaced are susceptible to experiencing mental health disorders as a result of traumatic events, the challenges of resettlement in new environments, and the stress of forced migration (Melnychuk et al., 2019). Post-traumatic disorders (PTSD) and depression are frequently observed among internally displaced persons (IDPs), migrants, and asylum seekers (Veeramoothoo, 2020). Determining the refugee's prevalence of PTSD or depression and identifying its determinants can aid policymakers and healthcare professionals in alleviating the disease burden as well as supporting or enhancing the psychological well-being of displaced individuals. (Dumont et al., 2010).

One in three internally displaced persons (IDPs) encounters elevated rates of psychiatric morbidities, including conditions such as post-traumatic stress disorder (PTSD), depression, or anxiety (Tuni et al., 2018).

In a recent literature review, prevalence estimates of psychiatric disorders among internally displaced persons (IDPs) show significant variation, ranging widely between 20% and 80%. (Keyes, 2012). In a study investigating sleep disturbance among refugees residing in Melbourne, Australia, the findings revealed that 11.7% reported none, 12.8% mild, 33.4% moderate, and 42.1% severe sleep disturbance among the participants. (Lucy et al., 2019).

In the context of Iraqi displaced individuals, it was common for two or more mental health conditions to coexist simultaneously (Melnychuk et al., 2019). Violence and displacement escalate the demand for mental health services, particularly for women and children this situation is further intensified by the shortage of mental health professionals in countries experiencing crises (Turrini et al., 2017). Since the onset of the conflict in Iraq, a notable surge in psychological distress has been observed among the population, and over 50% of the population is estimated to require psychosocial support (Keyes, 2012; Dumont et al., 2010). All refugees and internally displaced persons (IDPs) are likely to exhibit symptoms of psychiatric distress upon arrival in their new homes. The manifestation of psychiatric distress may occur in the days, weeks, months, or even years following the initial phase of flight. (Tuni et al., 2018).

Methodology

A cross-sectional survey study design was adopted to achieve the objectives of the present study for the period of 26th December 2017 through 1st March 2018. Data was collected from the Hamam Al-Alil camps. The sample of the study consists of (869) samples. The collected data was arranged and analyzed by using SPSS version 25

Results

Table (1): Demographic characteristics of Hamam Al-Alil displaced survey participants (N=869)

| Gender | N | % |
|--------|-----|----|
| Male | 400 | 46 |
| Female | 469 | 54 |

| Age(years) | N | % |
|--------------------|-----|----|
| 18-30 | 302 | 39 |
| 31-40 | 204 | 24 |
| 41-50 | 152 | 18 |
| 50-or more | 161 | 19 |
| Marital status | N | % |
| Single | 103 | 12 |
| Married | 648 | 75 |
| Divorce | 20 | 2 |
| Widow | 98 | 11 |
| Occupation | N | % |
| Employee | 116 | 14 |
| Retirement | 105 | 11 |
| Without work | 196 | 23 |
| Housewife | 402 | 52 |
| Level of education | N | % |
| Illiterate | 52 | 5 |
| Elementary school | 402 | 52 |
| Middle school | 190 | 23 |
| High school | 30 | 3 |
| College | 140 | 17 |

This table shows that most of the participants were females and housewives (54%) (52%) respectively, and (39%) of them ranged in age from 18 to 30 years old. A majority of participants were married (75%). Finally (52%) of the sample had elementary school certifications

These results agree with Geno et, al. (2008) who found that two-thirds of the sampled population were married, as well as the majority were females (60%) and married (79.2%) as well as socioeconomic indicators which include: unemployment (77.4%), dependency on assistance (40%), lack of home ownership (60.2%), and lacking health insurance (50.6%) suggested vulnerability.

Table (2): Prevalence of mental health problems among Hamam Al-Alil displaced participants (N=869)

| Disorders | Male | | Female | | Overall | | P-value |
|-----------------------|------|----|--------|----|---------|----|---------|
| | N | % | N | % | N | % | |
| PTSD | 159 | 34 | 199 | 50 | 358 | 49 | 0.02 |
| Depression | 48 | 14 | 87 | 16 | 135 | 15 | 0.02 |
| Anxiety | 93 | 20 | 84 | 15 | 177 | 17 | 0.04 |
| Difficult to adaption | 100 | 27 | 99 | 19 | 199 | 19 | 0.03 |

This table demonstrates the prevalence of mental disorders among Hamam Al-Alil displaced participants which shows that the majority were suffering from PTSD (49%) which is mainly attributable to the war-related mental health conditions was significant and demonstrated a significant association with displacement status and the underlying exposure to trauma. Mental health disorders related to war continue to

be a significant global health issue among refugees. The upsurge in refugees and asylum seekers linked to conflicts has the potential to reshape the burden of mental diseases in host countries.

(Keyes, 2012). These results disagree with a study performed by Farah Husain et al., (2011). They found that the overall prevalences of symptoms of PTSD, anxiety, and depression were 95%, 32.6%, and 95%, respectively. Currently, displaced participants were more likely to report symptoms of PTSD (odds ratio [OR], 2.71; 95% CI, 1.28-5.73), anxiety (OR, 2.91; 95% CI, 1.89-4.48), and depression (OR, 4.55; 95% CI, 2.47-8.39) compared with long-term residents.

Conclusion:

1. Participants were females (54%) and in terms of age (79%) they ranged in age from 18 to 30 years old. A majority of participants were married about (75%), and housewives (52%) had less than an elementary school education, however, (52%)
2. High prevalence of mental disorders such as PTSD(49%), Difficulty to adapt (19%), and anxiety (17%)

Recommendation:

1. Resettlement partners must be cognizant of the unique health concerns within this population to effectively meet the needs of the community.
2. Resettlement partners and healthcare providers collaborating with the displaced population from Mosul should be mindful of the elevated prevalence of chronic diseases. It is crucial to conduct screenings for risk factors associated with chronic diseases among the Mosul displaced to ensure appropriate care and interventions.
3. There is an urgent need to establish and enhance programs for displaced people, incorporating health promotion initiatives and fostering collaboration among displaced communities in our country. Additionally, the implementation of a larger study with a broader pool of participants is necessary to gain more insights into health education and healthcare within this context.

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