Key messages:
• The Syrian crisis has impacted the mental health of Syrian refugees. Reported barriers to seeking mental health care include high consultation and medicine/treatments fees, not being accepted at a health facility and not knowing where to go.
• There is a lack of coordination in mental health and psychosocial support (MHPSS) service provision, which is leading to poorly privatized and tailored services.
• Another main barrier to access MHPSS services is the strong stigma that permeates Syrian communities in relation to mental health issues, which prevents them from seeking care.

Recommendations
• Focus on addressing the mental health needs of vulnerable groups within Syrian refugees, including children and adolescents, older adults, survivors of abuse or torture and other traumatic events
• Ensure multi-sectoral collaboration and coordination between private organizations and government agencies
• Reduce unmet mental health needs by upscaling quality mental health services and addressing barriers to health care access and utilization that may be unique to this population
• Strengthen accountability by ensuring the monitoring and evaluation of interventions/programs within Syrian refugee populations and host communities
• Conduct local and contextualized research to address specific gaps that would improve mental health care policy and practice

NIHR Research Unit on Health in Situations of Fragility (RUHF)
The RUHF programme seeks to identify sources of resilience within formal health systems and local community processes to facilitate effective provision for health priorities—particularly mental health and NCDs—in situations of fragility.
To this end, the American University of Beirut (AUB), has joined with the Institute for Global Health, Queen Margaret University (QMU), and the College of Medicine and Allied Health Sciences (COMAHS), University of Sierra Leone in a research programme initially funded between 2017-2021.
The RUHF will support the Ministry of Public Health and other stakeholders in Lebanon to more effectively address mental health needs in this country.

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Mental Health and Psychosocial Support in Fragile Settings: The Case of Syrian Refugees in Lebanon
PTSD. Among the adults surveyed (18 or older), including anxiety and depression but mainly exacerbate in situations of trauma and conflict from a range of mental health problems that Syrian refugees in Lebanon seem to be suffering.

Based on the findings of our reviewed studies, Lebanon has witnessed a population increase of 37% since the beginning of the crisis of which more than half are women and children.

Key Findings

Syrian refugees’ mental health problems in Lebanon have exacerbated due to situations of trauma and conflict.

Based on the findings of our reviewed studies, Syrian refugees in Lebanon seem to be suffering from a range of mental health problems that exacerbate in situations of trauma and conflict including anxiety and depression but mainly PTSD. Among the adults surveyed (18 or older), a study found that 1 in 4 of the 452 Syrian refugees living in camps had PTSD symptoms (Kazour et al. 2017) and another found that 44% of the surveyed refugees were clinically depressed at the time of data collection (Naja et al. 2016). Among 452 adult women refugees, 30% had experienced violence, of whom 68% had psychological difficulties, of whom only 9% reported receiving any mental health care (Usta and Masterson 2015).

Another study (Giordano et al. 2014) targeted 159 children/adolescents aged 7 to 16 years and found strong relations between war-related experiences and PTSD, and subsequently between PTSD and psychosocial functioning.

Lack of coordination in MHPSS service provision: MHPSS services are not tailored to community needs

At the health system level, there is a lack of coordination in MHPSS service provision, which is leading to inappropriately prioritizing and tailoring services. In Lebanon, only 21.4% of the participating NGOs/INGOs reported that they are collaborating with governmental or public agencies. Community needs assessments are limited when it comes to mental health care in Lebanon, only one of the interviewed stakeholders mentioned that they are tailoring their programs to the needs of the community.

Limitations to access MHPSS services due to cost of care, lack of knowledge of available services and lack of trust in the health providers/facilities

Access issues related to cost of care, lack of knowledge of available services, and lack of trust in the health providers or facilities impeded health care utilization. Syrian refugees in Lebanon are living in extreme poverty leaving them with diminishing resources to meet their most basic needs and thus hindering their ability to access mental health care. Addressing the fear of persecution that may hinder patients from accessing care services was also recognized by three Lebanese NGOs.

Obtaining legal residency in Lebanon continues to be a challenge for Syrian refugees leaving them exposed to an increased risk of arrest and hampering them from accessing mental and other health care services. Adding to this is the lack of awareness of available resources. Refugees were often unaware of mental health care services in the country they are residing which is potentially risking further disengagement. An additional barrier is the Syrian refugees’ perception of these settings as not being ‘a safe space’. Most offered services were also seen as irrelevant to wider groups as service delivery was confined to serious mental health conditions requiring inpatient treatment.

Stigmatization of mental health issues within the Syrian communities prevent them from seeking care

Another main barrier to access MHPSS services is the strong stigma that permeates Syrian communities in relation to mental health issues, which prevents them from seeking care, fearing that disclosing MHPSS needs would result in their social exclusion and alienation from fragile but much needed support networks.

Local stakeholders widely recognized the negative impact of the social stigma on the use of mental health care services and are working towards addressing this barrier.

Friction between host communities and Syrian refugees

Community-level barriers included the lack of integration of refugee communities within their host communities. The perception that Syrian refugees get preferential treatment, perhaps due to humanitarian assistance and interventions directly targeting them, has been reported to exacerbate the friction between host communities and Syrian refugees.

Research to date and next steps

In the first research phase, the RUHF research teams have:

- Reviewed MHPSS specific literature in Lebanon and identified key policy initiatives or interventions aimed at responding to the high prevalence;
- Conducted an online survey among local and international NGOs operating in Lebanon to gather information about their work and the MHPSS interventions carried within their programs.

In the future we will:

- Conduct key informant interviews with primary health care providers and focus group discussions with community members at primary health care level;
- Conduct a survey of beneficiaries accessing the primary health care centres; and
- Undertake group model building sessions with key stakeholders.