

Psychological Impact of the Recent Conflict on Iraqi Youth

Jafar Almashat, MD

Psychiatrist, EastRidge Health Systems

Clinical Assistant Professor

Department of Behavioral Medicine and Psychiatry

West Virginia University School of Medicine

The U.S.-led invasion of Iraq in 2003 has had a monumental impact on Iraqi society. The preceding two decades had seen the country engaged in a bloody, eight-year long war with Iran, followed by the devastating Gulf war of 1991 and subsequent economic embargo that was imposed in the aftermath. The effect of three decades of almost continuous conflict has been ruinous to the civilian population of the country. However, it is the last seven years since the U.S.-led invasion and occupation that have resulted in the most dramatic and deep-seated societal convulsions in the modern history of the Iraqi state.

Indeed, the upheaval has been profound. Basic economic and social indicators have largely descended into a state of collapse, from employment and security to the most fundamental aspects of the social structure—communities, neighborhoods, and familial networks have been torn apart, in many cases beyond repair. For children and young adults, all of this, in addition to low primary and secondary school enrollment rates, has resulted in what some have called a “lost generation” for Iraq.

The statistics are telling. The initial invasion and battles with insurgents, followed by the subsequent explosion of sectarian violence has resulted in the deaths of an estimated hundreds of thousands of civilians [1]. An additional 4 million people have been made refugees or internally displaced [2,3]. The effect on the youth of the country, who comprise the majority of the population [4], has been devastating. An unprecedented rise in the number of orphans [5], in addition to the numbers of children and young adults within the internally displaced population has overwhelmed the capacity of the country to deal with such a situation.

As is often the case in conflict situations, attention to mental health has been a relatively low priority in the midst of a multitude of other health consequences of the recent war. Throughout the world, mental illness during and after conflict situations has been studied extensively, including in child and young adult populations [6, 7]. Children are the most vulnerable segments of the population. Even in the absence of conflict, mental illness has been estimated to affect between 10-20% of all children at any given time, similar to the adult prevalence of approximately 10% [8].

In conflict situations, common conditions are those also seen in non-conflict situations; conditions such as depression, anxiety, and other psychiatric disorders [6]. However, persons exposed to violence, war, and civil unrest also exhibit unique and often severe manifestations of mental illness, such as post-traumatic stress disorder (PTSD). The World Health Organization (WHO) has reported that one third to one half of all people who experience major trauma will suffer serious mental health problems, such as PTSD, as a result [7].

Data on the state of mental health in Iraq is emerging but still not comprehensive by any means. Obtaining information through formal studies has been particularly challenging in the conditions following the invasion and occupation in 2003. The scale of the violence has often made it impossible for researchers to enter certain areas at various times during the conflict [1,3].

In 2007, the Iraq Mental Health Survey, a nation-wide study of Iraqi households, was undertaken to determine the prevalence of mental illness among the population [9]. Results of the survey provided insight into the current burden of mental illness among different sectors of the

population, and estimated that almost one in five Iraqis had had a mental illness at some point in their lives [3]. Young adults (18-34 years of age) had similar findings, with anxiety and mood disorders being the most common conditions. Almost 1% of young adults reported drug or alcohol abuse or dependence. Interestingly, only 1.6% of young adults reported symptoms consistent with post-traumatic stress disorder (PTSD), this during one of the most violent periods since 2003. It should be noted that all results were based on self-reports of symptoms, which may have led to estimates lower than what really exists. The stigma of mental illness still persistent in Iraqi society may have prevented some people from reporting their true symptoms. For example, another study investigated the prevalence of mental illness in Iraqi medical and dental students at Al-Mustansiriya University in Baghdad. It found much higher rates (approximately 50%) of mental illness in young adults than those found in the Iraqi Mental Health Survey [16], although this was a smaller study and likely not representative of the general population.

Other studies have focused on specific sub-groups both within and outside Iraq. A survey of school children in Mosul found that almost 4 out of every 10 children (under 16 years of age) had a mental disorder

[8]. PTSD was the most common condition, diagnosed in 1 in 10 children. Several multi-city surveys in 2006 showed even higher rates of PTSD in children and adolescents across Iraq, ranging from 14% in Baghdad schoolchildren to 36% in child street workers in Dohuk [10]. These findings point to a possible epidemic of mental illness resulting directly from the trauma of the past seven years. If these numbers are even close to being accurate, we are faced with the prospect of up to 3 out of every 10 Iraqi children experiencing PTSD, a sobering statistic.

Few attempts have been made to document mental illness in the 4 million people (15% of all Iraqis) who have been made refugees or internally displaced as a result of the war and its aftermath. The burden of mental illness has been shown to be particularly high in displaced populations around the world [6]. Children have unique mental health issues that have also been studied. Anecdotal reports of Iraqi refugee children and adolescents have described such behavioral manifestations as increased bedwetting, separation anxiety, and drug abuse [11].

Meanwhile, the sheer number of adult deaths from both the prior and current conflicts has resulted in an unprecedented number of orphans

in Iraq, with official government estimates in 2007 putting the toll as high as 5 million children [5]. Children who have lost a parent have been shown to have higher rates of mental illness than children with parents or other caregivers [12]. Although estimates of the precise number of mentally ill orphans in Iraq are unavailable, one study looked at the mental health burden among street children in Dohuk. So-called “street children” are children who, commonly due to the death of parents, live in groups with other children and survive by begging or performing menial tasks. The study showed that street children had rates of mental illness almost three times that of school children their age [10].

Where are these children and young adults to be treated? The public health and medical infrastructure of Iraq had been the most advanced in the region for much of the twentieth century. The continuous progress achieved in basic health indicators in the latter half of the century [13] was almost completely reversed, however, with the imposition of economic sanctions in the 1990s [14]. Mental health services, small and ill-equipped, were barely able to handle the mentally ill of Iraq prior to the most recent conflict. The situation today is dire, with a severe shortage of mental health services in the country. Barely 100

psychiatrists, adult and child, serve a country of 30 million people [15]. There is only one long-term mental health facility in the country, and even though at full capacity already, has seen its numbers grow by 10% in the last year alone [15]. In a recent study, 92% of mentally ill adolescents had not received treatment for their conditions [10].

The true burden of mental illness is as yet unknown in post-war Iraq, let alone the burden directly resulting from the conflict of the last seven years. In spite of this uncertainty, the problem of the mentally ill in Iraq has been labeled an “epidemic” and for good reason [15]. Although the worst of the violence has now hopefully passed, the effects of the conflict remain within the population. In the years ahead, the youth of Iraq will carry with them not only the mental scars of war, killing, displacement, and kidnapping, but also the chronic daily trauma of a lack of clean water, of homelessness, of unemployment, of disrupted family structures, indeed, of countless other long-term psychological consequences of the recent war. These scars threaten to manifest themselves in many ways in the future as the youth of the country grow up in an environment that has been in many ways permanently disfigured.

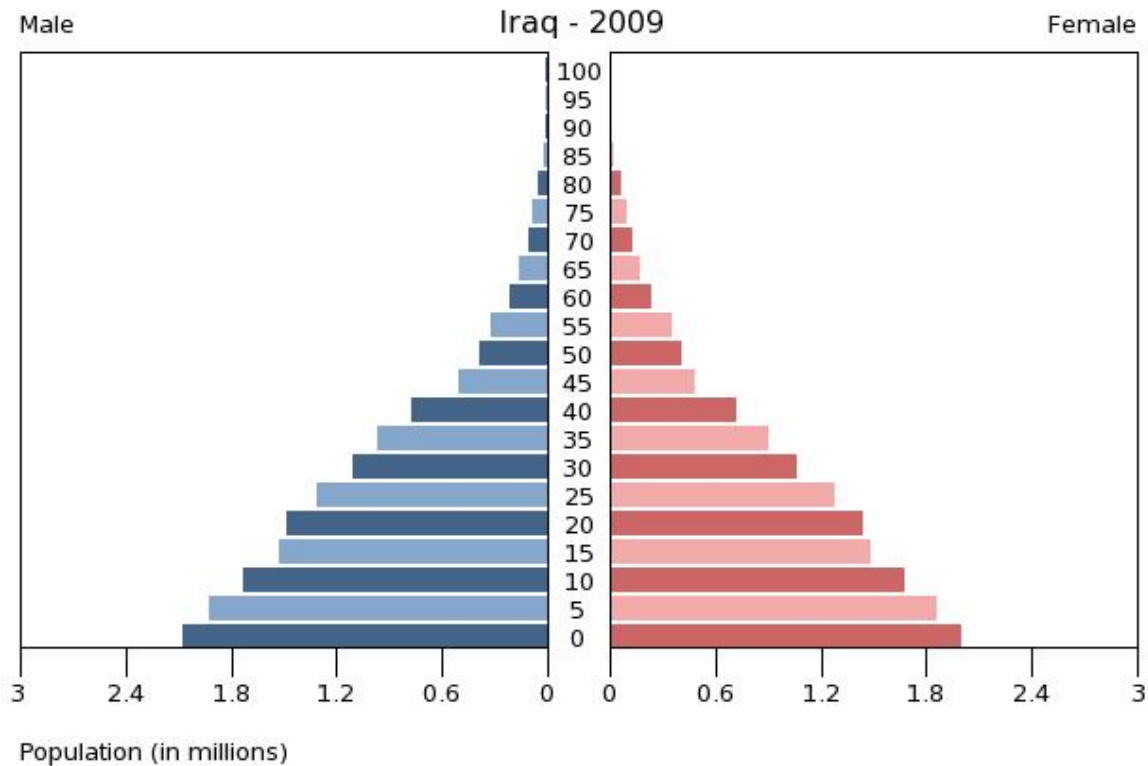
From a medical point of view, the most urgent priority is to identify and address the likely enormous mental health impacts of the conflict on the Iraqi youth. This requires a concerted effort to update and expand upon the findings of the Iraq Mental Health Survey in order to identify the true burden of mental illness in the youth of the country. Perhaps the most striking contrast one notes on reviewing the literature of the consequences of the Iraq conflict is the disparity between the large volume of studies available pertaining to the mental health of U.S. military personnel and the corresponding lack of any significant literature studying the effect of the conflict on the Iraqi population. This disparity needs to be addressed as research on the Iraq war and its mental health consequences, particularly for the youth, proceeds in the coming years.

Beyond identifying the problem, however, increasing access to treatment remains a daunting task in post-war Iraq, as the facilities simply do not exist at the present time to accommodate what is likely an enormous public health problem [15]. Child psychiatry remains a small, and often under-represented field within what remains of the Iraqi medical establishment. The ongoing efforts of non-governmental

organizations and aid agencies to rebuild the mental health infrastructure need to maintain a special focus on the unique mental health needs of children and young adults.

However, even with improved treatment, the underlying causes of much of the mental health burden in Iraq remain. Mental illness in the young majority in Iraq has consequences for the larger society, and until we address the underlying causes and improve treatment, these consequences will be felt for years to come. I will close with the comments of Dr. Salih Al Hasnawi, psychiatrist and current Health Minister of Iraq: “Further research is needed to understand the coping strategies of the Iraqi people in the face of stress and conflict, and to study their longer-term effects on mental health. But the most important thing of all is to achieve the stability that allows us all to live peacefully and without fear [3].” Unfortunately for Iraq, this peaceful existence is yet to come.

Iraqi Population by Age⁴



Mental Health Burden in Iraq's Youth^{*3,8,10,15}

	Mental Illness (all categories)	PTSD
Children	40%	14-36%
Young Adults (18-34)	17.2%**	1.6%
Number of Mentally Ill Youth***	5.7 million	
Number of Psychiatrists in Iraq	100	

*Range of possible estimates.

**Lifetime incidence.

***Estimates of total number of mentally ill extrapolated from prevalence rates above and 2009 population pyramid (children 0-15 yo - 4.4 million; young adults 20-35 yo - 1.3 million)

References

1. Burnham G. et al. (2006). Mortality after the 2003 invasion of Iraq: a cross-sectional cluster sample survey. *Lancet*, 368: 1421-8.
2. United Nations High Commission for Refugees, Iraq: Country Operations Profile. Retrieved on 15 Sept 2009 from <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e486426>.
3. Alhasnawi, S. et al. (2009). The prevalence and correlates of DSM-IV disorders in the Iraq Mental Health Survey (IMHS). *World Psychiatry*, 8: 97-109.
4. United States Census Bureau International Data Base. Retrieved on 15 Sept 2009 from <http://www.census.gov/ipc/www/idb/country.php>.
5. Alternet (2007). Occupation's Toll: 5 million Iraqi children orphaned. Retrieved from: <http://www.alternet.org/world/70886/?page=entire>
6. Murthy, R. (2007). Mass violence and mental health: recent epidemiologic findings. *International Review of Psychiatry*, 19: 183-192.
7. World Health Organization (2001). World Health Report 2001 – Mental health: New understanding, new hope. Geneva: World Health Organization. Retrieved from: <http://www.who.int/whr/2001/en/>
8. Al-Jawadi, A.A. & Abdul-Rahman, S.A. (2007). Prevalence of childhood and early adolescence mental disorders among children attending primary health care centers in Mosul, Iraq: a cross-sectional study. *BMC Public Health*, 7: 274.
9. Iraq Mental Health Survey: Questions and Answers. Iraqi Ministry of Health and the World Health Organization. 2006-07. Retrieved from: http://www.emro.who.int/iraq/surveys_imhs.htm
10. Razokhi AH et al. (2006). Mental health of Iraqi children. *Lancet*, 368: 838-39.
11. Al Obaidi, A.K.S. (2010). Iraqi psychiatrist in exile helping distressed Iraqi refugee children in Egypt in non-clinical settings. *J Can Acad Child Adolesc Psychiatry*, 19(2): 72-3.
12. Cluver L. & Gardner F. (2006). The psychological well-being of children orphaned by AIDS in Cape Town, South Africa. *Annals of General Psychiatry*, 5: 8.

13. Awqati NA, Ali MM, Al-Ward NJ, Majeed FA, Salman K, Al-Alak M et al. Causes and differentials of childhood mortality in Iraq. *BMC Pediatrics* 2009; 9:40.
14. UNICEF Information Newslines. Iraq Surveys Show 'Humanitarian Emergency'. 1999 Aug 12. Retrieved from <http://www.unicef.org/newsline/99pr29.htm>.
15. Fadel, L. (18 Jun 2010). Iraq ill-equipped to cope with an epidemic of mental illness. *Washington Post*. Retrieved from: <http://www.washingtonpost.com/wp-dyn/content/article/2010/06/17/AR2010061706034.html>
16. Al-Nimer, M.S. (2010). Measuring mental health following the 6-year American invasion of Iraq. A general health questionnaire analysis of Iraqi medical and dentistry students. *Neurosciences (Riyadh)*,15(1): 27-32.