Jordan Health Aid Society

جمعية العون الصحي الأردنية

Displaced Syrians in Jordan: A Mental Health and Psychosocial Information Gathering Exercise

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Analysis and Interpretations of Findings

Prepared by Jordan Health Aid Society with technical support from International Medical Corps

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Contents

1. Acronyms

CBO	Community based organization
GOJ	Government of Jordan
GP	General practitioner
IASC	Interagency Standing Committee
ICRC	International Committee of the Red Cross
IMC	International Medical Corps
INGO	International non-governmental organization
IFH	Institute of Family Health
IOM	International Organization for Migration
JHAS	Jordan Health Aid Society
MHPSS	Mental health and psychosocial support
MoH	Ministry of Health
NFI	Non-food items
NGO	Non-governmental organization
PFA	Psychological First Aid
PTSD	Post-Traumatic Stress Disorder
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	The Office of the United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WFP	World Food Program
WHO	World Health Organization

2. Introduction

Beginning 7 January 2012, Jordan Health Aid Society (JHAS), in partnership with International Medical Corps (IMC), launched an information gathering exercise of the mental health and psychosocial status of displaced Syrians living in Jordan. It is our hope that through this learning exercise International Medical Corps and Jordan Health Society can better prepare mental health and psychosocial aid actors to respond in a coordinated manner, avoiding potentially harmful interventions, resource duplication, and culturally insensitive responses. We see great potential to an orchestrated response, utilizing existing services in Jordan and following do-no-harm recommendations by the Interagency Standing Committee's Guidelines (IASC) on Mental Health and Psychosocial Support (MHPSS) - in Emergency Settings. Insecurity, violence and displacement cause interruption of social services such as health and education for families. In addition, traumatic experiences directly related to conflict—often involving the loss of family members, subjection to or witnessing of violent acts, and conflict-induced physical disabilities—cause further distress and hamper individual, family and community recovery. Although not every individual will suffer from serious mental illness requiring psychiatric care, many will experience low-grade but enduring problems. Numerous studies document the links between mental disorders, psychosocial suffering and dysfunction. This dysfunction can persist over time and is linked to decreased productivity; poor nutritional, health and educational outcomes; and decreased ability to participate in and benefit from response efforts. Studies indicate that populations affected by conflict not only suffer mental health consequences, but also have associated dysfunctions that can lead to psychological distress contributing to social problems, which can last up to five or more years after traumatic or troublesome events, such as being displaced.[1]

In complex response situations not everyone has or develops significant psychological/social problems. Moreover, individuals have their own

[1]The Bank's assistance to conflict-affected countries is guided by Operational Policy 2.30 on Development, Cooperation and Conflict, approved by the Board of Directors in January 2001.

Definitions

Mental health is more than the absence of disease or disorder. It is defined as a state of complete mental wellbeing including social, spiritual, cognitive and emotional aspects.

Mental illness is a disorder that can involve problems with cognition (thinking), perception, emotions (mood) and/or behaviors which impair day to day functioning as defined by standard diagnostic systems such as the International Classification of Disorders, 10th Edition (ICD 10) or the American Psychiatric Association's Diagnostic and Statistical Manual, Revised 4th Edition (DSM IV-R).

Psychosocial problems relate to the interrelationship of psychological and social problems, which together constitute the disorder. The term psychosocial is used to underscore the close and dynamic connection between the psychological and the social realms of human experience. Psychological aspects are those which affect thoughts, emotions, behavior, memory, learning ability, perceptions and understanding. Social aspects refer to the effects on relationships, traditions, culture and values, family and community, also extending to the economic realm and its effects on status and social networks. The term is also intended to warn against focusing narrowly on mental health concepts (e.g., psychological trauma) at the risk of ignoring aspects of the social context that are vital to wellbeing. The emphasis on psychosocial also aims to ensure that family and community are fully integrated in assessing needs and interventions (PSG 2003).

levels of resiliency and ability to cope. It is important to recognize existing support mechanisms and social resources and not to undermine them.

The Inter-Agency Standing Committee Guidelines

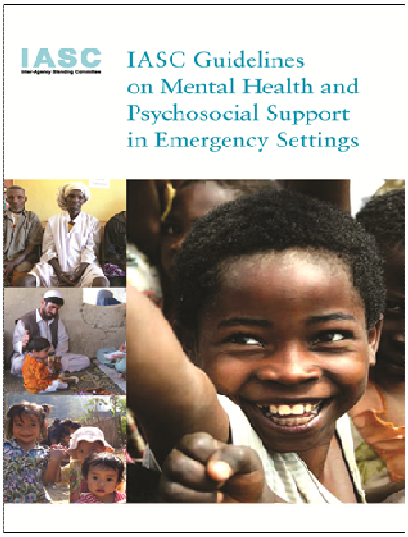


Figure 1. The IASC Guidelines

The Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings are a comprehensive international standard for mental health and psychosocial support in emergency settings. According to the IASC, mental health and psychosocial services can be conceptualized as a pyramid. At the base level of the pyramid, basic services and security are addressed through "the provision of basic needs in a way that is participatory, safe and socially appropriate." Towards the top of the pyramid, the types of services required become increasingly specialized while, the number of people requiring those specialized services decreases.[2]

The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings are the accepted guiding principles for relief and recovery providers. Therefore, any recommendations that will be made in this report will be developed within the framework of the IASC guidelines. The Guidelines are available for download at *http://www.who.int/mental_health/emergencies/9781424334445/en/index.html.*

About the Authors

Jordan Health Aid Society is a non-profit organization founded in Jordan in 2005 and registered as an international organization since 2011. It is a known leader in the health sector in Jordan and has expanded its programs throughout the Middle East and North Africa (MENA) region providing immediate medical services in Yemen, Sudan, and Libya. JHAS is the partner in health with IMC-Jordan, the World Health Organization (WHO), and other international nongovernmental organizations as well as an implementing partner (IP) with UNHCR and UNFPA.

For over 25 years, International Medical Corps has demonstrated the ability to deliver major relief and development programs to improve lives and strengthen national capacity through health, education, and social programming. International Medical Corps has responded to complex emergencies and implemented transitional development programs in over 40 countries worldwide. International Medical Corp's has been operational in Jordan since 2007. Currently, IMC programs in Jordan operate in three primary sectors: comprehensive primary health care, mental health, and psychosocial

[2] Inter-Agency Standing Committee (IASC), 2007.

support. International Medical Corps has adopted an approach that mobilizes communities as partners, addresses beneficiaries' critical needs in a sustainable manner, and prioritizes vulnerable persons.

3. Goals

The focus of this exercise was to achieve the following.

> **Aim 1:** To collect information regarding the mental health and psychosocial status of Syrian families.
>
> **Aim 2:** To gain an understanding of the psychosocial and mental health strengths and deficits of services available to Syrians who have arrived in Jordan since March 2011.

Though the needs of Syrian individuals/families that have arrived to Jordan prior to March 2011 may be later assessed, it was the focus of this exercise to seek further information about those who arrived from March 2011 to the present. Children, though of high concern, were not the focus of this exercise.

4. Methods

Preliminary reports obtained via conversations with field staff and regular coordination meetings indicated concerns for the safety and wellbeing of Syrians displaced in Jordan. Based on these expressed concerns, a desktop review of major news sources and UN site reports and was initiated and has been ongoing. JHAS and IMC have participated in continuing consultations with UNHCR, UNICEF, the Mental Health and Psychosocial (MHPSS) Working Group, the Assembly of Islamic Center Charity and other local community based organizations (CBOs), and local Syrian community leaders.

The authors determined that a rapid mental health and psychosocial information gathering exercise was needed. Due to the sensitivity of the situation, though, true random sampling would have been nearly impossible to achieve. Instead, a combination of snowball sampling and convenience sampling were used, building on the positive relations JHAS has with the target population, local CBOs and charity societies. Participatory methods were applied in order to build local institutional capacity while also obtaining needed information. Information was gathered via beneficiary interviews using the tools described below and focus groups. The data were entered using Sawtooth software and analyzed using SPPS 20. The responses were grouped during the analyses process.

Tool Description

Two tools were selected from the World Health Organization's (WHO) "Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Crises." These tools were

adapted according to the specific context and were used in conjunction with basic participatory techniques. Additional information was obtained through focus groups and key informant interviews.

Tool 8: Assessment of serious symptoms of distress in humanitarian settings (WASSS)

The purpose of this instrument is to identify persons in "priority need for mental health care." It is used for advocacy purposes and for showing the prevalence of mental health problems (but not of mental disorders which would require more thorough diagnostic assessment) in the community. The questions used in this assessment are meant to identify persons with symptoms of severe distress and impaired functioning.[3]

Tool 11: Participatory assessment I: Free listing on problems, daily functioning, and coping methods

This tool is used for a rapid overview of a variety of issues, including (a) identifying common signs of psychological and social distress, including local indicators of distress, (b) signs of impaired daily functioning, and (c) coping methods. Its intended use is with: individuals and general community members living in humanitarian settings. Each interview lasts on average 45 minutes.[4]

Focus groups

JHAS and IMC staff conducted four focus groups in the cities and areas surrounding Ramtha and Mafraq. The purpose of these semi-structured groups was to learn about the most common emotional concerns among Syrians in Jordan, daily routines and activities, financial concerns, protection issues, health and education needs and services that have been provided thus far. The focus groups took place on the 15th and 29th of January 2012 and each group included between 3 to 9 participants.

Key informant interviews

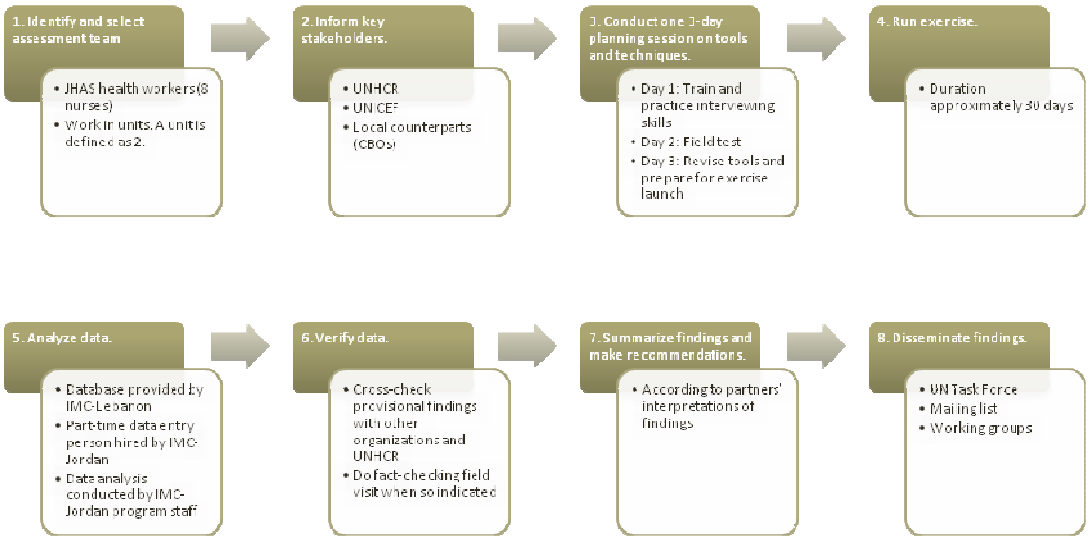
JHAS and IMC staff conducted nine key informant interviews throughout the month of January. These interviews included one to two staff members from nine different agencies and focused on collecting information related to current service provision. Each of the key informants asked that their names and employing agencies be kept anonymous due to the sensitivity of the current situation.

Timeline

The information gathering exercise took place from 7 January to 29 January, 2012. It lasted 32 days and included the stages outlined on the following page.

[3] World Health Organization. WHO Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASSS) (field-test version). In: Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Crises . Geneva: WHO, 2011

[4] World Health Organization. Free listing on local indicators of problems, daily functioning, and coping methods. In: Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Crises. Geneva: WHO, 2011.



Location

The authors selected the cities and surrounding villages that are known to be main recipients of Syrians in Jordan to carry out this exercise: Mafraq, Ramtha and Irbid. These locations lie on the border between Syria and Jordan and there are many shared families between these Jordanian cities and their counterparts on the Syrian border. The geographic distribution of the sample is depicted in the map of Jordan.

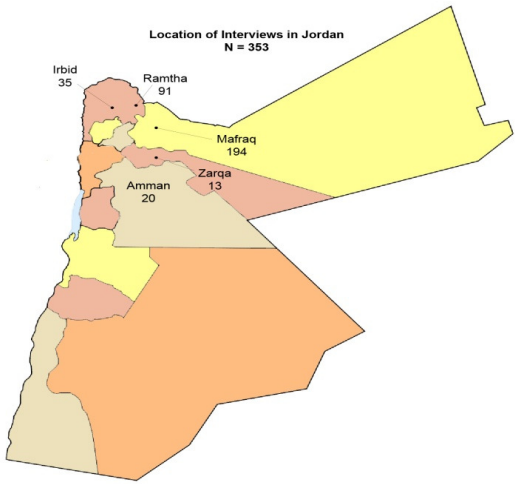


Figure 2. Exercise location

5. Results

Background

Early in 2011, political protests and the government's response created an unstable and insecure environment in Syria. As the unrest intensified, many families felt forced to flee into neighboring countries. According to UNHCR-Jordan's registry, there are approximately 3,500 displaced Syrians residing in Jordan at the time of this report.[5] According to JHAS, the displaced population is largely homogeneous, the majority being ethnically Arab and Sunni Muslim.[6] While portions of the displaced

[5] McDonnell, A. (8 February, 2012). Syrians in Jordan: Situation Report. UN Inter-Agency Update General Situation and Response: UNHCR Amman. Amman, Jordan.
[6] Ajlouni, Y. & Dababneh, N. (November, 2011). The updated assessment for displaced Syrians in Jordan: SiteRep.2. Jordan Health Aid Society (JHAS). Amman, Jordan.

population are being hosted in transit or temporary shelters, a significant number of families are dispersed within the local urban population.

The Government of Jordanian (GOJ) has allowed Syrians to remain in the country and has provided them with access to governmental services, including access to public schools for children. Due to the uncertainty of their stay and the competitive market, it is difficult for displaced populations in Jordan to access income-generating activities, making them reliant on the GOJ, international non-governmental organization (INGO) activities, and informal community supports.[7] Syrians in Jordan are facing many of the same issues consistent with other displaced urban populations. Basic health and financial needs are of primary concern as is access. Early indications have suggested that many Syrians in Jordan are facing mental health and psychosocial problems. According to JHAS general practitioners (GPs), some individuals appear highly distressed and have demonstrated the early signs of severe mental conditions such as depression and Post-Traumatic Stress Disorder (PTSD). Though such conditions are not out of the ordinary for displaced populations, it should be noted that these GPs are not trained in mental health diagnosis. In addition to the traumatic events experience in Syria, some families have been found to be living in conditions that lack clean drinking water, adequate sanitary facilities, food and non-food basic items, and adequate space for privacy. Because this population can more easily disperse and blend into the urban setting, this creates a challenge for delivering services, providing targeted protection, and dispersing accurate and timely information on essential aid.

Persons interviewed for this exercise came from eight different Syrian governorates (see Figure 3). Although Daraa is the closest Syrian governorate to the Jordan border, the majority of Syrians who participated in the exercise are from the city of Homs, located close to the Lebanese border. Many Syrians, including those from Homs, have fled to Jordan likely due to having family in Jordan. Table 1 on the next page provides a comparison of governorates of origin as compared to current location in Jordan.

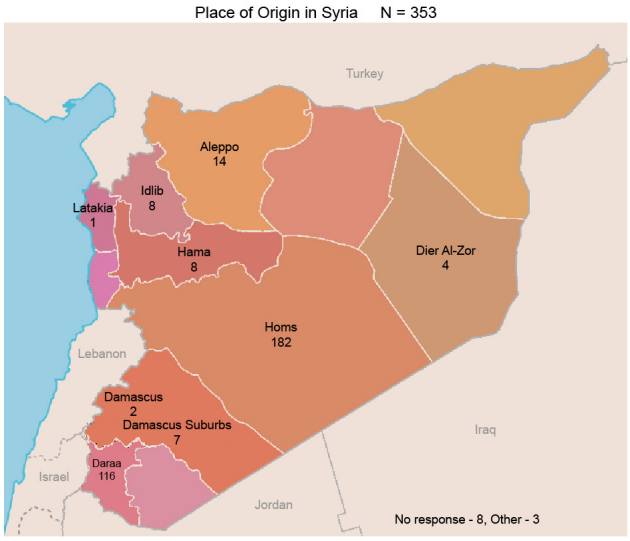


Figure 3. Place of origin in Syria

[7] Ajlouni, Y. & Dababneh, N. (November, 2011). The updated assessment for displaced Syrians in Jordan: SiteRep.2. Jordan Health Aid Society (JHAS).

Table 1.Syrian governorate of origin as compared to current location in Jordan

	Al-Mafraq	Amman	Irbid	Ramtha	Zarqa
Aleppo	6%	11%			
Damascus				2%	
Damascus Suburbs		33%		1%	
Daraa	6%		59%	95%	
Deir Al-Zor	2%				8%
Hama	1%	22%	3%		17%
Homs	81%	17%	29%		50%
Idlib	3%	6%			17%
Lattakia					8%
Other	1%		6%		
N =	193	18	34	85	12

Figure 4 depicts the month of arrival of those Syrians who came to Jordan from the cities of Daraa and Homs.

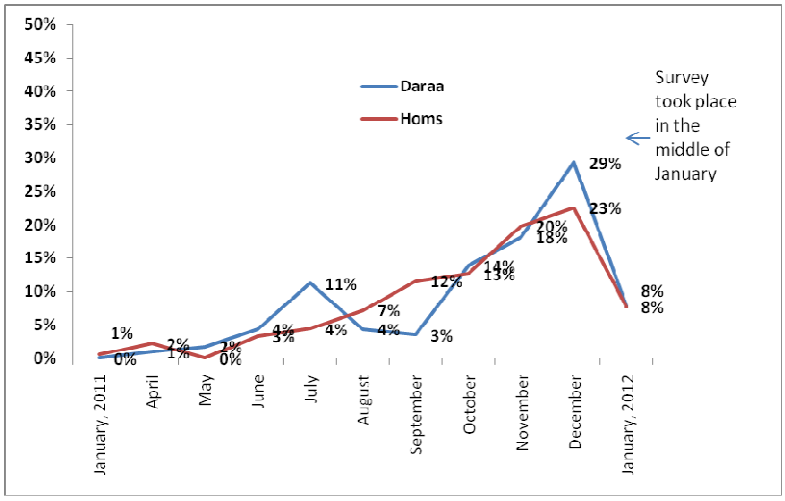


Figure 4. Arrival month as compared to city of origin

Basic Demographics

The majority of those interviewed for this exercise (72%) were male. The high preponderance of males can be attributed to a number of factors, one of those being that all of the interviewers were male. Community leaders, both from Syria and Jordan, strongly advised that male interviewers would be most culturally appropriate because, culturally, heads of household would tend to be male. They further recommended seeking approval from heads of household prior to sending interviewers into villages to question people in their homes. When the interviewers approached families to participate, most often

Arrival in Jordan

The majority of the Syrians have arrived in Jordan during the latter part of 2011 and beginning of 2012 as indicated by the UNHCR Registry below.

UNHCR Registry

April (2011)	2.2%
May	3.7%
June	10.4%
July	10.9%
August	10.8%
September	16.2%
October	13.1%
November	13.6%
December	13.3%
January (2012)	n/a

JHAS/IMC Exercise

April (2011)	1.0%
May	1.0%
June	3.7%
July	7.4%
August	5.4%
September	9.5%
October	12.2%
November	25.0%
December	25.3%
January (2012)	8.8%

the male heads of household were selected to respond on behalf of their families even though interviewers gave equal opportunity for men and women to be interviewed. Women in general preferred that men participate, though the women sometimes stayed to observe. Some interviewers tried to encourage women to be interviewed and men in their families were supportive of this, but the women chose not to.

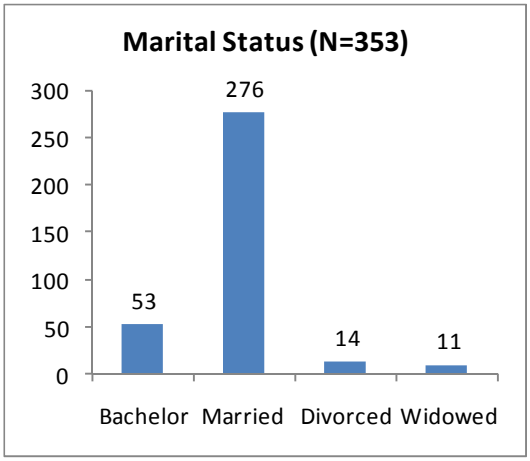


Figure 5. Marital status

The average age of respondents was 37 years and the mean family size was 5.35 with the median is slightly lower at 5. Only 10% of those interviewed report having a disability present in their family, and marital status was reported as shown in Figure 5.

Educational and Occupational Profile

Educational and occupational profiles were gathered for this displaced population and are shown in Figures 6 and 7. When looking at this data, it is important to note that in Jordan primary school lasts until age 14, whereas in Syria primary education lasts until age 15 after which students continue to high school. It is also important to clarify what is meant by the different occupational designations. The term "employee" refers to someone who reports to a supervisor and receives a regular wage. The term "self-employed" is used to describe a variety of types of work where wages vary on a daily basis, for example taxi drivers and seasonal or manual laborers.

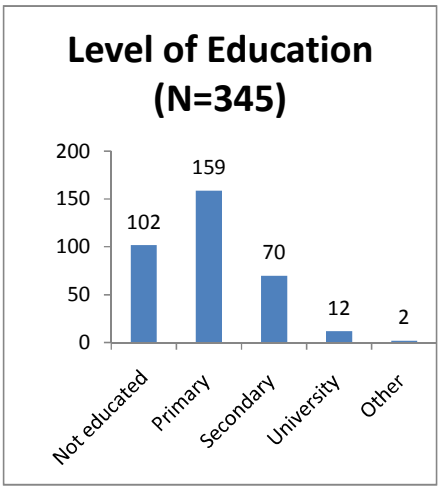


Figure 6. Educational data

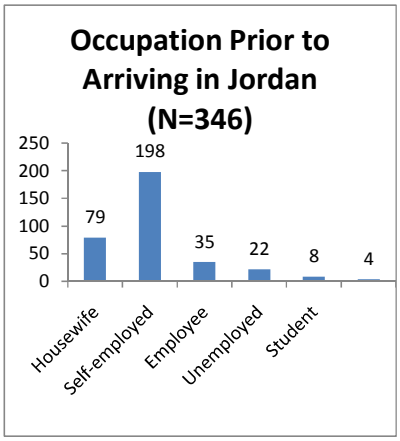


Figure 7. Occupational data

Problems Related to Mental Health

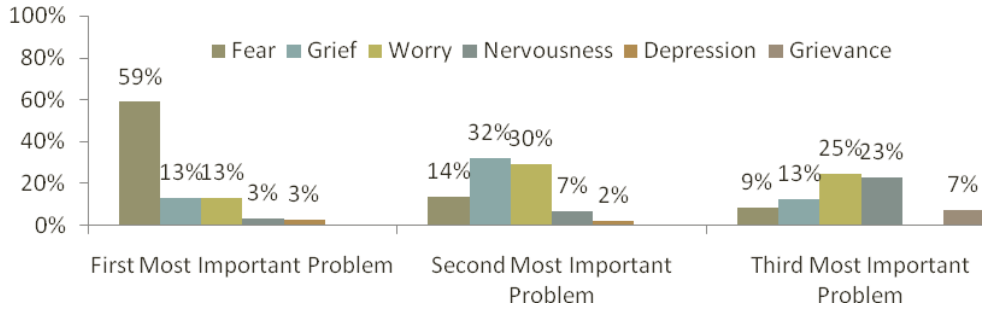
Fear, worry, grief, anger, and stress were the most commonly cited and highest ranked mental health concerns identified by those who were interviewed. Focus group participants also reported that they have become more nervous since the start of the recent events in Syria and that this has affected their relationships with their children. Many interviewees felt that this is a temporary situation. Furthermore, they reported feeling that they suffer from isolation, especially those who are housed at the shelter in Ramtha where they do not have any communication or media tools, for example phones or TVs. These interviewees described their daily routine as focused around talking about the situation in Syria during the daytime and playing cards in the evening. As they described it, each day they wake up, eat, talk, and play cards just like the previous day.

Figures 8 and 9 depict the general problems or difficulties identified through a free-listing exercise as affecting Syrians displaced in Jordan. The issues mentioned first by the respondents indicate that these are among their most pressing concerns, which the exercise team defined and grouped as "first mention."

Figure 8. "What are the main worries that Syrians displaced in Jordan face?"

The second and third inquiries pertain more specifically and exclusively to psychological problems. When looked at comprehensively, the frequency of people presenting with "fear about present finances" is lower than the frequency of people presenting with problems related to psychological health. Out of the listed problems, respondents were then asked to rank the three most pressing. The figure below presents their responses.

Figure 9: Most Important psychological problems



Fear. The most common psychological problem that Syrians reported is "fear." In more specific terms, through the inquiries presented to them respondents identified their fears with the following categories (not in order of importance or prevalence): fear for family members back home, fear from returning back home, fear about the future, or fear about present finances.

Worry. The second most important problem respondents expressed was "worry." The term "worry" was understood as: worry about family back home or worry about the situation in Syria.

Grief. The third most important problem was grief. Respondents defined "grief" as the following: sadness for dead family members, death of family members, or "the situation we find ourselves in."

In addition to the free listing detailed above, respondents were also asked to rank frequency of mental health problems on a scale. The questions used in this section are meant to identify persons with symptoms of severe distress and impaired functioning, specifically looking at acuity of issues within the previous 14 days. The table below reflects the responses obtained during the closed-question portion of the interviews.

Table 2. "In the past 2 weeks, how often have you……?"

	All the time	Most of the time	Some-times	Rarely	Not at all
Felt intense fear	25%	20%	16%	9%	30%
Felt extreme anger	17%	22%	23%	12%	25%
Lost interest in things you wanted to do	21%	31%	22%	9%	16%
Felt despair to the extent you wished you could die	7%	7%	11%	13%	62%
Avoided people/places that remind you of recent events	14%	22%	24%	11%	29%
Felt able to perform basic tasks	13%	25%	28%	16%	19%

Coping

After describing their difficulties, respondents were also asked about the methods or activities they employ to cope with those difficulties. The most commonly identified mechanisms are described below.

Prayer

Prayer was the most commonly identified coping mechanism. Respondents who selected prayer as their primary source of coping described feeling that there is nothing left in their current circumstances but to seek spiritual support. In other words, this was an expression of a general sense of having little or no control over circumstances.

Smoking

Smoking was identified as the second most common coping strategy. It was noted by respondents that although they understood smoking would not help with resolving their problems they felt there was nothing more they could do to improve their overall situation.

Socializing with other people

The third most commonly reported coping mechanism identified by respondents was socializing with others.

Current Service Provision

Coordination

Through the key informant interviews, JHAS and IMC gained valuable information related to current service provision. Many of the informants expressed concern over information dissemination and agency coordination. While the UN and major INGOs have been steadily working to communicate and coordinate through task-forces and working groups, these efforts have not expanded to fully include local charities and CBOs.

Medical services

According to the key informants who were interviewed for this survey, Syrians who are displaced in Jordan are able to receive medical services through both public health facilities and non-governmental clinics, such as those provided by JHAS. The GOJ has allowed Syrians access to public clinics for consultations. The public clinic inside the shelter in Ramtha is open 24 hours with a family medical doctor present at the clinic 2 hours per day. Furthermore, JHAS has opened three new UNHCR-supported clinics: in Ramtha, Mafraq, and two mobile medical units (MMU) covering the north, Rowaished areas and in the south, Ma'an, Kareq, Tafila. Syrians can go to any of these clinics to receive free medical assistance. A JHAS general practitioner (GP) is available at the clinics and MMUs. Referrals can be made through the public clinic or through the JHAS clinics.

Non-food items distribution

In Ramtha, there are four societies that are currently distributing non-food items (NFIs) and financial assistance:

- Al Ketab wa Sonnah
- Islamic Charity Centre Society
- Al Takafol Society
- JHAS

The first three listed are charity societies and are more active in Ramtha than in other areas. They provide financial assistance, food baskets, non-electrical heaters, blankets, and hygiene kits. JHAS provides blankets, heaters, some hygiene kits, and school bags in Ramtha, Mafraq and Irbid as supported by UNHCR.

6. Limitations

The methods and results of this exercise have several limitations. These are described below.

Time. The exercise teams had only two to three days to perform their work in each sampled area and they were asked to limit their time with families to no more than one hour.

Tools. Although the tools selected for this exercise were from the WHO checklist and are known to be appropriate for establishing baseline knowledge of the psychosocial and mental health problems, they limited interviewers from carrying out a more in-depth exploration of the target population's needs and concerns.

Exercise team. The exercise team was composed exclusively of males. Though this was recommended by Syrian community leaders for conducting house-to-house visits in a culturally appropriate manner, it limited access to populations recognized as especially vulnerable, such as women and children.

Methodology. The methodology used was not consistent with gold standard sampling methodologies. The sample was not systematically selected and selection procedures varied with each area surveyed.

Participant understanding of the term "coping mechanisms". Tool 11 contains a question about coping mechanisms used to be able to perform daily functions, but the responses received indicate that the question was not properly understood. The few responses that indicated an understanding of the question were rote answers such as "prayers" and "mingling with people."

7. Summary & Recommendations

The mental health and psychosocial problems that were most commonly identified in this sample were fear, worry, grief, anger, and stress. These emotions are expected in populations that have experienced conflict and ensuing displacement. **It is of concern, however, that the intensity of these reactions are reported to be quite high and that healthy coping techniques seem limited**. Based on the full findings of this exercise, JHAS and IMC have set forth basic programmatic recommendations.

The IASC has organized its recommended levels of mental health and psychosocial intervention into a simple pyramid as shown in Figure 10. The majority of the program recommendations developed through this exercise fall under levels 2 and 3: focused (person-to-person) non-specialized supports and strengthening community and family supports. Only a minimum of the recommendations fall within the frame of level 4: specialized services. That being said, level 1, social considerations in basic services and security, is also important to the interviewed sample as psychosocial wellbeing and the ability to generate income and satisfy basic needs are inter-related. The ability to gain employment or earn a reasonable income can do much to reduce some of the symptoms of psychosocial distress. Likewise, the benefits of interventions that address mental and psychosocial disorders are substantial. Based on the results of this work, there are clear indications that offer opportunities to focus on preventative services, which address concerns now as they begin to manifest as opposed to waiting until they become profound and require more specialized support. Likewise, by addressing problems early on, practitioners are able to spend more time with those cases that require intensive wrap-around-services. Examples of potential program areas are identified in the following paragraphs.

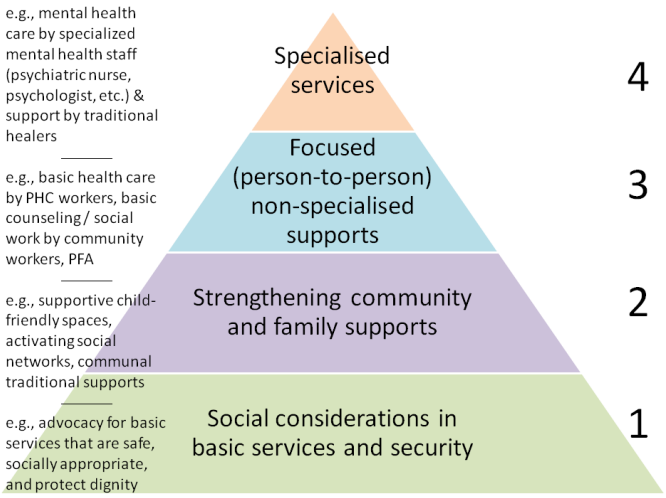


Figure 10. IASC Intervention Pyramid

Training of Service Provider Staff

IASC Guidelines training

The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) are a useful tool, but are unknown to many service providers. The authors recommend that practical training be provided on the IASC guidelines for frontline service providers, in particular CBO staff,

GPs, nurses, and any INGO staff who may be new to humanitarian response. This training should make use of the IASC MHPSS field checklist, which is functional, easy to comprehend, and it is already translated into Arabic.

Psychological First Aid (PFA) training

A high percentage of respondents indicated experiencing psychological distress reactions including fear and worry. The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) recommend that service providers interacting with the affected populations (e.g., health care workers, relief workers, volunteers) receive training on the provision Psychological First Aid (PFA). The provision of psychosocial care has been identified through this exercise as a major need. Moreover, preparing responders now can ensure better preparedness if instability in Syria continues. IMC has developed PFA training in both English and Arabic training should first target healthcare providers (GPs and nurses), mental health care providers (psychiatrists, psychologists, and community health workers), emergency response personnel and teachers and administrators.

Gender-Based Violence (GBV) awareness training

As conflict continues and symptoms persist, outlets for safe and culturally appropriate healing are often increasingly negatively affected. In this sample, 17% of the respondents indicated that they feel "extreme anger" all of the time, and 22% reported feeling this strong emotion most of the time. Likewise, intense fear was reported by 25% of the respondents, who also describe feeling this emotion "all of the time." Keeping in mind that the majority of those interviewed for this exercise were male heads of households, a cautionary flag should be raised. It is a worthwhile exercise to reflect upon the early warning signs and impacts of gender-based violence (GBV) among family members and other protection related issues typically associated with men feeling anger mixed with intense fear.

Though this exercise did not examine the frequency of GBV amongst the displaced population, the authors encourage service providers to raise the consciousness of their staff regarding the likelihood that some families may be suffering from this problem. The authors recommend that all organizations that will be working with displaced Syrians provide their staff

Psychological First Aid (PFA)

PFA is not a clinical or specialized intervention but a basic approach that addresses:

- How to function better as a helper,
- How to do no harm, and
- How to foster a safe, positive and supportive environment for people who have been affected by a crisis, disaster or humanitarian situation.

PFA is a non-intrusive way of providing psychosocial support and linking people to basic services.

PFA training includes information on stressors such as:

- Loss and grief,
- Reactions to stressful events,
- How to listen in a supportive and empathetic way,
- Methods for parents to help children cope,
- Ways of linking people to needed services, and
- How to know when and how to refer someone who is experiencing more severe distress.

PFA resources can be found at *http://mhpss.net/resources.*

with training on GBV awareness, identification, and referral to appropriate protection, and health service providers.

Community Mobilization and Advocacy

The high-intensity emotional reactions described by respondents could contribute to a host of psychosocial issues such as increased isolation, avoiding necessary medical care or other social services from clinics or institutions that may be associated with the government. Fear may even prevent some Syrian families from registering their status in Jordan, as is often required to qualify for certain benefits.

Many respondents shared that they are attempting to cope with their current circumstances by engaging with others. The authors recommend supporting this healthy coping technique by providing advocacy programs that raise awareness on healthy coping, and community mobilization programs to encourage consistent and mutually reinforcing family-oriented activities designed to promote and strengthen parents' abilities to care for their children despite the stress and uncertainty of displacement.

Mental Health and Psychosocial Services

General services

As their stay in Jordan persists, it will be important to help Syrians and their service providers understand normal stress reactions and how to identify warning signs of when stress begins to impair functioning. This exercise highlighted several early warning signs of stress affecting family, individual and community functioning. IMC and JHAS have had great success utilizing multidisciplinary teams to help affected populations, including those with mental disorders and psychosocial problems, to seek and find appropriate care and resources through the provision of accurate information about health services and community support services.

Building on current programmatic successes, the authors recommend that donors supply funding for mental health and psychosocial agencies to provide services to Syrians displaced in Jordan. Agencies that are already providing these services in Jordan will be able to scale-up their

Early Warning Signs

Most often, peoples' reactions to stressful events fall within the realm of "normal responses to abnormal events." That is, even under stressful situations, most people will be able to return to their normal level of functioning once the stress is lessened.

Others may experience more severe reactions to stressful events, for example significant impairment in daily functioning or posing a danger to one's self or others. These individuals will need assistance to return to their normal level of functioning.

At the community level, early warning signs are often seen through increases in inter-personal violence, school drop-outs, disaffected youth, and various manifestations of antisocial behavior.

This exercise revealed a few examples of "early warning signs" indicating that some of those interviewed may require help to return to their normal level of functioning, for example a lack of sleep, and/or an overwhelming sense of fear, grief or worry. These reactions can lead to feelings of worthlessness and hopelessness, depression, anxiety, or suicidal ideation (thoughts about suicide).

current programming to begin immediately addressing this population's mental health needs.

Specialized services

It will be vital to ensure there are mental health specialists available who are equipped to manage those cases that require intensive support, particularly highly specialized cases of trauma or torture that may be more likely to present as the violence in Syria continues to grow. As seen in Figure 11, trauma can affect people in different ways, ranging from anxiety and stress to severe psychiatric episodes.

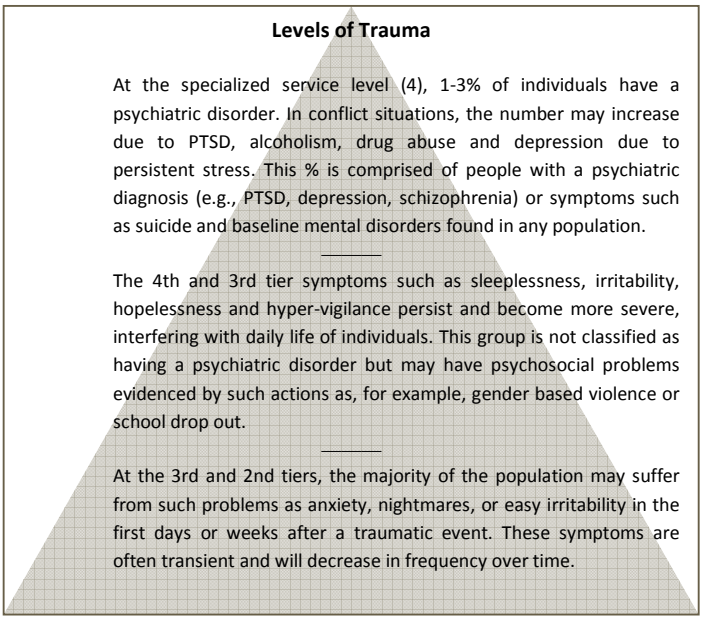


Figure 11. The effects of trauma

Children

Based on the family data gathered through this exercise, the authors also recommend implementing programs to restore normal routines for children, for example providing targeted learning experiences that are structured, predictable and built from previous experiences taking into consideration normal learning routines. Restoring normal routines for children helps to promote their development and security, and though it is considered a success that Syrian children are able to attend public schools in Jordan, hastily placing a child in a classroom environment that is inappropriate for his/her age or cognitive level could add stress to the child and the whole family system.

Inter-Agency Coordination

Inter-agency coordination is one of the key components of The IASC Guidelines. To address the funnel of information and coordination that exists between the UN and INGOs located in Amman and the local charities and CBOs outside the capital city, the authors recommend initiating sub-groups. These subgroups will disseminate information between the various geographic locations, thereby reducing the frequency of service duplication and gaps in service. Initiating this structure will help implementing agencies to provide a clear and consistent message to the displaced population, which will reduce confusion and frustration as the population seeks assistance.

Recommended Future Assessments

Children

Children were not the focus of this exercise, but families were. More information needs to be gathered to better understand the needs of displaced Syrian children in Jordan. Initial findings indicated the

need to pursue further child protection issues; therefore, the authors have determined that a separate child protection assessment should be conducted to allow for more time and for trained child protection actors to carry out this work.

Additionally, information should be gathered from the Syrian students currently enrolled in public and private schools. Information is lacking concerning the successes and struggles of Syrian students in Jordanian schools. For those children and youth not enrolled in school, the reasons should be explored and consideration given to providing alternative learning opportunities that are less formal.

Other Syrian Populations in Jordan

Syrians who arrived in Jordan prior to March 2011 and/or who have been residing in Jordan for years are also affected by the ongoing events in Syria but were not included in this exercise. It is presumed that these individuals and families are the primary providers of care for many newly arriving Syrians and more clarity is needed regarding this population's resources and needs. For example, it is assumed that providing shelter and support for families who have fled from Syria may increase a host's financial burdens as well as contribute to a degree of social issues or problems. The authors consider it is important to learn about this population in order to have a more comprehensive picture of Syrians in Jordan.

Gender-Based Violence (GBV)

Due to the limited time and training available for this current exercise, data related to gender-based violence (GBV) were not collected. Given the likelihood that instances of GBV may occur, the authors recommend conducting a specialized assessment related to GBV, the goals of which would be to: identify current prevalence rates of GBV in the target population, gauge service provide awareness of the issue of GBV, and estimate GBV-related training needs for service providers.