Mental Health and Psychosocial Support (MHPSS), Culture and Faith in the Syrian Context: A Scoping Study

Syria Hub on Mental Health and Psychosocial Support (MHPSS) and Culture

Syria Bright Future (SBF)
Joint Learning Initiative on Faith and Local Communities (JLI)

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Executive summary

Aims

This scoping study provides an overview of the available literature on cultural and faith-based factors in the provision of mental health and psychosocial support (MHPSS) in Syria and Syrian refugee communities. It is based on a collaborative review of existing academic, policy and practice-focused publications. The study is primarily meant to provide MHPSS professionals and researchers with an insight of existing evidence for the cultural adaptation of MHPSS programmes for Syrians, by identifying key themes, defining gaps and providing recommendations for future work. It therefore is in line with previous calls for the consideration of local cultures when designing, implementing and evaluating MHPSS programmes (IASC, 2007).

Methodology

The scoping study was produced as part of a collaborative process involving the SBF and JLI teams. The process was initiated by the SBF team who contacted JLI about setting up a Syrian research group focusing on MHPSS, with a focus on the adaptability of global MHPSS frameworks to the context in Syria and Syrian refugee communities in the region, in December 2021. A new shared learning hub, jointly led by SBF and JLI was set up in March 2022, in line with JLI's Fair and Equitable Approach, which is aimed at centering the voices and experiences of local faith actors in development, humanitarian action and peacebuilding and strengthening local capacities and leadership in knowledge production on religions and development, and SBF's long-standing experience in the area of MHPSS in Syrian communities. Following a research capacity-sharing approach, the SBF team was then trained in research methods to help strengthen their literature review and writing skills, after which the literature review and scoping study were produced in a collaborative process involving the SBF and JLI teams.

Findings and recommendations

As part of the work on this scoping study, the team reviewed over 530 publications and focused its in-depth analysis on just short of 50 articles on the topic of MHPSS in the Syrian context, with a lens towards locating the place of religion and culture therein. From the research, the team pulled out several themes broadly divided into five categories: Syrian cultural views about themselves and the world (p. 9), Syrian explanatory models of mental illness and psychosocial problems (p. 10), responses to MHPSS issues in Syrian communities (p. 12), mental health and psychosocial wellbeing assessment and assessment tools in Syrian communities (p. 17), and recommendations in the literature (p. 19).

Recommendations for future practice-focused research and dissemination, based on the research, include the following:

Support paradigm-building

- Develop a new paradigm that allows for the consideration of culture and faith in MHPSS aimed at Syrians
- Challenge functional and depoliticised approaches to the study of MHPSS, culture and faith in the Syrian context
- Encourage self-criticism approach to the culture by Syrian practitioners and researchers that allows for the definition of harmful cultural practices and the development of more suitable approaches

Invest in Syrian-led research and knowledge production

- Train Syrian practitioners and researchers in how to conduct quality research
- Support Syrian-led research agendas and priorities
- Work with/as Syrian MHPSS practitioners to develop critical stances that allow Syrians to go beyond simple data collection and analysis, encouraging them instead to engage in research design, the development of research agendas and theory-building
- Explore the wider literature that includes the work of scientists working on Islamic psychology, Muslim cultures and Arab histories in the context of (mental) health, spanning over 1000 years

Focus on dissemination between research and practice

- Support the dissemination of research findings by building culturally adapted MHPSS curricula
- Establish a mechanism to allow for evidence on MHPSS and culture in the Syrian context to be collated and disseminated
- Develop suitable forms of dissemination aimed at the wider population

1 - Introduction

1.1 - Rationale for the research

At the time of writing, it has been over 12 years since the Syrian people led a revolution against the dictatorship of Bashar al-Assad. What started as a peaceful movement escalated into a war following the violent response by the Syrian regime and its supporters. Since then, millions of Syrians have been killed, detained or displaced. Many survivors of the crisis struggle with mental health issues. Beyond severe PTSD resulting from violence, many Syrians face trauma from food insecurity, displacement, and the overall collapse of government and civil support services, which was further exacerbated during the COVID-19 pandemic and through the Syria/Turkey earthquake in February 2023. Syrian children, many of whom have lived most of their lives in crisis, are particularly susceptible to the effects of trauma. For example, the OCHA Humanitarian Needs Overview (HNO) noted that 27 percent of Syrian households report "signs of distress" in children under the age of 18 (OCHA, 2021, p. 27).

In addition to the mental health needs caused by over a decade of crisis and war, as the Syrian American Medical Society highlights, mental health disorders, such as depression, bipolar disorder, and mental disabilities have always existed in Syria as in any other place (SAMS Foundation, 2021). The crisis has only deepened such mental health disorders and further strained the healthcare system, making mental health of paramount importance in humanitarian responses in the region.

At the beginning of the crisis, not many donors and international NGOs showed much interest in MHPSS for Syrians focusing instead on what was perceived as more immediate needs such as shelter and food, although the needs on the ground were high. Over time, this has changed and in the last 10 years, hundreds of MHPSS programmes, projects and activities have been implemented. However, interventions are usually modelled based on WHO guidelines and/or developed by international NGOs in other contexts and then transferred to work with Syrian communities. Overall, Syria is a collectivist society, and faith, social traditions and cultural conventions play an important role in the lives of most Syrians. Although international MHPSS standards, such as those stipulated in the IASC MHPSS guidelines (2007) and other key documents, emphasise the importance of considering local culture when designing and implementing MHPSS programmes, not much practical work has been done in this area in the Syrian context. There is therefore a need to collate existing evidence on MHPSS and culture in Syrian communities and to make this evidence available in formats that are accessible to practitioners.

This study aims to provide an overview of the available literature on cultural factors in the provision of mental health and psychosocial support (MHPSS) in Syria and Syrian refugee communities. It is based on a collaborative review of existing academic, policy and practice-focused publications. The study is primarily meant to provide MHPSS professionals and

researchers with an overview of available evidence for the cultural adaptation of MHPSS programmes for Syrians, by identifying key themes, defining gaps and providing recommendations for future work. The study is in line with previous calls for the consideration of local cultures when designing, implementing and evaluating MHPSS programmes (IASC, 2007).

1.2 - Context and approach of the research

This scoping study was produced as part of a collaborative process involving the SBF and JLI teams. The process was initiated by the SBF team who contacted JLI about setting up a Syrian research group focusing on MHPSS, with a focus on the adaptability of global MHPSS frameworks to the context in Syria and Syrian refugee communities in the region, in December 2021. A new shared learning hub, jointly led by SBF and JLI was set up in March 2022,[1] in line with JLI's Fair and Equitable Approach, aimed at centering the voices and experiences of local faith actors in development, humanitarian action and peacebuilding and strengthening local capacities and leadership in knowledge production on religions and development.[2]

The MHPSS hub is an extension of JLI's and SBF's respective work, ongoing since 2012. More recently, the hub builds on SBF's 2019-20 research with a capacity-building with Islamic Relief Worldwide (IRW), Queen Margaret University and the University of Birmingham on trauma response, gender and religion in contexts of violent conflict and displacement in Syria, Turkey, Iraq, and Tunisia (Rutledge et al., 2021). Since then, SBF has translated into Arabic the 2018 guidance document developed by the Lutheran World Federation (LWF) and IR on faith and MHPSS in humanitarian contexts (LWF & IRW, 2018). In 2020, JLI joined IRW, the ACT Alliance and the DCA Learning Lab to create an e-learning course on MHPSS and faith in humanitarian contexts.[3]

In early 2022, the SBF and JLI teams collaboratively developed a concept for the new shared learning hub for researchers and practitioners from Syria, followed by first hub activities which were implemented from mid-March 2022. The SBF team then organised a series of dialogue sessions aimed at Syrian MHPSS professionals working in clinical and NGO contexts, to gather their views on the topic of MHPSS, culture and faith in the Syrian context.[4]

In parallel to the dialogue session, JLI provided research training to the SBF team and accompanied the SBF researchers as they worked on the scoping study. Further research

[1] More information about the JLI/SBF hub on MHPSS and culture in the Syrian context can be found here: https://jliflc.com/mhpss-culture-syria-learning-hub/.

[2] Read more about JLI's Fair and Equitable Approach: https://jliflc.com/fair-equitable-initiative/.

[3] Access the e-course here: https://jliflc.com/resources/e-course-on-faith-sensitive-humanitarian-response-mental-health-psychosocial-support/.

[4] A separate report about the findings of the dialogue sessions is available on the JLI website: https://jliflc.com/mhpss-culture-syria-learning-hub/.

support was provided by two Master's students from the Religion and Public Life programme at Harvard University who interned at JLI in the spring and summer of 2022. A more detailed description of the research process can be found in the section on the research process and methodology below.

1.3 - Outline of this study

In what follows, we will first briefly outline the research process and methodology of this scoping study (section two). This is followed by a presentation of the findings of the literature review (section three). The final part of the scoping study consists of a summary of key gaps and biases in existing literature (section four) and recommendations for future research and practice (section five).

2 - Research process and methodology

The collaborative process of the research was at the heart of our work on the scoping study, in line with JLI's shared learning approach and Fair and Equitable principles.

At the beginning of the research process stood a three-hour research training session that the JLI research lead on the project delivered to the SBF team. The session covered how to search for, identify, organise, map, analyse and present evidence. It included interactive elements and time for questions, answers and comments. Holding the training online allowed SBF team members based in Turkey and Jordan and JLI staff from the UK and Lebanon to join at a low cost and with minimal logistical preparation. It was not the first time that the SBF team had been trained in social sciences research methods. The JLI research lead in this project had delivered a three-day training to the SBF team, including the SBF research lead on this work, in early 2019, followed by accompanied research in a team of international researchers. This previous work significantly facilitated our collaborative research on this project.

Following the research training, the SBF team and two JLI interns from the Religion and Public Life programme at Harvard University started scoping existing publications. The two groups worked in parallel, with regular team meetings to update each other on the work. The SBF team started their search for relevant research using publications that they had previously used in (or contributed to) in their work. They then used the reference lists to look for other relevant publications. They also made use of the online platform academia.edu where they searched for articles on '*mental health, Syria, culture'* and '*mental health, Syria, religion'.* The first combination of search terms yielded the most results, with the second only yielding one article. Searching for '*mental health, Syria, faith'*, the team discovered an abundance of articles, yet none that considered all three terms together. In total, the SBF team reviewed 530 articles. The JLI team complemented this work by using the Harvard University library database, for the most part focusing on sources published after 2018, so as to be relevant to the current situation of

Syrians. Search terms they used included *MHPSS, Syria, mental health, Islam, Muslim, religion, faith, resilience, coping*. The JLI team then sorted articles based on relevance, where most relevant were publications that touched on religion/faith, Syrians, and MHPSS at once, and less relevant was a combination of two of the topics, although all publications were related to Syrians. In total, this scoping study references almost 50 publications directly.

In late June 2022, a first version of the analysis was presented to non-Syrian researchers and practitioners working on MHPSS and conflict or culture/faith, who were invited to join the global partnership group associated with the hub. The aim of the global partnership group was to allow for feedback and exchange between Syrian and non-Syrian experts on MHPSS and culture/faith, as the hub itself is limited to Syrian members. This first presentation of the literature review was followed by a two-hour data analysis workshop in mid-July, which was attended by the SBF and JLI team, and where main themes and the write-up of the findings were discussed. In late July and early August, both teams focused on writing up the findings of their analysis, with the JLI team merging both drafts into one document in early August. The remaining parts of the scoping study were then added in late 2022 and 2023.

3 - Findings of the literature review

Based on an analysis of nearly 50 articles on the topic of MHPSS in the Syrian context, this scoping study seeks to locate the place of religion and culture in debates on MHPSS aimed at Syrians. From the research, the team pulled out several themes broadly divided into five categories: Syrian cultural views about themselves and the world, Syrian explanatory models of mental illness and psychosocial problems, addressing MHPSS in Syrian communities, MHPSS assessments and assessment tools in Syrian communities, and recommendations in the literature.

3.1 - Syrian cultural views about themselves and the world

Many Syrians are Muslims, and Islamic frameworks play an important role in how many Syrians perceive the world (Hassan et al., 2015). Thus, in a study about faith practices in Syrian refugees in the US, Hasan et al. (2018) note that for their constituents “identifying as Muslim was an essential part of their identity and a source of comfort, strength, and pride” (p.7).

In addition to their faith, Syrians are also commonly community-oriented rather than individualistic. In their 2015 UNHCR report on the psychosocial wellbeing of Syrians, Hassan et al. describe Syrians as “sociocentric” or “cosmocentric,” meaning that “each individual is seen as linked to every other creature created by God” (p. 27). Braun-Lewensohn et al. (2019) also show that this connectivity is central to the worldview of many Syrians, who often emphasise the social, communal, and familial over and above the individual.

Another important aspect of Syrian worldviews stems from the demographic diversity in the Syrian context. The diversity of Syrians manifests not only ethnically, but also religiously,

socioeconomically, and generationally. For example, Hassan et al. (2015) describe diverse ethnic, tribal, linguistic, and religious identification within Syria and also highlight the notable amount of asylum seekers in Syria from other countries before the revolution and subsequent war began. Yet this diversity increases even further when we consider the length and breadth of Syrian flight to places all around the world that plays a role in shaping their and their children's experiences. Gender and age differences form another important aspect of diversity. For example, Aarethun et al. (2021) describe a "generational gap" in awareness of mental health symptoms (p. 4-5). It is important to remember that while we consider Syrian perspectives and worldviews in this study and make at times generalising statements about it, there is far more than one Syrian perspective and one Syrian worldview.

3.2 - Syrian explanatory models of mental illness and psychosocial problems

An important theme in the literature is the discrepancy between dominant Syrian lay understandings and Western-based medical understandings of mental health. Thus, many Syrians often have alternative and context-specific ways of conceiving of ailments—ways that can be, in the words Hamza and Hicks (2021), offended by the "assertive manner, claiming expertise, and predicting outcomes" that tend to characterise Western medicine (p. 11). In fact, many Syrians historically carry stigma towards medical diagnoses and mental health care. Hence, words like "crazy" are often linked to mental health diagnosis and treatment, which can have social impact on those seeking help (Aarethun et al., 2021; Hassan et al., 2015; Maconick et al, 2020). This is supported by Killikelly et al. (2021), who discuss the "rules of culture" in collectivist Arab societies like Syria, which often prohibit outward displays of negative emotions that would "disrupt the harmony" within communities (p. 73). Thus, a person's mental struggles, already labelled as "crazy," might additionally reflect negatively on their family's social reputation.

Syrian frameworks of mental health

Researchers also notice the way Syrian-specific frameworks play into how many people understand, and thus try to treat, mental health problems. Al Laham et al. (2020), for example, note the deep stigma mental illness carries for many Syrian refugees in Lebanon. They highlight how both refugee and Lebanese community members within their study blamed mental health struggles on possession by a Jinn or the presence of black magic and thus sought out the aid of religious healers or family members over mental health professionals. Similarly, Hassan et al. (2015) describe Syrian idioms for mental health, capturing both religious aspects but also the diversity inherent in Syrian understandings of mental suffering. Further, Killikelly et al. (2021) describe Syrian expressions of grief as a type of yearning and weariness.

Holistic views of health

The literature also emphasises how, in contrast to most formal medical frameworks, many Syrians do not make a hard distinction between physical and mental health. Thus, researchers note how Syrians are often likely to express their mental health struggles in terms of physical symptoms rather than psychological diagnoses (Aarethun et., 2021). Hassan et al. (2015) describe Syrian idioms for general distress that may include "heaviness" or "pain" in the heart, guts, or head, where "bodily organs are perceived as unable to contain the distress" (p. 23). Hence, labels like PTSD or depression might be replaced by complaints of body ailments, using cultural idioms. In line with this observation, researchers Maconick et al. (2020), in their study on non-communicable diseases (NCDs) in Syrian refugees in Jordan, describe the ways the Syrians they engaged with did not silo mental health to its own box of concern but understood their physical ailments to be deeply connected to their mental stress. This is supported in a similar study by McNatt et al. (2019) who also researched NCDs in Syrian refugees in Jordan. In their analysis, the state of mental health is deeply connected to the physical status of their NCDs, both in Syrian explanations of their ailments and in the treatment of them.

The role of crisis

Researchers report how, within Syrian historical and cultural frameworks for understanding mental health, Syrians are not blind to the external factors of crisis and flight that play a role in their mental health. For instance, Aarethun et al. (2021) conducted focus groups with Syrian refugees in Norway and found that participants "pointed to external situations as the main explanatory factor [of their PTSD symptoms] including the war, the flight, and post-migratory stressors" (p. 6). The brutal response to the revolution in Syria, and the war that followed, has displaced millions of Syrians and exposed them to inordinate amounts of violence, stress, and loss. Thus, in their study on Syrian children, Perkins et al. (2018) positively correlate proximity to the frontlines of the war in Syria with increased symptoms of PTSD. Yet many scholars show that the role of external factors extends far beyond witnessing the war. Making the argument that the Syrian crisis for many is not a one-off event, but an ongoing process of survival, Akesson and Sousa (2020) divide the crisis many Syrians face into six steps: (1) life in Syria before the war, (2) life in Syria during the war, (3) making the decision to leave Syria, (4) the journey from Syria to a resettlement location (in their case, Lebanon), (5) life in the resettlement location (Lebanon), and (6) dreams for the future. Wherever they are within these steps, many Syrians face the effects of war and conflict, financial strain, fear of the future, refugee camps, and other forms of violence and exploitation, such as child labour (Al Laham et al., 2020; Hassan et al., 2016; Kakaje et al., 2021; Lindert et al., 2021; Maconick et al., 2020; Malm et al., 2020; Raslan et al., 2021). Thus, Syrian frameworks for understanding mental health are also deeply shaped by the crisis they face. In fact, Hassan et al. (2015) and Wells et al. (2020) point out how the shared experience of trauma-inducing events has served in part to legitimise and lower stigma surrounding mental health in Syrian populations.

3.3 - Responses to MHPSS issues in Syrian communities

From our analysis of the literature, responses to the mental health crisis in Syrian populations have been varied but can be split into responses by three categories of actors: Syrians themselves, host communities to Syrian refugees, and external interventions by humanitarian actors and others.

Syrian response

Family and community

Much of the literature has recognised the reliance of many Syrians during the ongoing crisis on their family and their social networks. Researchers noted the positive impact that tapping into larger social networks such as family and local community had on the mental health of the Syrians they engaged with (Al-Laham et al., 2020; Atari-Khan, 2021; Çetrez & DeMarinis, 2017; Maconick et al., 2020; Panter-Brick et al., 2018; Renner et al., 2020; Uysal et al., 2022). They describe a Syrian social resilience that might include engagement in society through income-generating or community activities (Aarethun et al., 2021; Nagi et al., 2021; Rutledge et al., 2021), or even digital networks through social media, long-distance digital communication, and digital health practices (Udwan et al., 2020). In particular, Mahajan et al. (2022) note the important roles social networks play for Syrian refugee women in Canada, including supporting or providing alternative mental health services, alleviating some negative impacts of mental health problems, and supporting women to self-advocate for their own mental health needs. Along these lines, Braun-Lewensohn et al. (2019) use the concept of Community Sense of Coherence (ComSOC), defined as the "comprehensibility, manageability, and meaningfulness" of a community in the eyes of an individual, to discuss the resilience of Syrian women in European refugee camps (p. 3). According to their findings, ComSOC in this community positively correlates to better mental health, showing that "a community that one can trust and on which one can rely serves as a significant protective factor that promotes adaptation to life in a refugee camp" (p. 9).

Multiple research papers further describe the many ways parents and the elderly shoulder guiding roles, acting as mentors to support their families and the broader community. For instance, Akesson and Sousa (2020) and Renkens and van den Muijsenbergh (2022) analyse the different resilience tactics of resettled Syrian refugee parents in Lebanon and the Netherlands respectively as they to help their children cope with the difficulties of flight and post-flight life. Along these lines, Chemali et al. (2018), describe the role elderly Syrian refugees in Lebanon play in their communities as a source of strength and resilience, similar to "the social workers who help them" (p. 8). They report that family is paramount in the lives of the elderly refugees, providing them the strength to be a source of resilience in turn for their family. From these studies and the ones above, we see relationships both within and beyond the family play an essential role for many Syrians in the face of crisis. Overall, the literature generally concurs that community, social engagement, and family remain paramount in Syrian mental health resilience.

Relationship to Syria

Existing research points to Syrians' relationship to Syria as a homeland, both in physical location, but also in identity and memory, as an important aspect of their coping. This relationship stands out particularly strongly in refugee populations. Udwan et al. (2020) poignantly show the complicated relationship between Syrian refugees abroad and their homeland marked by both the intangible ties of nostalgia and the tangible ties between separated family members. In some studies, the nostalgia between Syrian refugees and Syria is not only related locally, but temporally—a nostalgia for life in Syria before war and crisis and a nostalgia for a future after it (Atari-Khan et al., 2021; Akesson & Sousa, 2020). Certain scholars note how maintaining one's connection to Syria as a homeland fosters feelings of hope, escape, and inspiration (Nagi et al., 2021), while others report just the opposite as Syrians cope by trying to forget their past lives in Syria (Aarethun et al., 2021). For example, in her analysis of Syrian refugees in Brazil, Lucena (2020) argues that an orientation outward toward Syrian culture and away from a host culture is isolating and therefore has a negative correlation with mental health, whereas the opposite is true if the orientation is toward the host culture. She therefore suggests that maintaining ties to Syria may not be helpful in the long run for the mental health of Syrian refugees.

The role of religion in coping

Scholars equally highlight religion as a form of Syrian coping in times of crisis pre-, during, and post-flight (Hamza & Hicks., 2021). As such, many studies note the importance faith practices have in fostering resilience in Syrians. For instance, individual actions such as praying and reading the Qur'an are cited by many studies as important coping mechanisms for Syrians across the globe (Hamza & Hicks, 2021; IMC, & UNICEF, 2012; Jordan Health Aid Society, 2012a; Renkens & van den Muijsenbergh, 2022; Rutledge et al., 2021). The scholarship equally notes that these individual practices might be supplemented by contacting religious healers or attending religious community gatherings at mosques or elsewhere (Al Laham et al., 2020; Chemin, 2017). In a unique example of encouraging religious resilience, Chaudhary et al. (2019) partnered with a mosque in Baltimore, Maryland in the US to implement a peer-peer health education program with a focus on mental health for Syrian refugees. Overall, the programme was successful because it encouraged participants to work together as a group, rather than individually, and fostered peer-peer learning, meaning that the programs were culturally responsive and community-sensitive. In this case, working with a religious community through its mosque was an expedient way to implement and inform Syrian refugees about MHPSS services.

Beyond recognising religious resilience practices, scholars also seek to analyse the way religious frameworks impact the mental health of Syrians. Overall, various studies make several conclusions about the effects of religious frameworks on mental health. To begin, some studies highlight the positive impact of faith frameworks on mental health (Çetrez & DeMarinis, 2017; Chemin, 2107). For example, according to Hassan et al. (2015), many Syrians see human beings as fundamentally weak, thus their reliance originates in the strength and ability to endure

hardship that come from "entrusting" (*taklif*) in the infinite power of God (p. 27). This notion is backed by Hamza and Hicks (2021), who note that Islamic frameworks often encourage an "acceptance of fate when suffering" paired with "faith and reliance on God's strength" (p.12). They show that such an attitude fosters hope and resilience in many Syrians as they encounter difficulties. They are followed by many researchers, including Atari-Khan et al. (2021), Nagi et al. (2021), and Maconick et al. (2020), to name only a few, who similarly showed that such religious frameworks can act as sources of explanation, inspiration, and meaning-making for many Syrian refugees. These notions are supported by Hamid et al. (2020) who, in their study with Syrian mental health practitioners (MHPs), describe the role faith has in building the resilience of MHPs by contextualising their work as "a good deed towards a wider struggle and a wider cause" (p. 7).

The complex role of religion

The majority of articles that we reviewed underscored the positive influence of religion and faith. However, some studies also contest that it is possible for religion to have both positive *and* negative impacts on mental health. For example, Ersahin (2020) in her study on Syrian refugees in Turkey declares a positive correlation between religious practices and post-traumatic growth (PTG), citing the ability of religion to offer a meaning making system, a community support system, and a theology of suffering. That being said, Ersahin also notes that "how individuals use religion as a coping resource could either support or undermine PTG," meaning that, in her analysis, religion can both help or hinder resilience or PTG (p. 2405). Importantly, this does not imply that religion inherently causes harm; rather, it suggests that the way individuals employ religious coping strategies can either help them achieve growth after trauma or hinder their progress.

Uysal et al. (2022) similarly investigated the correlation between positive and negative religious coping mechanisms (defined as finding or not finding meaning in life) and PTSD in Syrian adolescent refugees in Turkey. They discovered that both positive and negative religious coping mechanisms were positively associated with PTSD. Uysal et al. concluded that negative religious coping mechanisms were more predictive of depression and PTSD than positive religious coping mechanisms. They further explained that positive religious coping mechanisms were linked to depression and PTSD because the increased exposure to trauma led study participants to intensify their coping methods. Once again, this does not imply that religion has a negative impact on mental well-being per se. Instead, these findings suggest that when a person employs positive religious coping mechanisms, they are utilising religion in a positive way. Conversely, negative religious coping mechanisms indicate either a negative use of religion or negative attitudes towards God and religion. The presence of a correlation between positive religious coping strategies and PTSD suggests that individuals turn to these strategies in response to trauma, signifying that trauma triggers the use of positive religious coping strategies, not the other way around.

Along these lines, in a study comparing pre and post war depression in Syrian refugees in Lebanon, Naja et al. (2016) claimed that religion does not correlate with depression. They

hypothesised that religion can offer social solidarity and systems of bereavement that simultaneously help and hinder recovery from depressive symptoms respectively. Considering Naja et al.'s findings diverge from the vast majority of evidence on the topic, more research would be required to determine if the findings of this study constitute an outlier or whether they point to something existing research may have overlooked.

Either way, while scholars often note the role faith plays in resilience, Hasan et al., (2018) are clear that religion for many Syrians should be understood as "more than simply a coping mechanism… but a central feature of how they identified themselves" (p. 233). This distinction is important because it seeks to legitimise the presence of religion in the lives of Syrians beyond and above being a tool towards or against mental health. For many Syrians, their faith is part and parcel of who they are, regardless of its role in building resilience.

Gender

Finally, scholars highlight Syrian treatments of gender and gender discrepancies as another important aspect of the Syrian mental health crisis. Syrian gender norms play a role in Syrian help-seeking behaviour, coping mechanisms, and access to support. For instance, Syrian men may be expected to, or feel that they are expected to, shoulder the financial burden of their family. They may feel they are not allowed to or may not even be aware how to express the emotions arising from their trauma in a healthy and productive manner. Aarethun et al. (2021), for example, conclude that men are more likely to seek "individual self-help strategies" where coping strategies include, among others, "be a man" (p. 5). On the other hand, other studies emphasise the specific difficulties Syrian women face arising from "the discrimination participants faced in their asylum countries for being women" (Mahajan et al., 2022). Further, scholars discuss the barriers women often face accessing MHPSS services which include "limited autonomy, and need for a male family member to attend." This has the unfortunate effect of further hindering their engagement with gender-based violence (GBV) issues (Maconick et al., 2020). In their research, Panter-Brick et al. (2018) specifically parse the difference between boys and girls in various resilience measures, including social engagement, education, and religious practices. For example, their research shows that many boys will take part in collective prayer at the mosque, while "religious activities are minimal for girls" (p. 1813). That being said, Abu-Kaf et al. (2021) also note that female adolescent refugees in their study do report receiving more aid than males.

Host community response

In addition to the responses of Syrians themselves, in the case of Syrians who are refugees, host communities also play a role in mental health and psychosocial wellbeing. These can broadly be divided in two: negative and positive, where negative aspects of host communities hurt refugee MHPSS, and positive aspects facilitate refugee MHPSS.

Many scholars note that the situation in host communities can often further exacerbate the mental health stress on Syrian refugees, first, through difficult to access institutional support, especially mental and general healthcare—an issue which is often heightened by ignorance of

host country MHPSS services. Refugees across the world, from the US, to Brazil, to Jordan, to Norway, all report that they have difficulty finding jobs, whether because of racism, discrimination, host community resentment or language and cultural barriers, meaning that they face increased financial stress, which is itself a barrier to accessing MHPSS services (Aarethun et al., 2021; Akesson & Sousa, 2020; Hasan et al., 2018; Karadag et al., 2021; Lindert et al., 2021; Malm et al., 2020). For example, Renner et al. (2020) cite the racism, unemployment, and difficult bureaucracy many Syrian refugees face in Germany, which, compounded with ignorance of and stigma towards German MHPSS programmes, make it difficult for them to receive the mental health support they need in resettlement. Chemin (2017) further describes the language barrier that prohibits Syrian refugees in Turkey to get education even if they have the financial means to afford it. In the words of Atari-Khan et al. (2021), these are systemic failures on the part of host communities, which, although manifested on an individual level, are evidence of a deeper lack of support for refugees. Remembering how the Syrian crisis for many does not stop at flight from Syria, we can imagine how the difficulty refugees face in host communities plays a role in not only neglecting to address their past trauma but also adding to it with the further stress innate in flight, resettlement, and post-settlement.

Host communities can also provide significant support, however. Scholars note how Syrian refugees report that in some places their access to MHPSS services has increased, including notably in the US and some European countries (Aarethun et al., 2021). There, refugees also feel a sense of increased security, and also report greater access to opportunities, even if they might still miss Syria as it was before the war (Atari-Khan et al., 2021). Similarly, McNatt et al. (2019) mark Syrian refugee accounts of host-community kindness in Jordan which help them alleviate some of the stressors as they navigate the difficulties of post-flight life. It is possible that this affirming attitude towards Syrian refugees can, at least in part, be attributed to shared religious and cultural values. Hasan et al. (2018) report that refugees in the United States are also satisfied with the schooling offered to their children and the religious freedom characterising their new life abroad, although Syrian refugees in the US also report religion-based discrimination and cultural othering.

International humanitarian MHPSS responses

In addition to Syrian and host-community responses to the Syrian mental health crisis, scholars also discuss the impact of MHPSS interventions originating largely from international humanitarian organisations, in Syria and the surrounding host countries. Hassan et al. (2015) report that Syrian refugees themselves often expect quick and effective interventions that resemble physical healthcare (with prescriptions and somatic analyses), but, beyond the fact that some of these expectations may lie out of the scope of MHPSS services, there are many barriers to accessing this expected treatment.

Barriers include those discussed above such as the difficulties faced in host communities and the stigma towards mental health, both of which prevent potential patients from accessing MHPSS interventions (Al Laham et al., 2020; Renner et al., 2020; Wells et al., 2020). But stigma

comes equally from the interventions themselves. As such, many humanitarian health interventions do not prioritise, fund, or refer patients to MHPSS services. For instance, Maconick et al. (2020), describe several barriers Syrian refugees face in Jordan accessing a Médecins Sans Frontiers (MSF) MHPSS intervention. The study notes that Syrians may not be able to access these services because of ignorance of both the existence and the nature of the MSF MHPSS program. Hesitancy in Syrians paralleled the reluctance of MSF personnel themselves to refer their Syrian patients to mental health services. The study suggests that this hesitation is due in part to the general stigma mental health carries in the region and in the health sector at large. They further draw a line between this stigma and the perceived separation of mental and physical health; medical staff overlook the need for MHPSS to treat NCDs because they do not see NCD as a product of mental stress.

3.4 - Mental health and psychosocial wellbeing assessment and assessment tools in Syrian communities

Mental health assessments

The literature on MHPSS in Syrian communities universally agrees that many Syrians both domestically and abroad face significant trauma manifesting in a variety of mental and related illnesses. Here, trauma must not be understood as an individual, one-time battle but instead as collective, generational, and long-term. For example, Maconick et al. (2020) use the concept of "social suffering," which "links both physical ill health with social problems and individual experience with collective experiences" (p. 9). Akesson and Sousa (2020) show how the flight experience in all its stages can disrupt family roles, causing parents to be unable to provide for their children, which both compromises "individual wellbeing" and generationally undermines "the parent-child relationship" (1271). Adding to this analysis, Hamza and Hicks (2021) show how trauma due to conflict leads to "horizontal violence," such as domestic violence between couples and parents and children, as well as increased sexual and other violence between conflict affected Syrians. Corroborations of increased domestic violence in traumatised Syrian populations are equally reflected in International Medical Corps (IMC)'s and UNICEF's 2012, 2013 and 2014 studies on MHPSS in adolescent Syrian refugees. In addition to relational trauma, Erashin (2020) shows evidence of long-term PTSD symptoms in Syrians years after resettlement in Turkey. Solberg et al. (2020) support these results in their report of concerningly steady levels of PTSD in adolescent refugees in Sweden as long as five years after resettlement. All this goes to say that scholars consistently show that mental illness in Syrian populations cannot be understood and treated on an individual or one-time level, but must be situated in the larger Syrian, familial, cultural, and continuing crisis context.

Further, scholars note that Syrian mental health can be affected or even exacerbated by various demographic factors. As much as gender plays a role in Syrian MHPSS responses it also plays a role in the manifestation of illness itself. For example, Acarturk et al. (2018) highlight that being female among other demographic factors is a predictor for PTSD and depression in a Syrian refugee camp on the Turkish border. That being said, Erashin (2020) nuances this argument with her results that being male actually indicates higher risk of PTSD. Other factors such as

age, location, comorbidities, refugee and unaccompanied status, as well as time out of Syria also intersect with mental illness in Syrian communities, often causing heightened vulnerability or exacerbation (Chung & Shakra, 2022; Hassan et al., 2016; Uysal et al., 2022). For example, Kakaje et al. (2021) conclude from their study that "changing places of living multiple times due to war, being females, having a low SES [socio-economic status], low educational levels, younger age groups, and being distressed from war noise" are correlated with increased psychological distress (p. 12). In addition, Chemali et al. (2018) in their study on elderly Syrian refugees in Lebanon note the especially vulnerable status of the elderly, which creates a set of needs and manifestations of mental illness unique to this population. Similarly, Braun-Lewensohn et al. (2019) show how older women, in contrast to adolescents, display mental health improvement the longer they spend in camps. Their analyses lies parallel to the many studies which take adolescent refugees as their subject matter and describe the mental health needs and illness particular to them (Abu-Kaf et al., 2021; Dehnel et al., 2021; Nagi et al., 2021; Panter-Brick et al., 2018; Perkins et al., 2018; Raslan et al., 2021; Solberg et al., 2020; Uysal et al., 2022). Nagi et al. (2021) lastly highlight the needs and challenges specific to the situation of differently abled people, wherein people with increased disability face increased marginalisation and neglect when trying to access health and other services.

In sum, the literature understands there to be a Syrian mental health crisis resulting in widespread trauma. This trauma is collective and long-term, corresponds to a series of mental illnesses, and intersects with other demographic particularities to produce extremely diverse but pressing MHPSS needs.

Assessment diversity

Overall, the literature on Syria, MHPSS, culture and faith is extremely diverse in terms of its methodological approaches and geographical scope. Nearly no two studies methodologically resemble each other. The differences first appear in sampling. Sampling methods range from snowballing participants, to convenience sampling, and purposefully sampling for specific demographic features. Sampling size is equally varied ranging from eight people in one study to over two thousand in another. Sampling target groups are diverse as scholars look to the young, the old, to men, to women, to parents, to post- or pre-settled refugees, or to urban or camp refugees. Sampling locations range from Jordan, to Lebanon, to Norway, the USA, Turkey, Sweden, Brazil, and many more. Data collection tools in the field are similarly diverse. Some studies use interviews, both structured and semi-structured, and both long and short form. Others use surveys, both structured and semi-structured, and focus groups, often in combination with interviews or surveys.

The sheer diversity of methodology in the field means that it is hard to evaluate the applicability of various studies toward building broad methodologies or conclusions about mental health in Syrian communities. This observation is reflected in the work of Hendrickx et al. (2019), whose literature review on MHPSS in Syrians both in Syria and neighbouring countries noted extensive variations in prevalence rates of mental illnesses, methodologies, sampling, and measurement tools, resulting in "no notable patterns between locations, setting,

population or time of study" (307). Remembering our discussion above about the heterogeneity of Syrian perspectives and worldviews, this characteristic of the scholarship is perhaps to some extent simply a result of the diversity of Syrian communities, especially following their forced migration around the world.

Adapted assessment tools

Writing in 2015, Hassan et al. asserted that "usually standard instruments do not assess local cultural symptoms or idioms of distress, and are rarely validated for use within the Syrian humanitarian emergency" (p. 16). From our research, finding assessment tools that are appropriate to the Syrian context is a problem that has in recent years been on the minds of various scholars working in the field, and a few have attempted to address the adaptation gap. Most commonly, scholars made linguistic adaptations by translating their assessments into either Arabic, or other languages relevant to the focus of the study. Thus, Çetrez et al. (2017) was careful to conduct interviews in Arabic, Syriac, Turkish, or English depending on the interviewee's preference. Dehnel et al. (2021) conducted interviews in Arabic, and Kakaje et al. (2021) measured PTSD, depression, MHPSS in Syrians online using Arabic surveys. Chemin (2017) in particular notes the importance of language and difficulty of translation in his work with Syrian refugees in Turkey. Referring specifically to religious terms like "church" and "community," he notes how European Christian-based assessments of religiosity do not work as direct translations into a Muslim context, especially one as complex as the one inhabited by displaced Syrians in Turkey where there are multiple national, ethnic, and religious communal ties at play. This is supported by Panter-Brick et al. (2018), who note that the "tribal affiliations" of their Syrian subjects "complicat[e] notions of the 'community'" (p. 1809).

More significant adaptations include a multi-step 2018 project by Panter-Brick et al. involving interviews and workshops with youth and CSO staffers to shape a 12-question Child and Youth Resilience measure (CYRM-12) in Arabic that is tailored to the refugee context in Northern Jordan. This assessment tool is joined by a seven-domain Refugee Post-Migration Stress Scale (RPMS) developed by Malm et al. (2020) from Syrian refugees in Sweden specifically to evaluate post-migration stress—defined as "reoccurring or persistent post-resettlement related living conditions"– as opposed to PTSD (9). Finally, Wells et al. (2020) employed the Community Readiness Model (CRM), which emphasises providing for the unique needs of individual communities over universal models, to evaluate the mental health needs and capacity of Syrian refugees in Jordan.

All of the above assessments serve as examples of the more recent trend toward Syrian context-specific adaptations of MHPSS researchers, but despite this all of them agree that there is still much progress to be made.

3.5 - Recommendations from the literature

Throughout the literature, scholars make a series of recommendations on how to improve MHPSS in services in Syrian populations.

Overwhelmingly, researchers recommend flexibility and context-sensitivity in MHPSS approaches. Such approaches would be aware of many of the factors listed above which characterise many Syrian cultural milieus, including stigma around mental health and community-centrality (Aarethun et al., 2021; Al Laham et al., 2020; Erashin, 2020; Hassan et al., 2015; Karadag et al., 2021; Killikelly et al., 2021). In particular, many scholars suggest that service-providers working with Syrian refugees should be especially conscious of Syrian faith practices (Atari-Khan et al., 2021; Hasan et al., 2018; Rutledge et al., 2021) and demographic diversity (Chemali et al., 2018; Raslan et al., 2021). Latifeh et al. (2016) suggest that this sensitivity be implemented as early as the university level, where medical students should "be trained to inculcate the values and attitudes that foster tolerance, create respect for cultural, ethnic and religious diversity as well as human rights, and encourage peace" (p. 17). Such an attitude is reflected in Renkens and van den Muijsenbergh's (2022) "person-centered approach," which sees patients as agentic beings and takes "their context and lived experience into account" (p. 13).

In the words of Hamza and Hicks (2021), these culturally sensitive approaches require humility on the part of interveners, who should work with and learn from community members and leaders, practitioners, and governments. These of course include religious practitioners and leaders. Wells et al. (2020) expand upon this to suggest MHPSS practitioners "include local community approaches to healing and recovery when possible" (p. 220), but also insist that interventions equally continue to build capacity for medical treatment at the local level as well. In this vein, Hamid et al. (2020) recommend training community-based Syrian MHPs as "a helpful way to promote understanding and empathy while reducing cultural and language barriers" while also improving access to mental health care in conflict-affected communities (7).

Scholars further recommend that humanitarian interventions consider MHPSS services as part of a holistic approach to healthcare that integrates physical and mental health (Atari-Khan et al., 2021; Killikelly et al., 2021; Maconick et al., 2020). Concretely, this would include a higher budget for mental health interventions alongside physical health interventions as well as attention to somatic states when treating mental health. In addition, interventions should work to improve mental health through facilitating the acculturation and building the social networks of Syrian constituents (Abu-Kaf et al., 2021; IMC & UNICEF, 2014; Mahajan et al., 2022). In this vein, Renkens and van den Muijsenbergh (2022) directly state that mental health practitioners should work to improve Syrian refugee resources such as access to housing that is both private and close to community. Finally, scholars insist on the importance and effectiveness of considering Syrian resilience alongside their trauma during interventions (Atari-Khan et al., 2021; Braun-Lewensohn, 2019; Dehnel et al., 2021; Hassan et al., 2016; Nagi et al., 2021; Renkens & van den Muijsenbergh, 2022).

4 - Gaps and biases in the literature

Culture, and most importantly faith, play an important role in the lives of Syrians. There is strong evidence that culture has a strong connection with mental health; however, research about culture and mental health in the Syrian context remains relatively scarce, even more than 10 years after the revolution, crisis and war, which caused an acute need of specialised MHPSS support for millions of Syrians in Syria and abroad.

4.1 - Functional approaches to culture and faith

While the existing literature examines key themes including Syrian perspectives about life, the self, the world around the self and God, explanatory models of Syrians about mental illness, psychology and psychiatry, and MHPSS responses by various types of actors, the main focus in the literature is on cultural and faith practices that support psychosocial wellbeing. The reasons for this focus could be several, including that a focus on MHPSS responses usually interests humanitarian researchers looking for information that can help inform practice. Moreover, information on cultural and faith practices supporting psychosocial wellbeing is often offered voluntarily during more general research about coping mechanisms of people at times of crisis. On the other hand, the focus on cultural and faith-related factors supporting psychosocial wellbeing could also indicate a research paradigm that sees culture and faith from a functional and pragmatic perspective, as instruments for improving the impact of MHPSS programmes. This perspective may differ from the perspective of those Syrians who see culture, and especially faith, as a way of life, not just one component among several others, and certainly not just as “an instrument”.

4.2 - Depoliticised approaches to culture, faith and MHPSS

Another key gap in the literature is a lack of studies that adequately link questions of MHPSS, culture and faith to the political causes of the current mental health crisis. The fact that the suffering of the last 12 years has been a direct cause of the political and social change that the country and its people have gone through is often not considered sufficiently in academic research. We miss, for example, research that examines the meaning that Syrian activists have given to their suffering following their fight for a free, democratic country that is not under the reign of a corrupted and oppressing regime - or the effect that feelings of being failed by the international community after losing the gains of the first years of the revolution have had on them. To some extent, this hesitancy of researchers and MHPSS professionals to discuss the political aspects of the mental health crisis and the linkages between culture, faith, politics and MHPSS is due to a dominance of knowledge production on the topic by Western, rather than Syrian, actors. Resource availability plays a key role in this context, as those actors who have the most access to resources allowing for work on the topic tend to be associated with, or gain access to Syrian populations through, international NGOs or international organisations that see themselves bound by a misled interpretation of the humanitarian principle of neutrality. This filter affects the approaches of Syrian actors too, who fear expressing their views on the

topic, so as not to lose access to funds that are vital to their work or be accused of links to terrorism for working on faith-based or political topics. However, such depoliticised approaches are directly opposed to the personal experiences of Syrians who have gone through the same hardships as many people in the region, such as the second author of this study (and co-lead of the research), who has survived detention and torture by the Syrian regime for his freedom activism and is therefore painfully familiar with the direct links between political aspects and psychosocial wellbeing.

4.3 - Western-centric, secular modes of knowledge production

Both of these biases in the existing literature on MHPSS, culture and faith in the Syrian context are related to the modes of knowledge production in the field. A large amount of the available evidence has not been produced, let alone led, by Syrians. The authors of the articles explored in this scoping study are often not Syrians, with Syrian MHPSS practitioners who work with Syrian populations even less frequently presented. Syrian and practitioners' perspectives are therefore at risk of not being captured in the existing literature. Another missed opportunity in the literature is a lack of comparative studies on cultural aspects of psychosocial wellbeing in Syrians and other Arab and Muslim populations. Many of the aspects discussed in the literature are not specific to Syrians, but rooted in broader cultural and faith-based approaches. We would therefore hope to see more studies that take Arab histories, Muslim cultural expressions and Islamic psychology into account.

5 - Recommendations for future practice-focused research and dissemination

Support paradigm-building

- Develop a new paradigm that allows for the consideration of culture and faith in MHPSS aimed at Syrians
- Challenge functional and depoliticised approaches to the study of MHPSS, culture and faith in the Syrian context
- Encourage self-criticism approach to the culture by Syrian practitioners and researchers that allows for the definition of harmful cultural practices and the development of more suitable approaches

Invest in Syrian-led research and knowledge production

- Train Syrian practitioners and researchers in how to conduct quality research
- Support Syrian-led research agendas and priorities
- Work with/as Syrian MHPSS practitioners to develop critical stances that allow Syrians to go beyond simple data collection and analysis, encouraging them instead to engage in research design, the development of research agendas and theory-building

- Explore the wider literature that includes the work of scientists working on Islamic psychology, Muslim cultures and Arab histories in the context of (mental) health, spanning over 1000 years

Focus on dissemination between research and practice

- Support the dissemination of research findings by building culturally adapted MHPSS curricula
- Establish a mechanism to allow for evidence on MHPSS and culture in the Syrian context to be collated and disseminated
- Develop suitable forms of dissemination aimed at the wider population

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Acknowledgments

Authors: Naomi Fastovsky (Harvard University/JLI), Dr Mohammad Abo-Hilal (SBF), Dr Jennifer Philippa Eggert (JLI), Zein Al-Merhi (SBF)
Researchers: Charlotte McAdams (Harvard University/JLI), Marwa Alghadban (SBF), Manal Alkourdi (SBF), Dr Mohammad Abo Hilal (SBF), Naomi Fastovsky (Harvard University/JLI), Zein Al-Merhi (SBF)
Research training: Dr Jennifer Philippa Eggert (JLI)
Research supervision and oversight (overall and Harvard University team): Dr Jennifer Philippa Eggert (JLI)
Research supervision and oversight (SBF): Dr Mohammad Abo-Hilal (SBF)
Peer review, advice and feedback: Dr Muhammad Alkasaby (London School of Hygiene and Tropical Medicine)
Admin support: Rima Alshawkani, Kirsten Laursen Muth, Florine de Wolf (all JLI)
Funding: Joint Learning Initiative on Faith and Local Communities (JLI)

Suggested citation: Fastovsky, Abo-Hilal, Eggert, and Al-Merhi (2024): Mental Health and Psychosocial Support (MHPSS), Culture and Faith in the Syrian Context: A Scoping Study. Gaziantep & Washington DC: Syria Bright Future & Joint Learning Initiative on Faith and Local Communities.

About us

About Syria Bright Future (SBF)

Syria Bright Future (SBF) is an independent, non-governmental, non-profit organisation operating in Syria and her neighbouring countries. SBF's vision is to build a flourishing society whose members enjoy psychosocial wellbeing. Its mission is to integrate MHPSS services with protection, nutrition, health, education, and other relief and livelihood programmes to provide mental health, psychosocial support and protection services in an integrative framework.
SBF was one of the first Syrian organisations in providing MHPSS and protection services to refugees. It was started as a Syrian grassroots initiative in Jordan in 2012 and expanded to Turkey in 2014, and registered in Turkey in 2018. SBF has implemented multiple projects in MHPSS, women protection and empowerment, child and youth protection and empowerment, capacity-building, and research and innovation. More recently, SBF has focused on the importance of culture adaptation of MHPSS and protection programmes that are provided to the Syrian people.

About the Joint Learning Initiative on Faith and Local Communities (JLI)

Founded in 2012, the Joint Learning Initiative on Faith and Local Communities (JLI) is a learning and evidence network of researchers and practitioners. It builds fair and equitable spaces to create and share evidence on religions in development and community work and aims to strengthen partnerships between and amongst faith and non faith actors, internationally and locally. JLI has three main goals: Fair and Equitable Approach: JLI actively challenges asymmetries of power in knowledge and evidence within religions and development by embedding fair and equitable practices across all of its research, evidence, learning and partnership work. REAL (Research, Evidence, Accountability and Learning): JLI is a leading global provider of research, evidence, learning and capacity sharing that strengthens practical religious engagement strategies for faith and development actors both locally and globally. Member and Network Engagement: JLI is recognized as a broad network of diverse international and local (faith) actors, researchers and practitioners, providing a platform for intersectoral and multi stakeholder engagement that advances religion and development knowledge and learning.

About the SBF/JLI Syria Hub on Mental Health and Psychosocial Support (MHPSS) and Culture

The Mental Health and Psychosocial Support (MHPSS) and Culture Shared Learning Hub (Syria) is an initiative to engage Syrian mental health practitioners and researchers working in Syria and in Syrian refugee communities in the region to address the mental health needs of Syrians. The Hub focuses on the role of culture in MHPSS, with a focus on social norms, traditions and faith. Co-led by the Joint Learning Initiative on Faith and Local Communities (JLI) and Syria Bright Future (SBF), the hub:

- Provides a platform for shared learning about MHPSS and culture in the Syrian context,
- Strengthens the capacities and leadership of Syrian MHPSS researchers and practitioners, especially in the area of MHPSS and culture
- Builds and disseminates evidence on MHPSS and culture and assesses the adaptability of global MHPSS frameworks, processes and tools to the Syrian context,

Concretely, the Hub hosts shared learning sessions to foster peer-learning and research capabilities of Syrian MHPSS researchers and practitioners. It also produces publications and organises events to help bridge local and global approaches in addressing MHPSS in Syria.