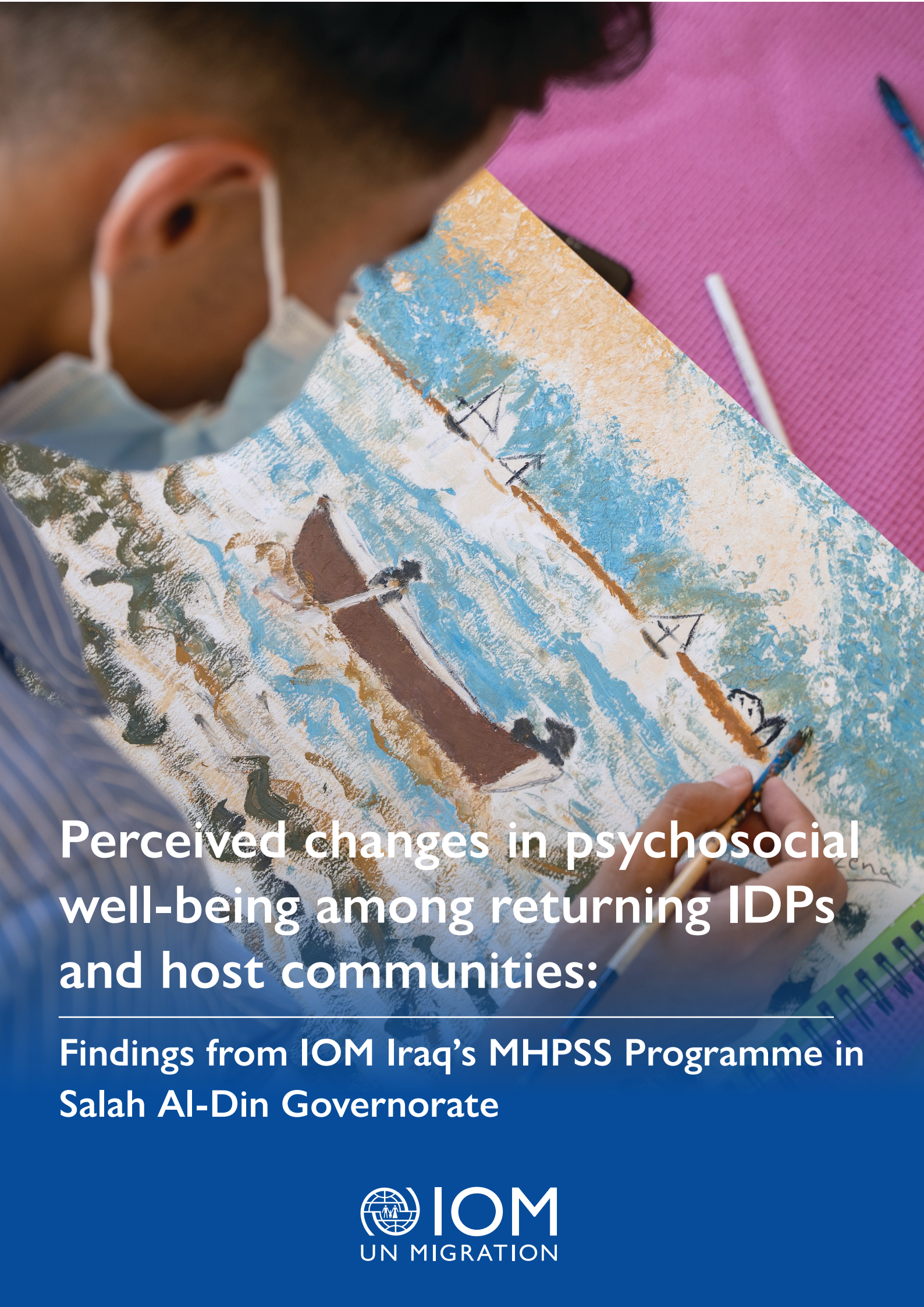

Perceived changes in psychosocial well-being among returning IDPs and host communities:

Findings from IOM Iraq's MHPSS Programme in Salah Al-Din Governorate

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INTRODUCTION

Existing research shows that armed conflicts, industrial disasters (e.g., explosions and fires) and natural and climate change-related hazards impact the mental health and psychosocial well-being of affected communities (Shooshtary et al., 2008; Miller and Rasmussen, 2010; Tol et al., 2011). Mental health and psychosocial support (MHPSS) interventions become particularly imperative in contexts where affected populations suffer from and have difficulties responding to loss, pain, disruption and violence in a way that helps them protect their psychosocial well-being. Distress, anxiety, depression and post-traumatic stress disorder (PTSD) are prevalent in the aftermath of such critical life events (Weiss et al., 2003; Kar, 2009; Volkan, 2011). The lack of or reduced social support, deteriorated environmental conditions, disruptions in accessing essential services and ambiguity about the near future increase the risk of experiencing such psychological challenges, particularly in protracted conflicts. A significant body of literature examines the mental health-related consequences of conflicts and disasters (see Makwana, 2019; Bolton et al., 2007; Murthy and Lakshminarayana, 2006), yet the impact of MHPSS interventions has remained relatively overlooked in the field.

This report aims to contribute to the literature by examining the cases of Eitha and Ganous villages in Salah al-Din Governorate, Iraq, a country that has suffered from interstate wars, ocuupation and instability due to domestic conflicts (ICRC, 2016). The report will do this by looking at the International Organization for Migration's (IOM) MHPSS interventions to support the well-being of people affected by the Islamic State of Iraq and Levant's (ISIL) occupation of Salah al-Din Governorate. It will first offer a descriptive section on the types and implementation of MHPSS interventions in humanitarian settings, with a particular focus on the Inter-Agency Standing Committee guidelines to protect and improve mental health and psychosocial wellbeing (IASC, 2007). Then, the context of the research will be introduced, discussing not only the current social and political situation of Iraq but also the existing MHPSS activities conducted by local and international organizations. The next two sections will go on to present the methodology of the research and the main findings. As the research aims to measure the impact of IOM's MHPSS interventions in Eitha and Ganous villages in Salah al-Din Governorate, the findings of IOM's most recent needs assessment will also be introduced and discussed in these two sections. The final section will discuss the findings of the impact research and present key recommendations and considerations as a conclusion.

Photo 1: IOM Iraq 2022/Yad Abdulqadir

CONTEXT

Iraq has been suffering from protracted ethnic, sectarian and political conflicts for decades, and these multiple waves of violence by different armed groups have greatly affected millions of Iraqis (Lafta and Al-Nuaimi, 2019). For many, these cycles of violence have led to a multitude of stressors and challenges that make it difficult to cope. Experiencing the disruption of social networks, distressing personal events, human rights violations, discrimination and the loss of property, along with harsh living conditions during displacement, a lack of community support and prolonged uncertainty about the future, negatively impact the psychosocial well-being of people affected by conflict in Iraq. According to IOM's Data Tracking Matrix (IOM, 2023), approximately 1.17 million Iraqis are still internally displaced as a result of conflict and violence.

Iraqi territories controlled by ISIL between 2015 and 2016 included parts of Ninewa, Kirkuk and Salah al-Din governorates. This included the district of Shirqat (Hutt, 2016), where IOM has provided MHPSS services to Eitha and Ganous villages since November 2020. The number of Iraqis affected by the conflict in this area is significant. As of May 2023, IOM recorded 51,642 IDPs and 749,436 returnees in Salah al-Din overall (IOM, 2023). In Eitha and Ganous villages – located on the outskirts of Shirqat town centre – returnee and displaced populations, as well as populations who were not displaced during the conflict, now seek to coexist. IOM MHPSS teams support all three population groups.

Part of the displaced and return ee populations in these villages are reportedly perceived by their broader communities (i.e., those who did not displace during the conflict) as having some kind of affiliation with ISIL. Due to the circumstances by which people were displaced, as well as known affiliations of specific families (i.e., fathers and sons who joined ISIL voluntarily, or were forced to fight or work for ISIL when the region was under its control), IDP and returnee families in this area are collectively suspected of having ISIL ties. Consistent with this, the majority of returning families in these locations are female-headed households whose male members were either killed or disappeared during the conflict. In other cases, families who have now returned to the villages are seen as having some form of affiliation due to the fact that they were displaced from the community during Iraqi military operations to remove ISIL rather than in response to the original ISIL occupation. As a result of these and other justifications, local populations in Eitha and Ganous who were not displaced during the conflict tend to have a negative perception of displaced families who have returned, perceiving the returning population as being broadly made up of families sympathetic to ISIL. Whether true or not, these perceptions lead to significant intra-communal tensions between displaced families and their receiving communities in both villages, reflecting changing levels of community rejection of the return of displaced families to the area.

In response to these community tensions, IOM's MHPSS and social cohesion teams have jointly and regularly conducted activities to address negative intra-communal perceptions and help both groups establish positive relations. IOM has worked closely with local authorities and tribal leaders who were already engaged in the challenging work of reintegration with the goal of ensuring the safety and security of their communities. IOM offers one-on-one psychological counselling and psychiatric consultations, group activities (e.g., art-based interventions, handicrafts, sports activities, etc.), and awareness-raising sessions (e.g., MHPSS caregiver skills, suicide prevention, stress management, etc.) in the MHPSS centres opened in 2020 in Eitha and 2021 in Ganous.

Photo 2: IOM Iraq 2022/Yad Abdulqadir

MHPSS INTERVENTIONS IN HUMANITARIAN SETTINGS

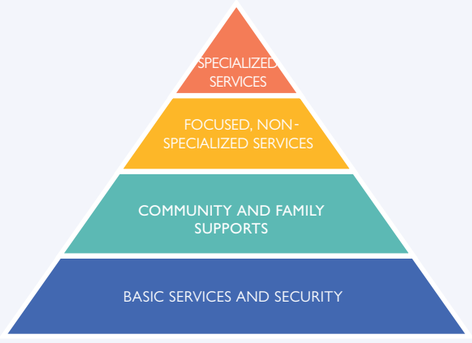
The Inter-Agency Standing Committee (IASC) uses the composite term of mental health and psychosocial support "to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder" (IASC, 2007:1). The IASC guidelines emerged as a result of collective efforts and were adopted by international organizations delivering diverse and integrated (emergency) programmes in conflict settings, including Iraq. The aim is "to enable humanitarian actors and communities to plan, establish, and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency" (IASC, 2007:5). As its name suggests, the committee promotes extensive collaboration between humanitarian agencies and actors so that they can appropriately respond to the needs of affected populations during and after emergencies. Human rights and equity, participation, do no harm and building on available resources and capacities are promoted as the core principles of the guidelines (IASC, 2007:11-12).

The IASC's guidelines contribute significantly to humanitarian contexts including displacement settings, and take into consideration cultural factors and existing mental health systems (see also Garcia del Soto, 2009; Schilperoord, Buffoni & Kouyou, 2009). Depending on the context of the emergency or conflict situation, practical issues may emerge related to the effective implementation of the IASC guidelines, especially in contexts where public institutions and services are largely destroyed or disrupted; affected populations have a lack of or limited access to humanitarian services; and security and stability do not allow humanitarian actors to systematically conduct the MHPSS projects integrated with other services.

IOM began supporting psychosocial activities in Iraq in 2010, with MHPSS programming implemented from 2014 onwards, based on IASC's guidelines on mental health and psychosocial support. IOM aims to address MHPSS needs in Iraq originating from the ISIL occupation and the subsequent forced displacement it caused as well as concerns related to intra-communal tensions emerged after the Kurdish Referendum. An increase in stability has led to a rise in the number of returns across the state. Recently, MHPSS programming has focused on responding to the needs of returnees, who are affected by compounded psychosocial stressors. The programme also offers MHPSS capacity building for local figures in different fields. Due to the protracted needs in Iraq, IOM's MHPSS programme has also worked on integrating its activities into other programming, such as livelihoods, transitional justice, durable solutions and others towards a cohesive and sustainable approach.

Services provided by IOM's MHPSS team in Eitha and Ganous, where this research was conducted, represent all layers of the IASC MHPSS pyramid. The MHPSS team consists of three psychologists, one social worker and four community mobilization focal points who help people access the services and acquire the skills to better cope with their psychosocial challenges. More specifically, MHPSS staff provide psychological first aid (PFA) and remote-PFA,[1] one-on-one psychological counselling and psychiatric consultations,[2] group activities (e.g., art-based interventions, handicrafts, sports activities, etc.), and awareness-raising sessions (e.g., MHPSS caregiver skills, suicide prevention, stress management, etc.). Some group activities (e.g., arts and sports activities and sewing courses) are conducted jointly with IOM's protection and social cohesion teams to ensure that members of the community benefit from integrated service provision toward IOM's goal of holistically responding to psychosocial and economic challenges among conflict-affected populations in Iraq.

Figure 1: Intervention pyramid for mental health and psychosocial support in emergencies (IASC, 2007).



1. Remote PFA was applied during COVID-19 restrictions and is also applied when security in the region deteriorates, primarily as a result of ISIL attacks and Iraqi army operations against the ISIL.
2. These consultations are provided by a psychiatrist who is based in Baghdad and conducts biweekly visits to Eitha and Ganous villages.

METHOD

The research to follow focuses on understanding the impact of IOM's MHPSS interventions in Eitha and Ganous villages in Salah al-Din Governorate. Respondents to IOM's impact assessment were selected from a list of those who had participated in a previous IOM MHPSS needs assessment conducted in late 2020 (IOM, 2020). Respondents were chosen using the convenient sampling strategy, which is defined as "a type of nonprobability sampling in which people are sampled simply because they are "convenient" data sources for researchers" (Lavrakas, 2008). The respondents gave verbal consent before starting to answer the questions.

Semi-structured questionnaires were used in line with the IOM's *Psychosocial Needs Assessment in Emergency Displacement, Early Recovery, and Return* research tool (Schininá and Nuri, 2010) and designed in Arabic for both assessments, which included multiple-choice, Likert scale and open-ended questions. MHPSS staff who have been trained on surveying and data collection collected data in one-on-one interviews using KoBo Toolbox, and each interview took around 45 minutes to complete. Then, the answers to the open-ended questions were translated back into English, and quantitative data was processed using SPSS 27.

Table 1. Descriptive demographics of the participants

	2021 impact assessment		2020 needs assessment	
Location	n	%	n	%
Eitha	66	52	55	55
Ganous	61	48	45	45
Gender	n	%	n	%
Female	68	53.5	60	60
Male	59	46.5	40	40
Age category	n	%	n	%
Youth (14-17)	27	21.3	8	8
Adult (18+)	100	78.7	92	92
Education level	n	%	n	%
No Formal Education	44	34.6	41	41
Primary School	64	50.4	39	39
Secondary School	11	8.7	5	5
Institute and College	8	6.3	15	15
Maritial status	n	%	n	%
Single	44	37	21	21
Married	33	26	36	36
Separated	4	3.1	8	8
Divorced	4	3.1	-	-
Widowed	39	30.7	35	35
Employment status	n	%	n	%
Employed	32	25.2	24	24
Student	16	12.6	4	4
Keeping House	53	41.7	25	25
Other (including unemployed)	26	20.5	47	47
Participated in MHPSS services	n	%	n	%
Yes	93	73.2	-	-
No	34	26.8	-	-

MEASURES

Access to MHPSS services: The participants were asked to indicate how easy it was to access IOM's MHPSS services in Eitha and Ganous based on a five-point scale (1 = not easy at all and 5 = very easy). This question is particularly important to understand how, despite structural and security-related challenges, how the target population perceives the accessibility of services provided and identifies any barriers to access.

Overall psychosocial well-being: Respondents indicated how their overall psychosocial well-being compares to when the previous assessment was conducted in 2020 (1 = it totally got worse and 5 = it totally got better).

Satisfaction with MHPSS services and service providers: This was measured using a five-point scale (1 = not satisfied at all and 5 = very satisfied) to indicate their level of satisfaction with individual counselling, psychiatric consultation, group activities and awareness sessions, as well as the staff's approach during service provision.

Awareness of mental health and psychosocial wellbeing: Using a five-point scale (1 = did not increase at all and 5 = increased very much), respondents were asked to indicate to what extent their awareness increased after they accessed MHPSS services.

Social relations: It is measured with a five-point scale (1 = influenced very negatively and 5 = influenced very positively) that was used to indicate how the MHPSS services they accessed influenced their social relations with family members, neighbours and wider community members. This question was repeated to understand the participants' perceptions of the influence that MHPSS services have had in the wider community (e.g., women, men, children, the elderly, widows, IDPs, etc.) and their relations with their children (in the case of caregivers).

For all of these questions, participants were also asked to further explain their answers.

Several additional questions were asked in order to explore participants' understandings of emotional distress and its underlying causes and impacts, and to further identify the impacts of MHPSS services:

- How would you define emotional distress? What word or words do you use to define it?
- Is this feeling (the word the participant uses to define emotional stress) widespread in the community here (Eitha or Ganous)?
- Do you feel like this (Yes/No) and if yes, how strongly do you feel it (1 = not at all and 5 = feel like this very much)?
- What kind of useful coping skills have you acquired through the MHPSS services? Please provide one example and explain how they help you (e.g., positive thinking, forgiveness, problem-solving, meditation, relaxation, etc.).
- Can you please explain what the contribution of the MHPSS activities you attended was to your mental health and psychosocial wellbeing?
- What main issues do you think the MHPSS activities address in the community? Can you please give an example and explain your observations?

RESULTS

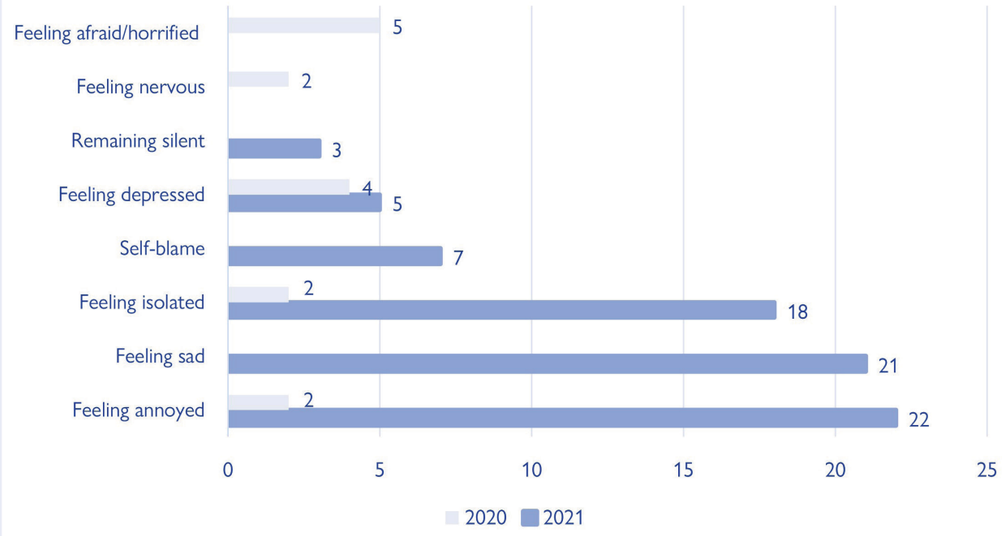
EMOTIONAL DISTRESS

Following the demographic questions (i.e., age category, gender, education, etc.), the first question the participants answered was related to their perception of emotional distress. In the 2020 needs assessment, 83 (83%) of the respondents reported that there was no word traditionally used to describe emotional distress, while the rest mentioned feeling depressed (n = 4, 4%), afraid/ horrified (n = 5, 5%), worried (n = 2, 2%), annoyed and isolated (n = 2, 2%), and nervous and restlessness (n = 2, 2%), crying (n = 1, 1%), and screaming (n = 1, 1%). In the 2021 impact assessment, the most common keywords used to identify emotional distress were crying (n = 26, 21%), feeling annoyed (n = 22, 17%), sad (n = 21, 17%) and isolated (n = 18, 14%).

These are followed by blaming oneself for one's suffering (n = 7), feeling depressed (n = 5) and remaining silent (n = 3). Seventy-six per cent said they experienced such manifestations of distress, and seventy-two per cent of them said these feelings were common in the community. During the 2021 impact assessment, the participants' perceived level of such personal feelings was relatively high (M = 3.04, SD = .78).

In the 2020 needs assessment, however, the participants were offered only three options: not at all, moderate, and very strong. Therefore, it does not allow us to calculate a mean and a standard deviation for the sample of the needs assessment. Fifty-seven (57%) of the participants said they do not feel emotional distress at all, while the rest reported they feel it to a moderate degree (n = 36, 36%) and a very strong degree (n = 7, 7%).

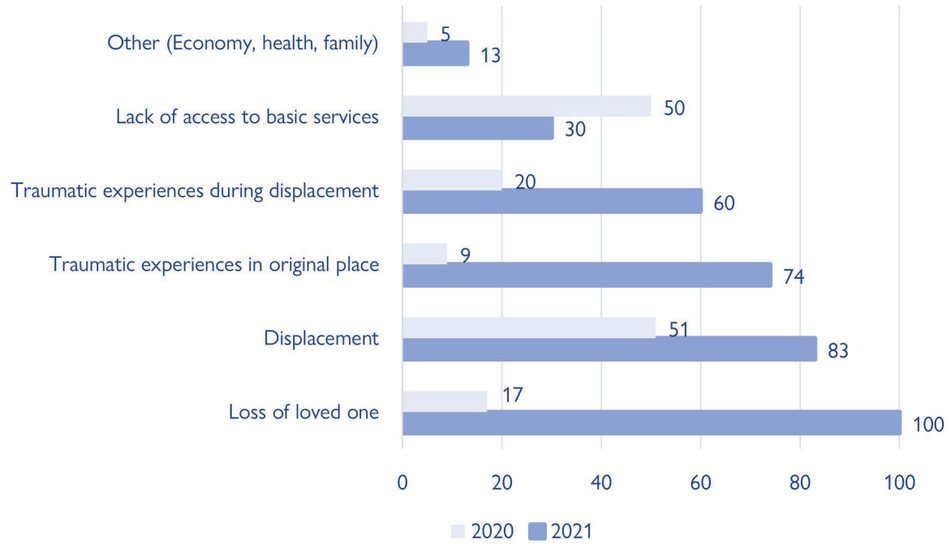
Figure 2. Idioms of emotional distress as described by participants



When asked about the main reason triggering emotional distress, around half of the participants in the 2020 needs assessment mentioned displacement (n = 51, 51%), and a lack of services and a lack of access to available services (n = 47, 47%). The other factors triggering emotional distress for this sample were traumatic experiences during displacement (n = 20, 20%), loss of loved ones (n = 17, 17%), traumatic experiences in the place of origin (n = 9, 9%) and other issues including family and socioeconomic challenges (n = 3, 3%). In the 2021 impact assessment, 78.7 per cent of respondents mentioned the loss of loved ones, including death, kidnapping and disappearance. The other reasons triggering emotional distress were displacement (65.4%), traumatic experiences in their place of origin (58.3%), traumatic experiences during displacement (47.2%), a lack of access to basic services (23.6%) and other reasons (10%), including challenging economic conditions, health problems and family issues (i.e., interpersonal conflicts and relationship problems).

Photo 3: IOM Iraq 2022/Rafal Abdulateef

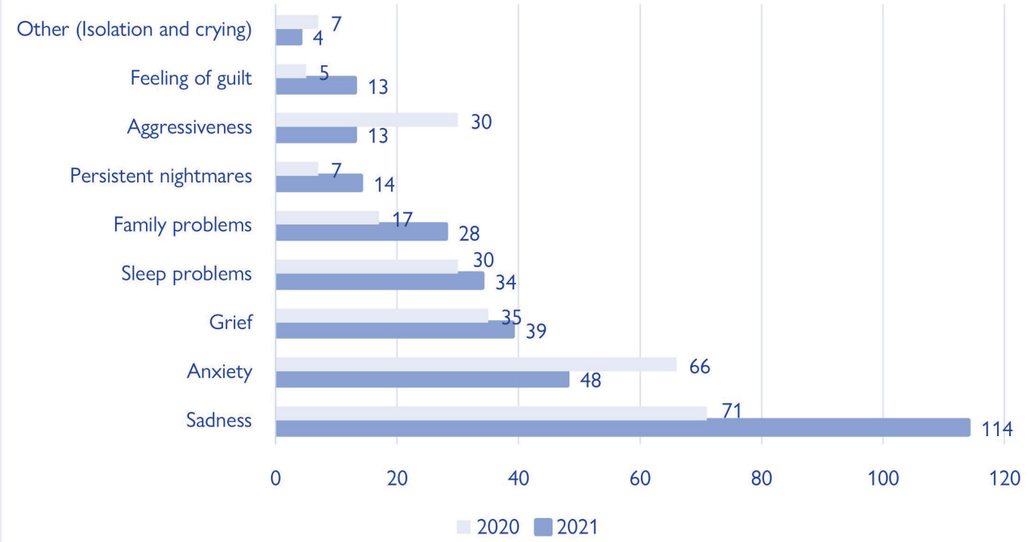
Figure 3. Participants' perceptions of factors triggering emotional distress



The participants mentioned a group of psychosocial challenges they experienced as a result of emotional distress. In the 2020 needs assessment, the most prevalent problems were sadness (n = 71, 71%) and anxiety (n = 65, 65%), which were followed by grief (n = 36, 36%), sleep problems (n = 29, 29%), aggressiveness (n = 28, 28%), family issues (n = 17, 17%), nightmares (n = 8, 8%), and guilt (n = 4, 4%). The rest (n = 7, 7%) mentioned other challenges, including socioeconomic difficulties and discrimination.

In the 2021 impact assessment, the findings were slightly different. Ninety per cent of respondents mentioned sadness as the main effect, followed by anxiety (n = 48, 38%), grief (n = 39, 31%), sleep problems (n = 34, 27%), family problems (n = 28, 22%), persistent nightmares (n = 14, 11%), aggressiveness (n = 13, 10%), and feelings of guilt (n = 13, 10%). Those who selected the 'other' option (3.1%) frequently mentioned isolation from the community and crying as other impacts of emotional distress. As the figures show, some participants listed the same or similar categories as both their perceptions of what emotional distress is and what impacts it has, such as feeling sad or isolating.

Figure 4. Categories and level of distress described by participants



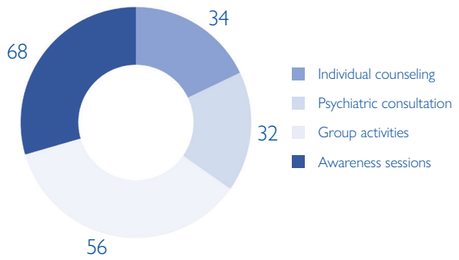
Perceived or experienced discrimination was another factor that the 2020 need assessment identified as negatively influencing the mental health and psychosocial well-being of the beneficiaries in both locations. It was found that forty-one per cent of the participants in that assessment reported that they had experienced discrimination, including bullying, which made them feel sad, embarrassed, humiliated, anxious, ashamed, angry, hateful and broken; hate themselves; lose their self-confidence vis-à-vis their relations with others; and fear their future. Although we did not ask the same question in the 2021 impact assessment, the quotes presented in the discussion section of the report below illustrate the way MHPSS interventions directly and/or indirectly contributed to the decrease in discrimination and the establishment of positive interpersonal and intergroup relations.

ACCESS TO MHPSS SERVICES

Sixty-seven per cent (n = 85) of the respondents participated in MHPSS services offered in Eitha and Ganous. The reported ease with which these services could be accessed was relatively high (M = 3.81, SD = .98). When asked to explain what made it easy, the respondents noted that the MHPSS centres where the activities are conducted were open to all and that services were available to everyone, including persons with disabilities. Those who gave lower scores for accessibility (mainly those who did not participate in MHPSS activities) mentioned the geographical distance between the centre and their home in justification of their response.

The level of satisfaction was found to be high among the respondents accessing individual sessions (M = 4.03, SD = .67), psychiatric consultations (M = 3.94, SD = .50), group activities (M = 3.88, SD = .66), and awareness sessions (M = 3.94, SD = .64).

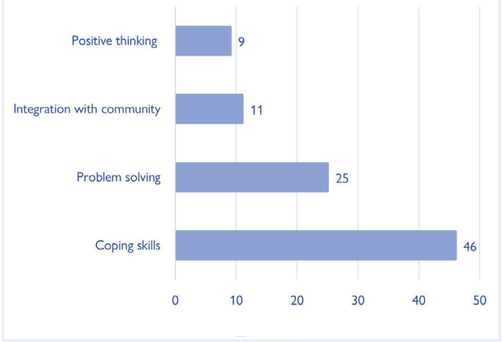
Figure 5. Number of participants accessing MHPSS services (2021)



Respondents who took part in the above MHPSS activities said that their well-being has greatly improved since the MHPSS needs assessment was done in 2020 (M = 4.08, SD = .56). Acquiring more effective coping, time management and problem-solving skills, persistent and integrated support by IOM; intra-communal peace; awareness of healthy sleeping and stress management practices are some of the reasons they gave for their improved well-being.

The average level of awareness about mental health and psychosocial well-being was found to be moderate among respondents who participated in the MHPSS activities (M = 3.29, SD = 87), with around half of them (51%) reporting that their awareness had increased due to the activities. When asked about the main factor that led to the improvement, participants mainly focused on the knowledge they gained during group activities and awareness sessions about mental health, psychosocial well-being and coping strategies. Related to the second point, the respondents (see Figure 5) stated that they developed coping skills (including relaxation skills and healthier sleeping patterns) in responding to stressful life events (n = 46, 37%), problem-solving skills (n = 25, 20%), improved integration with the community (n = 11, 9%) and increased positive thinking (n = 9, 7%).

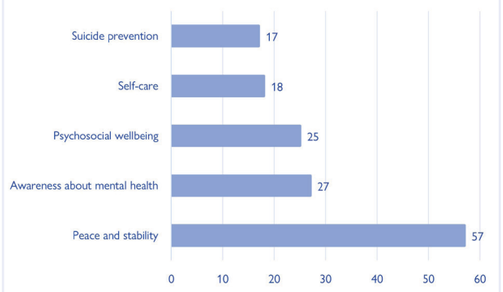
Figure 6. Areas the participants developed (2022)



Respondents reported the MHPSS activities positively contributed to their relationships with family members, neighbours and wider community members (M = 4.02, SD = .56). Seventy-two per cent of them noted these activities had a positive or very positive influence on their social relations. A similar pattern was observed in their responses to the question about the influence of MHPSS activities on the rest of the community (e.g., women, men, children, the elderly, widows, IDPs, etc.). According to the findings, 67 percent of respondents reported that the MHPSS activities contributed to the well-being of community members in a positive or very positive way (M = 3.89, SD = .51). Similarly, caregiver respondents (n = 51, 40%) reported that the MHPSS activities had a positive impact on children's well-being (M = 3.90, SD = .76). Increased social interaction, better sleeping habits, use of more effective communication skills and improved ability to focus and study among children were listed by caregiver participants as the most common impacts of the MHPSS activities.

The participants' responses to the question on what psychological needs were addressed by the MHPSS activities included community peace and stability (n = 57, 45%), awareness about mental health (n = 27, 21%), psychosocial well-being (n = 25, 21%), self- care (n = 18, 14%), and suicide prevention (n = 17, 14%).

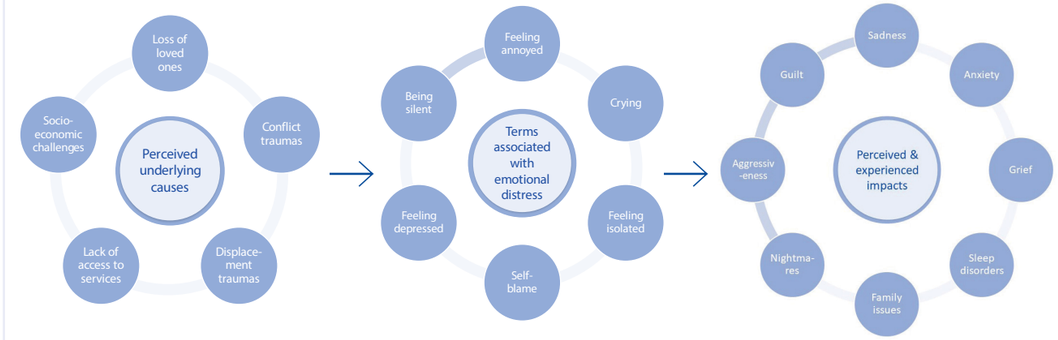
Figure 7. Perceptions of needs addressed through MHPSS activities (2021)



DISCUSSION

As illustrated in Figure 8, this research shows that emotional distress means different things to respondents affected by conflicts in the Iraqi context. This is so particularly because not everyone is influenced to the same degree by the conflicts, feel the same way about the consequences of the conflicts, and have the same coping skills to respond to these consequences. The findings demonstrate that there are both individual and collective underlying causes of emotional distress. In the context where this research was conducted, we see that loss of loved ones, trauma related to conflict experienced in the respondent's original home and during displacement, insufficient access to services and socioeconomic challenges (e.g., unemployment and lack of livelihood resources) are perceived as the primary underlying causes of emotional distress. Therefore, it should be acknowledged that emotional distress may co-exist and have diverse underlying, inter-related causes that can potentially exacerbate its impacts on individuals and communities.

Figure 8. Participants' perceptions of emotional distress, its underlying causes and impacts



These reported underlying causes may have long-term impacts, particularly in cases where people are unable to psychologically process and accept the death of a loved one; where solutions to the encountered problems are neither easily found nor implemented; or where the displacement situation is prolonged. Both the research findings and our experiences in the field show that the surveyed population in Eitha and Ganous suffer significantly from these issues, which together with the effects of the displacement situation usually lead to compounded stress and at times reduce capability to access existing internal and external resources and develop effective coping mechanisms. As an example, bereavement, grief and loss can cause many diverse symptoms and affect people in different ways. The common symptoms of such experiences include shock and numbness, overwhelming sadness and crying, feeling extremely tired or exhausted, anger (e.g., toward the lost person, or oneself or others), and guilt (e.g., about feeling angry or something they did or could not do) (see Treml, 2020; Lundorff et al., 2017; Boelen & Prigerson, 2007; Germain et al., 2005).

A critical point to be noted here is that in the 2020 needs assessment, we see that the majority of the participants could not recall a word that they traditionally use to define emotional distress. This means that they are not very familiar with what emotional distress means and how it is linked to overall psychological well-being. However, following MHPSS interventions in the field, we observe that the community members have a more developed vocabulary to define what emotional distress means to them. In other words, the more they take part in MHPSS activities and access MHPSS services, the easier it becomes for them to recognize and verbalize different aspects and implications of emotional distress.

Another critical point is that loss of loved ones was reported by a much lower percentage of participants in 2020 as a significant factor triggering emotional distress than among participants in the 2021 impact assessment. This could be related to the shock of losing loved ones, the complex feelings associated with the loss and the symptoms of prolonged grief (see Heeke et al., 2017). Existing research shows that it can take years for some people who have lost family members due to war and conflict to recover from the shock of the death and cope with the symptoms of prolonged grief (see Morina, von Lersner, & Prigerson, 2011). Furthermore, previous research indicates that loss as a result of violence worsens the symptoms of long-term grief by "reducing the mourner's ability to make sense of the death or its aftermath" (Milman et al., 2018:1). Such long-term, unresolved psychological challenges tend to lead to complicated feelings that are reflected in repeating behaviours and persistent negative feelings such as crying, domestic violence, obsessive compulsive behaviours, sleep disorders, self-criticism and guilt. It is, therefore, not surprising that the loss of loved ones is mentioned as one of the main triggers of emotional distress by participants in the 2021 impact assessment, who had the chance to express their psychosocial challenges in the one-to-one sessions and reflect on them in some of the group activities (such as art-based MHPSS activities), which allowed them to process them emotionally, behaviourally and cognitively.

As noted in Figure 5, the respondents clearly present di- verse psychological challenges as impacts of their emotional distress. The research reveals that these are not only individual but also collective processes, as the participants both personally experience these prolonged impacts of emotional distress and believe that the rest of the community suffers from them, too. In fact, this could create a prospect for the community members to develop intra-community support and solidarity through collective mourning (although the respondents lost family members for various reasons and on different sides), and increase the possibility of joint reconstruction, conflict resolution and reconciliation (see Galtung, 1998). MHPSS interventions can play an important role in assisting members of the community to recognize the harm done to them or others, understand the causes of violence and trauma in themselves, identify ways to address these difficult experiences and be part of a collective process to develop strategies for reconciliation and communal peace (see Santa-Barbara, 2008). This is well-reflected in the responses of the participants about what issues the MHPSS interventions have addressed. The fact that community peace and stability come first is related to the significance and urgency of the need for integrated activities that prioritize social cohesion, peacebuilding and reconciliation.

Given that the majority of the respondents in this research have no problems accessing MHPSS centres; are satisfied with individual sessions, psychiatric consultations, group activities, and awareness sessions; and report that their wellbeing has improved due to MHPSS activities, there is a significant need to plan and implement further and more diverse MHPSS interventions that will not only focus on addressing individual needs related to psychosocial well-being but also contribute to the reconstruction, conflict resolution- and reconciliation of the community. This can also further increase and diversify the existing awareness of mental health amongst community members by involving its more social and collective aspects. A significant indicator of this is that the majority (72%) of participants stated that the MHPSS interventions contributed to the development of better social relations within their family and wider community, as well as improving the relations between caregivers and children.

The respondents' answers to the open-ended questions allow us to develop better insight into the impacts of the MHPSS interventions in the field. To begin with, although it is easy for the majority of the participants to access MHPSS centres in the villages, there are some concerns related to negative traditional perceptions and prejudice:

> *[In accessing the MHPSS services] there is a fear of customs and traditions among women. If a woman is a widow, she is afraid of society's perceptions and negative words about widows. (Female adult, Eitha)*

The preceding quote refers to negative prejudices and biases against widowed women in Iraq's patriarchal society, where the majority of married women are forced to seek permission from their husbands before leaving the house—after the husband dies, widowed women become vulnerable to social pressure and, as Galtung (2008) describes it, structural and cultural violence that impedes women's development and deprives women of certain rights (e.g., access to mental health support). However, as the following quote from a widowed participant who identifies emotional distress as 'being bored of everything' indicates, this is not the case for all widowed women:

> *Going to the centre is very easy for me. Anyone can reach the psychosocial support centre, as it is open to everyone at all hours [9 am and 5 pm]. (Female adult, Ganous)*

Therefore, it is worth taking into consideration that reported challenges may be subjective experiences, as is the case with the physical distance, which seems to be the second biggest challenge for the participants in accessing the MHPSS centres and services in both locations:

> *The distance between the MHPSS centre and our location is the problem. We are at the entrance of Ganous, and the centre is at the end of Ganous. (Male adult, Ganous)*

> *The distance between the MHPSS centre and the house we live in is too far. (Female adult, Eitha)*

Physical distance between the MHPSS centres and where the participants live is not only a concern related to 'actual physical distance' but also a matter of safety and security as well as scarcity of services in the region. More specifically, because Shirqat is still one of the regions where Iraqi armed forces conduct operations against ISIL cells, and because some of the families in the area are suspected of having ties to ISIL, families are sometimes afraid to leave their homes and move between locations.

Despite such cultural and structural challenges, the majority of the participants were able to access diverse MHPSS services and expressed their feelings and thoughts about their experiences. Their accounts show that these services have significantly contributed to their psychosocial well-being. One of participants who identified emotional distress as "isolation and avoiding thinking about and resolving problems that my family members and I face" reported his satisfaction with the MHPSS services as follows:

> *The encouragement and moral support I get helps me overcome the fear inside me and boost my self-confidence. (Male adult, Eitha)*

Other participants highlighted the sense of safety and support for overcoming their fears in the individual sessions:

> *I can express my feelings and speak freely and safely about my problems without fear. I learn the steps of flexibility and relaxation and how to deal with psychological problems. (Female adult, Ganous)*

> *I am very satisfied with the psychological sessions because they helped me overcome the barrier of fear and anxiety, which had a negative impact on my daily life. When I participated in the individual sessions, I crossed this barrier, and I am no longer afraid of or feeling anxious about something. (Female adult, Eitha)*

> *It contributes to improving my mental health by giving me the opportunity to speak freely without fear. (Male adult, Eitha)*

As clearly spelled out in these quotes, having a supportive environment to speak about the sources of stress and factors that create fear for them is critical for some participants, pointing to a need to be able to express themselves in contexts where they can receive social support without being judged or criticised. This also shows the importance of providing these services regularly and in private and confidential contexts, as some of the challenges are multidimensional and complicated and require long-term interventions.

Learning psychological and other relevant skills such as problem solving and relaxation seem to make the participants satisfied with the offered MHPSS services, particularly in overcoming the symptoms of extensive fear, grief, trauma and other forms of distress:

> *I am very satisfied, as it motivates me and helps me solve some of my problems that many other people face, too. (Male adult, Ganous)*

> *It taught me psychological flexibility, self-confidence, faith in one's own abilities and the value of one's contribution to society. (Male adult, Ganous)*

> *I am very satisfied. I was worried because of the events of ISIL. I am afraid of planes and the sounds of gunfire. When I participate in individual sessions, I am no longer afraid of anything, and I am adapting to the society and embracing my children. (Female adult, Ganous)*

> *From the service at the centre, I learned some skills that help me manage time and overcome pressures. (Female adult, Eitha)*

> *I learned a lot from the sessions, especially how to deal with myself during grief. (Male adult, Ganous)*

> *I was suffering from tension, lack of self-confidence and lack of integration with others, but when I participated in psychological sessions, I became integrated with others, and my confidence increased. (Male adult, Ganous)*

Similar feedback was given regarding the group activities that respondents participated in. Learning psychosocial and life skills, making friends, feeling integrated with the community and enjoying their time during the group activities were the main themes of their accounts:

> *I am satisfied with the group activities, as they allowed me to express my feelings through activities, entertain myself, distance myself from depression. These activities allowed people in society to communicate with one another. (Male adult, Eitha)*

> *What I was pleased with was learning skills in the power of communication and communication methods with others, and sharing them with friends. (Male youth, Eitha)*

> *It was the positive feeling, enjoyment and benefit of sports for mental and physical health. (Male youth, Eitha)*

> *Group activities are useful, and we learned new things from them. For example, I learned embroidery and knitting, and now I use them in my spare time at home. I make beautiful things for the children and family. (Female adult, Ganous)*

> *I participated in sewing, which helped me to develop myself and achieve my goal. (Female adult, Ganous)*

> *I learned new skills like how to use a computer, in addition to the awareness-raising that taught me how to reduce stress, take care of myself and benefit from healthy sleep. (Male adult, Ganous)*

As these quotes show, group activities provide multiple benefits. While they allow the participants to come together in a safe and confidential context, participants are also being supported through the provision of psychoeducation, capacity building and arts and sports-based activities. This is significant, particularly because there are exceedingly limited opportunities and facilities for IDPs, returnees, and local community members to engage in joint activities.

As the following quotes show, individual sessions, psychiatric consultations and group activities help community members who take part in different awareness sessions learn more about mental health and psychosocial well-being:

> *I learned new skills such as self-care, psychological resilience, the importance of mental health for society and the individual, organizing time and caring for the future. (Male adult, Ganous)*

> *I gained new skills, like time management, importance of positive interaction with children and its impact on them and respect for the feelings of others. (Female adult, Ganous)*

> *The awareness raising was good for the community, but we hope that it will be about dealing with others, especially in a society where there is a lot of bullying towards women by their husbands.(Female adult, Eitha)*

In addition to explaining why this participant is satisfied with the awareness sessions, the last quote also indicates a long-term expectation for perceptions of women in society to change positively. As mentioned earlier, in a context like Iraq, where tribalism and patriarchy are very strong (Ariany, 2013), it is understandable that some participants have concerns over the effectiveness of such interventions and the solidity of their positive outcomes.

The quotes that have been presented so far also talk about what kind of coping mechanisms the participants gained from the MHPSS services. However, it is worth sharing several others to see the diversity of these mechanisms:

> *Peaceful coexistence, overcoming crises, positive thinking about the future and turning the page of the past to overcome all the problems that occurred and avoid their aggravation and reoccurrence. (Male adult, Eitha)*

> *Problem-solving skills for the challenges and conflicts that I faced with my children and my husband in the past. I was used to hitting my children when I felt nervous and irritable, but when I participated in mental health services, it helped me develop the ability to reduce stress through coping mechanisms to solve problems. (Female adult, Eitha)*

> *I learned how to be tolerant. Previously, I did not like people, and was angry in the face of others over the simplest things because of my psychological state, but I became fully knowledgeable and developed my skill to forgive others and myself. (Male adult, Ganous)*

As these quotes indicate, the gained skills contribute to both intra-communal and interpersonal relations, as well as the participants' perceptions of themselves and the psychosocial challenges they experience. The participants' reflections on the impact of MHPSS activities on the rest of the community provide further evidence:

> *The community was isolated from each other, but when there were organizations in the area, people became more flexible with each other than they were in the past, and the children went to school and had a place for recreation, where they could go for a walk, and this was due to their participation in activities that helped us psychologically. (Female youth, Eitha)*

> *It provided everyone with the opportunity to correctly understand the current situation, to focus on the problems and to be tolerant among themselves. (Male adult, Eitha)*

> *It had a positive impact by helping us to each other better, respect people's rights, consider their feelings and not bully others. (Male adult, Ganous)*

> *Its impacts were many; increasing integration, tolerance, peaceful coexistence, psychological well-being, and the reducing aggression that occurred due to armed conflicts (Male adult, Eitha)*

> *Contribute to the stability of society and the reintegration of members of society, and reduce hostility and bullying among some. (Female adult, Ganous)*

> *The rate of bullying and racism has decreased to a large extent. Previously families were separated from each other, and now everyone interacts with each other by doing business, agriculture and visiting each other. (Female adult, Eitha)*

Positive changes in how individuals approach their psycho social issues reportedly also influence their perception and approach to larger social issues. It is very encouraging to see that integrated MHPSS interventions lead to a positive change and increase not only the personal benefit participants get from the services, but also help with changing these negative perceptions and attitudes and supporting people to re-establish contact and interaction in such a small community, which had been sharply divided due to the conflict and tended to have negative and discriminatory perceptions of each other. Given that fourty-one per cent of the participants in the 2020 needs assessment reported having suffered from discrimination by other community members, these accounts indicate the positive role that MHPSS interventions can play in reducing discrimination and contributing to peaceful coexistence.

This study also shows that integrated MHPSS activities that attempt to look at existing problems from multiple perspectives and develop multidimensional solutions cannot address all of the issues in the community. In line with this, the participants had specific expectations for the future. Among young and adult female respondents, the primary expectations included: increasing the number of MHPSS centres and services in different locations, conducting more workshops and activities particularly targeting women and children, diversifying the content of awareness sessions to strengthen community peace and social cohesion, providing material support to increase the welfare of women and empower them, establishing special centres for widowed women and offering educational and vocational courses and workshops for young women. Some of these expectations were shared by young and adult male participants too, whose demands also included the establishment of more MHPSS centres, more recreational centres and activities, job opportunities and financial support, training and educational courses and workshops, more peacebuilding and conflict resolution support and reconstruction.

CONCLUSION

The goal of this survey study with a mixed method research design was to find out how IOM MHPSS activities affected the mental health and psychosocial well-being of people living in Eitha and Ganous villages in Iraq's Salah al-Din Governorate. The key findings show that individual counselling, psychiatric consultation, group activities and awareness sessions have contributed positively to the mental health and psychosocial well-being of the affected population to varying degrees. Reportedly, acquiring better coping strategies (including problem-solving and positive thinking), and developing better relations with community members have been useful for many of the respondents. These coping strategies can be very relevant not only for individuals but also families and communities in such specific contexts. Also, the reported positive impacts of MHPSS services are promising for their contributions to return and reintegration processes, as they help individuals and communities identify their conflict and displacement-related needs and challenges and respond to them in a constructive and nonviolent way. Their satisfaction with the offered services and service providers indicates the positive and supportive relationship IOM has established with returnees, IDPs and other vulnerable community members in these two villages. The emphasis on communal peace and stability is critical and needs to be explored further in relation to not only mental health and psychosocial well-being but also other areas including socio-political security, protection and livelihoods.

Due to limited resources and unpredictable political and security related situations in Salah al-Din, MHPSS interventions are restricted in scope, and MHPSS services are offered to a small population. As this study shows, the needs are multi-dimensional and interrelated, including social, psychological, and economic aspects. Therefore, if available services are integrated into existing interventions and services are diversified, returnees, IDPs and local community members may gain a greater benefit. This is indicated in the participants' insistence on a wider, more systematic and regular support for community peace, reconciliation and social cohesion. Mental health and psychosocial well-being are not independent of the social, political, and economic context we live in. Therefore, humanitarian interventions need to be tailored to diverse needs as not everybody is affected the same way by the same issues, challenges and incidents.

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