

MENTAL HEALTH AND PSYCHOSOCIAL NEEDS ASSESSMENT IN KIRKUK

REPUBLIC OF IRAQ, KIRKUK GOVERNORATE



TABLE OF CONTENTS

LIST OF TABLES	4
LIST OF MAPS	4
LIST OF FIGURES	4
ABBREVIATIONS	4
EXECUTIVE SUMMARY	5
RECOMMENDATIONS	6
1. BACKGROUND	7
1.1. CONTEXT	7
1.2. MENTAL HEALTH AND PSYCHOSOCIAL CONTEXT	8
1.3. ASSESSMENT OBJECTIVES	8
2. METHODOLOGY	9
2.1 TARGET POPULATION AND SAMPLE SELECTION	9
2.2 INFORMATION SOURCES	9
2.2.1 FOCUS GROUP DISCUSSIONS	9
2.2.2 KEY INFORMANT INTERVIEWS	9
2.3 ASSESSMENT TOOLS	10
2.4 DATA COLLECTION	10
2.5 LIMITATIONS	10
3. RESULTS	11
3.1 DEMOGRAPHIC DATA OF SURVEY RESPONDENTS	11
3.2 PSYCHOLOGICAL AND PSYCHOSOCIAL NEEDS	15
3.3 COPING STRATEGIES	20
3.5 SERVICES REQUESTED TO HELP MANAGE MHPSS CONDITIONS	23
4. KEY FINDINGS AND RECOMMENDATIONS	24

The International Organization for Migration (IOM) is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The information contained in this report is for general information purposes only. Names and boundaries do not imply official endorsement or acceptance by the International Organization for Migration (IOM).

IOM Iraq endeavours to keep this information as accurate as possible but makes no claim – expressed or implied – on the completeness, accuracy and suitability of the information provided through this report.

International Organization for Migration
Address: UNAMI Compound (Diwan 2), International Zone, Baghdad/Iraq
Email: iomiraq@iom.int
Website: iraq.iom.int

© 2022 International Organization for Migration (IOM)

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior written permission of the publisher.

LIST OF TABLES

- Table 1. Focus Group Discussion Breakdown
- Table 2. Key Informant Interview Participation Breakdown
- Table 3. Reported Coping Strategies of Groups of Concern

LIST OF MAPS

- Map 1. Map of Kirkuk Governorate and Districts

LIST OF FIGURES

- Figure 1. Gender
- Figure 2. Age
- Figure 3. Displacement status
- Figure 4. Education background
- Figure 5. Marital Status
- Figure 6. Employment Status
- Figure 7. Functioning difficulties
- Figure 8. Perceived threat in displacement
- Figure 9. Restrictions on freedom of movement
- Figure 10. Biggest challenges for children
- Figure 11. Level of strenght of distress or uneasiness
- Figure 12. Respondents' perceived underlying causes distress and uneasiness
- Figure 13. Impacts of distress and uneasiness
- Figure 14. Family support
- Figure 15. Community support
- Figure 16. Perceived most vulnerable groups in the community
- Figure 17. Respondents' perceived sense of safety
- Figure 18. Respondents' aspirations

ABBREVIATIONS

FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
ISIL	Islamic State of Iraq and Levant
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
NFI	Non-Food Item
NGO	Non-governmental Organization
PMF	Popular Mobilization Forces
PUK	Patriotic Union of Kurdistan
WASH	Water, Sanitation, and Hygiene
WGSSQs	Washington Group Short Set of Questions on Disability

EXECUTIVE SUMMARY

This Mental Health and Psychosocial Support (MHPSS) assessment outlines the existing MHPSS needs, the perceived causes of these needs, coping strategies, and gaps in services in Kirkuk Governorate in 2022. The assessment also examines the respondents' relationships with their families and community members to understand the impact of social relations on mental health and psychosocial wellbeing.

The study utilized quantitative and qualitative methods to collect and analyze data from participants living in Daqoq, Hawija, Hay al-Askari, Hay al-Awan, Hay al-Jamea, Hay A'thath, and Zab districts of Kirkuk Governorate. In total, IOM Iraq conducted 225 meetings with 161 respondents through Key Informant Interviews (KIIs) that were composed of surveys and 64 respondents through 13 Focus Group Discussions (FGDs). Of the 161 KII respondents, 66 were youth aged 15–18 (34 males and 32 females) and 85 were older than 18 years (47 males and 48 females).

Ultimately, the findings reinforced the need for MHPSS services, the connection between mental health and psychosocial wellbeing, the need for safety and stability, perceptions of existing socioeconomic and security challenges, and corresponding areas of improvement.

Overall, 56 per cent of the participants reported experiencing emotional stress either rather strongly or very strongly. Reported underlying causes include displacement, lack of access to basic services, traumatic experiences before and during displacement and after return, and loss of loved ones to during the conflict.

The findings reveal that the majority of participants (85%) feel a certain level of distress or uneasiness and (84%) believe that many people in the society feel emotional distress or uneasiness in different ways.

61 percent of the respondents reported restrictions on their freedom of movement in their current residence. Of the respondents who reported they have children in their house

hold, 65 per cent expressed concerns for their children's safety as well as challenges related to children's development, education, health, and overall protection against violence.

While 88 per cent of the respondents stated they feel supported by their families, only 37 per cent reported feeling supported by their community members. The remaining in both categories stated they do not feel supported by their family members (12%) or communities (63%). When asked why, respondents mostly mentioned the lack of capacity and resources to offer moral and material support.

The need for ending violence (including domestic violence) and poverty, expanding educational opportunities, assisting women and girls in any way possible, including employment and education, developing the governorate's infrastructure and superstructure, combating early or forced marriage, ensuring safety and security, and fostering greater social cohesion within communities stood out as the most urgent priority need to be addressed. In different ways and to varying degrees, each of these needs is interlinked and connected to psychosocial wellbeing and mental health.

52 per cent of the respondents reported socioeconomic security and stability as the as the most important goal for themselves or their family. 30 per cent mentioned their aspirations related to education including completing their education or supporting family members, in particular children, to complete their studies. Other aspirations included finding better employment opportunities (e.g., finding a job, finding a better job with a higher income, finding a stable job, etc.), safety and stability in the country and better physical and psychological health.

The report presents recommendations to local and international humanitarian actors, government institutions, and other relevant stakeholders to address the challenges the people in Kirkuk Governorate encounter.

RECOMMENDATIONS

- Establish holistic and comprehensive MHPSS interventions across Kirkuk governorate to complement adults', youth's, and children's individual and collective needs, including education, health, livelihood, and protection.
- Offer multi-layered MHPSS services to address the challenges more effectively.
- Ensure that MHPSS services are available to all vulnerable populations, including men and women, the elderly, and individuals with disabilities.
- Ensure that safe return is possible, and that returnees have stable political and economic conditions in their original places.
- Create safe environments for peaceful coexistence and help activate social support mechanisms.
- Develop secure spaces for leisure activities for various groups with varying requirements.
- Invest in long-term solutions as the demands are complicated and time-consuming.



Photo 1: ©IOM Iraq

1. BACKGROUND

1.1. CONTEXT

The governorate of Kirkuk, which covers 9,679 km², or 2.2% of Iraq, is located in northern part of the country, between the Zagros Mountains in the northeast, the Lower Zab and Tigris rivers in the west, the Hamreen Mountains in the south, and the Sirwan (or Diyala) river in the southwest¹. The population of the governorate is considered to be between 1.1 and 1.4 million^{2,3}.

A 2022 assessment by the Food and Agriculture Organization (FAO) indicates that around half of the people in Kirkuk report that their income has significantly dropped recently, which is one of the indicators that people encounter economic challenges, particularly in agriculture⁴. In addition, people in the governorate have gone through hard times in terms of security and stability, particularly since early 2000s⁵. The sociopolitical, financial, and armed conflicts between the Kurdish parties (mainly the Patriotic Union of Kurdistan, PUK) and armed forces and the central government and federal security forces (mainly the Internal Security Forces, ISF and Population Mobilization Forces, PMF) have been posing serious risks for the security and stability in the governorate, fueling consistent intercommunal or inter-ethnic tensions, displacement, and violations of human rights⁶.

The main reasons for these sociopolitical issues were disputes over territorial control and economic resources between Kurdish, Arab, and Turkmen parties. The rise of the Islamic State of Iraq and the Levant (ISIL) in 2014, as well as the political situation in Iraq, have also had a significant impact on life in Kirkuk, to the point where the community has lost hope, trust, and faith in the governorate's future⁷.

More recent developments, including the aftermath of the referendum of the Kurdistan Region of Iraq in 2017 and

changes in the governmental offices have created gaps in provision of basic service to the community. This has affected the trade and economy of the governorate, led to financial and security-related concerns, impacted the education system and health services, and caused displacement of a number of families some of whom remained in Sulaymaniyah and Erbil. On the communal level, it affected social relationships, social cohesion, culture, and the identity perceptions of people from different ethnic groups.⁸

Moreover, the war against ISIL took its toll on Kirkuk, being the frontline to the war on its borders with Salah al-Din and Diyala governorates over which the ISIL took military control in June 2014. In Kirkuk governorate, the ISIL took control over the district of Hawija and its sub-districts, Al-Zab, Al-Abbasi, Al-Riyadh, Al-Rashad including some villages in Daquq district. During this occupation, people were displaced, lost family members, and lost properties and livelihood resources. These have been drastic life changes for the people in Kirkuk causing long-term grieving and bereavement. The highlighted regions were under ISIL control until July 2017.

The Iraqi government decided to close the internally displaced persons (IDP) camps including the ones in Kirkuk in mid-October 2020 and closed 16 of them by January 2021.⁹ These camps accommodated families escaping from the ISIL and being supported by local and international humanitarian organizations that provided various services including water, sanitation, and hygiene (WASH), non-food items (NFI), and children-friendly spaces. IDPs who decided to remain in Kirkuk after the camp closures attempted to find accommodation and shelter in underserved neighborhoods of Kirkuk such as Hay al-Jamia, which led to significant barriers in accessing public services. Furthermore, as of early 2020, the COVID 19 pandemic has additional

1 NCCI. (n.d.) Kirkuk Governorate Profile. https://www.ncciraq.org/images/infobygov/NCCI_Kirkuk_Governorate_Profile.pdf

2 World Population Review. (2022). Kirkuk Population 2022. <https://worldpopulationreview.com/world-cities/kirkuk-population>

3 PopulationStat. (2022). Kirkuk, Iraq Population. <https://populationstat.com/iraq/kirkuk>

4 FAO. (2022, September). Iraq: DIEM – Data in Emergencies Monitoring brief, round 7 - Results and recommendations. <https://reliefweb.int/report/iraq/iraq-diem-data-emergencies-monitoring-brief-round-7-results-and-recommendations-september-2022-data-collection-29-march-1-may-2022>

5 NCCI. (n.d.) Kirkuk Governorate Profile. https://www.ncciraq.org/images/infobygov/NCCI_Kirkuk_Governorate_Profile.pdf

6 International Crisis Group. (2020, June 25). Iraq: Fixing Security in Kirkuk. Middle East Report No. 215, 15 June 2020. <https://icg-prod.s3.amazonaws.com/215-iraq-fixing-security-in-kirkuk.pdf>

7 Ibid.

8 O'Driscoll, D. & Bourhous, A. (2022). Occupying Space in the Kirkuk Bazaar: an intersectional analysis. *Peacebuilding*, DOI: 10.1080/21647259.2022.2131246

9 Human Rights Watch. (2021). Iraq: Inadequate Plans for Camp Closures: Vulnerable People Stripped of Services During Pandemic. <https://www.hrw.org/news/2021/06/03/iraq-inadequate-plans-camp-closures>

burdens to the community's socio-economical and psychological problems. Thousands of families were left without a regular income due to movement restrictions and limited job opportunities during the pandemic.

1.2. MENTAL HEALTH AND PSYCHOSOCIAL CONTEXT

The above-mentioned problems have driven the communities in Kirkuk to have increased needs for mental health and psychosocial support (MHPSS) services. Currently local community members can access mental health consultations and counseling services offered by four psychiatrists, two of them are female, and one psychologist (not trained in clinical psychology) at Azadi Hospital in Kirkuk center. Azadi Hospital encounters serious challenges in accessing psychotropic medications. There are no mental health consultations or individual counseling services offered at other public hospitals and primary health care centers. However, Save the Children, Handicap International, Médecins du Monde, Heartland Alliance International, Terre des hommes, and Jiyon Foundation also provide MHPSS services in Kirkuk. Therefore, people in Kirkuk governorate remain vulnerable to risks related to mental health and psychosocial wellbeing. Stigma associated with speaking about and acknowledging the importance of mental health

and psychosocial wellbeing, accessing MHPSS services, lack of mental health services at public hospitals, the limited capacity in Iraqi mental health system, and insufficient public mental health facilities are the major challenges in Kirkuk. Understanding the existing mental health and psychosocial wellbeing related challenges and needs are critical to design and implement interventions to support the community members in overcoming these challenges and contribute to their overall wellbeing in distinctive and meaningful ways.

1.3. ASSESSMENT OBJECTIVES

The main objectives of this assessment were to:

1. Identify mental health and psychosocial conditions and needs,
2. Explore the community's perceptions and understanding of mental health and psychosocial needs and available resources, and
3. Explore perceptions about the underlying reasons for psychosocial challenges and expressed need for MHPSS services.

Data collected will assist IOM Iraq and other relevant stakeholders in responding to the mental health and psychosocial needs of people of concern.



Photo 2: MHPSS awareness raising on World Mental Health Day 2022. ©IOM Iraq

2. METHODOLOGY

2.1 TARGET POPULATION AND SAMPLE SELECTION

The population of interest for this assessment consisted of young people, aged (14-17) and adults (18 and above) in Daqoq, Hawija, Hay al-Askari, Hay al-Awan, Hay al-Jamea, Hay A'thath, and Zab districts of Kirkuk Governorate. The assessment was conducted through FGDs and KIs and uti-

lized a stratified sampling strategy to account for the varied measurement of interest for participating in the survey among different subgroups. This strategy also ensured representation from all subgroups within the demographics of age, gender, and residential area. Following the tailoring of MHPSS assessment tools for FGDs and KIs, the team completed data collection in June 2022.

2.2 INFORMATION SOURCES

2.2.1 FOCUS GROUP DISCUSSIONS

A total of 64 participants shared their views in 13 FGDs.

Table 1. Focus Group Discussion Breakdown

	NUMBER OF FGD CONDUCTED	NUMBER OF PARTICIPANTS
Adult males and females (aged 18 and above)	5	22
Young males and females (aged 14-17)	8	42
Total	13	64

2.2.2 KEY INFORMANT INTERVIEWS

A total of 161 participants answered survey questions.

Table 2. Key Informant Interview Participation Breakdown

	NUMBER OF PARTICIPANTS
Adult males (aged 18 and above)	47
Adult females (aged 18 and above)	48
Young males (aged 14-17)	34
Young females (aged 14-17)	32
Total	161

2.3 ASSESSMENT TOOLS

The assessment adapted the “Qualitative Questionnaire for Households,” which is part of IOM’s “Psychosocial Needs Assessment in Displacement and Emergency Situations” tool.



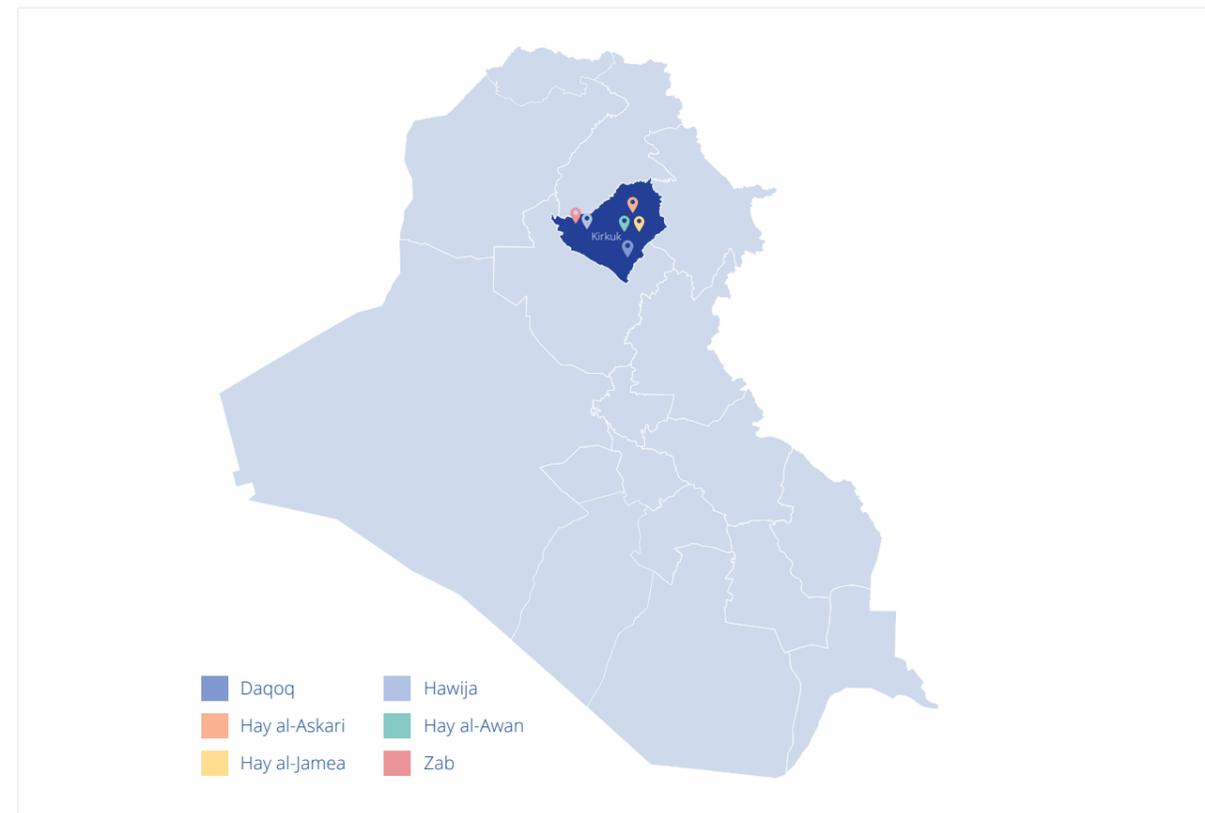
Photo 3: Training for teachers and school counselors on adolescents and children’s wellbeing conducted in coordination with Kirkuk Directorate of Education ©IOM Iraq

2.4 DATA COLLECTION

IOM MHPSS staff trained and knowledgeable about the MHPSS needs and vulnerabilities in Kirkuk conducted the interviews for this assessment. FGDs and KIs were conducted in an age and gender-sensitive manner, with separate sessions held for adult and young males and females. The programme team obtained participants’ informed consent and explained the purpose of the assessment, how the data would be used, anonymized, and kept confidential.

2.5 LIMITATIONS

During the data collection, the MHPSS field team faced several challenges and limitations. One of them was related to security measures and patrols between Kirkuk and its districts and sub-districts that usually cause delays in travel. The data collection team, who are members of IOM’s MHPSS team in Kirkuk, were required to travel to certain locations, such as Hawija, a few times to complete the necessary number of respondents for the KIs. Also, although the Washington Group Short Set of Questions on Disability (WGSSQs) was used to assess the disability status of the households, there is no segregated data about persons with disabilities because the questions do not ask for further elaboration on the gender and age of those household members with a disability in one or more domains of function including walking, seeing, hearing, cognition, self-care, and communication.



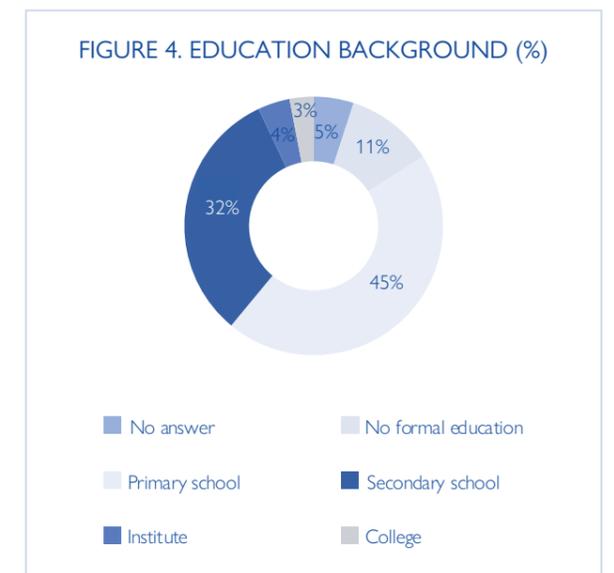
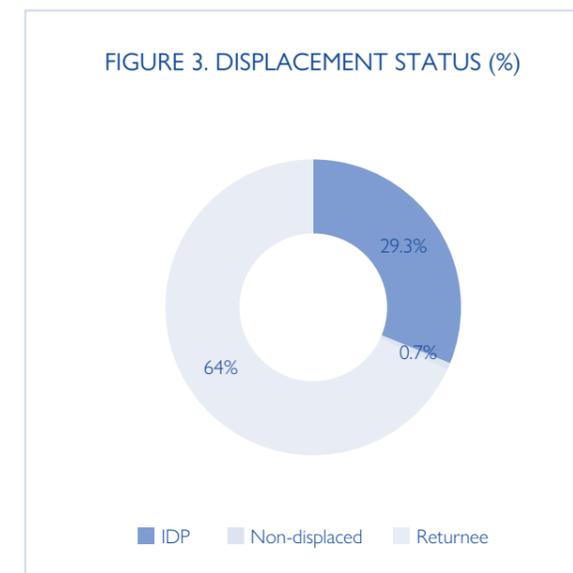
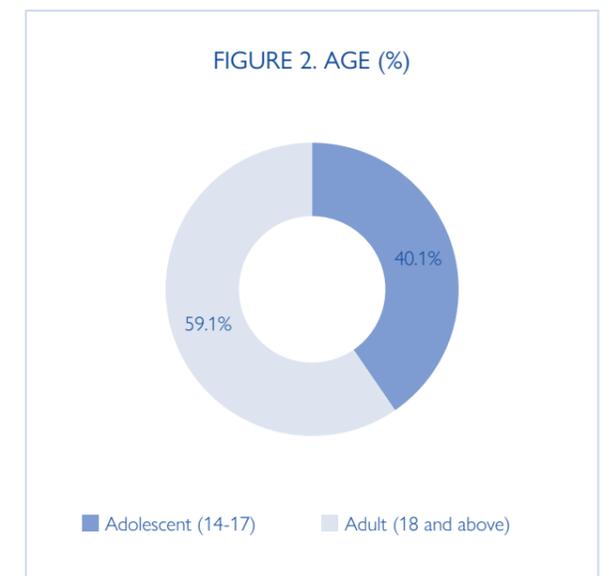
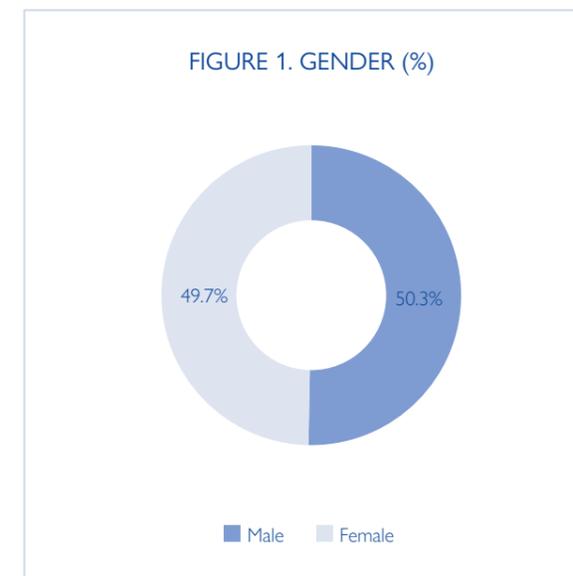
3. RESULTS

3.1 DEMOGRAPHIC DATA OF SURVEY RESPONDENTS

The quantitative assessment is based on survey data collected from 161 respondents in Daqoq, Hawija, Hay al-Askari, Hay al-Awan, Hay al-Jamea, Hay A’thath, and Zab districts of Kirkuk Governorate. As indicated in Figure 1, approximately half of the participants were female (n = 80, 49.7%) with the majority of them (n = 48, 60%) being adults. The same applied to male participants 58 per cent of whom were adults.

Of the 161 participants, 11 (0.7%) were non-displaced, 47 (29.3%) were internally displaced persons, and 103 (64%) were returnees. The remaining 6 per cent did not answer the question about their status.

18 (11%) participants reported to have no formal education and 77 (48%) primary school, 53 (33%) secondary school, 7 institute (4%) and 6 (4%) college degrees.



Of the 161 participants, 85 (53%) participants were single, 66 (41%) married, 1 (0.5%) divorced, and 9 (5.5%) widowed.

Results indicated a lower percentage of unemployment (n = 5, 3%). 8 (5%) of the respondents were self-employed, 46 (29%) keeping house, 26 (16%) doing paid work, 69 (43%) studying a degree, and 7 (4%) getting paid for daily work.

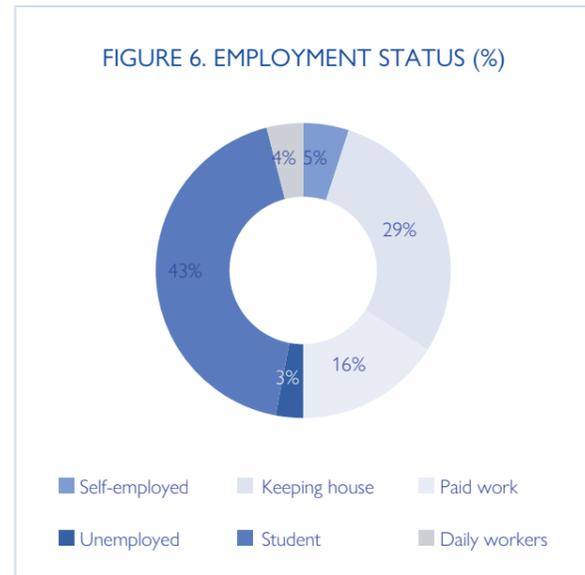
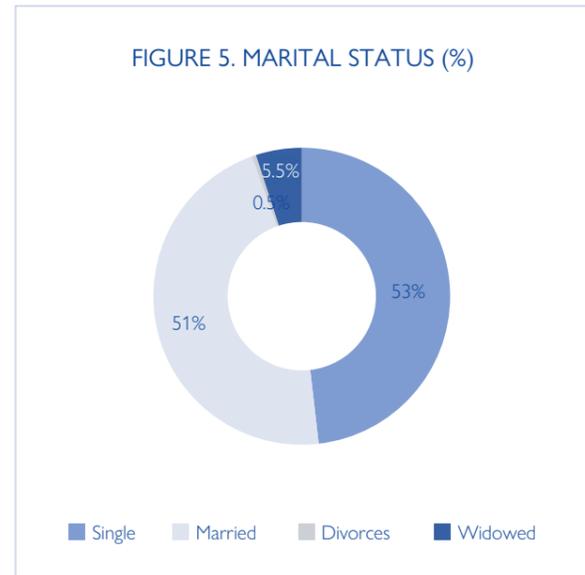


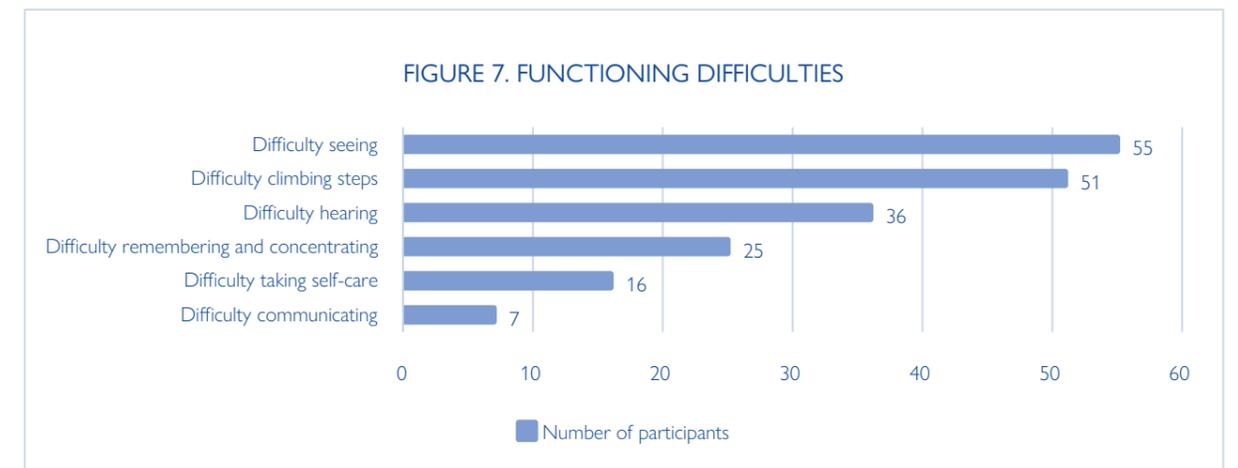
Photo 4: Sewing vocational training conducted in Al-Jamia Youth and Sport Center for women and girls who also receive various MHPSS services ©IOM Iraq

Household Data of Survey Respondents

In this section, the WGSSQs was used to ensure accurate identification of people with disabilities. WGSSQs included six domains of function including walking, seeing, hearing, cognition, self-care, and communication. Most respondents do not have people with disabilities (in the mentioned domains of function) in their households. According to the Guidelines on WGSSQs, “everyone with at least one domain that is coded as a lot of difficulty or cannot do it at all” is included in the people with disabilities. Accordingly, Figure 7 only includes those who have chosen either of these two options (“a lot of difficulty” and “cannot do it at all”).

Functioning difficulties

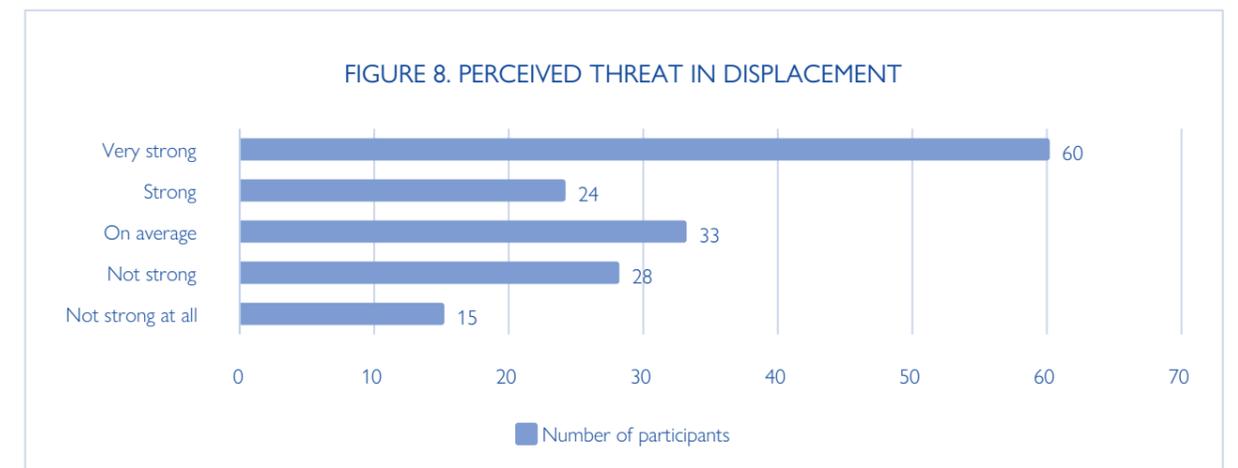
34 per cent (n = 55) of participants reported that they have household members who have difficulties seeing, 32 per cent (n = 51) difficulties climbing steps, 22 per cent (n = 36) difficulties hearing, 16 per cent (n = 25) difficulties remembering and concentrating, 10 per cent difficulties in taking self-care, and 4 per cent (n = 7) difficulties communicating. This indicates that the beneficiaries or people in their households have diverse functioning difficulties some of which severely influence their daily functioning and, therefore, there is need for more inclusive interventions in Kirkuk to ensure that persons who have these difficulties also benefit from the available services.



Threat of displacement or re-displacement

33 (21%) respondents reported that they were displaced more than once. 90.6 per cent (n = 146) of the partici-

pants reported that they experienced threats in displacement to a varying degree with the majority of the threats to be (59%) perceived as very strong.



Quotes from the participants on perceived threats and movement restrictions:

I came back to my original place and found one of the groups destroyed my house on purpose (Adult female, returnee).

It was difficult to escape from the area. We had challenges while moving from one area to another until we reached Salah al-Din (Adult female, returnee).

I was afraid that that we will be caught by ISIL gangs and that we will be shot in the crossfires (Adult male, returnee).

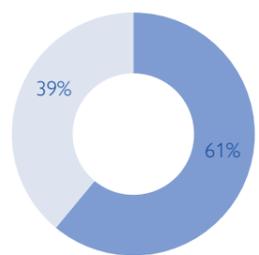
We faced harassment and challenges from all sides. We were stopped at control points everywhere because we are displaced (Male adult, IDP).

The security situation was unstable and there were no basic services (Male adult, returnee).

These quotes represent that perceived threats and movement restrictions were related mainly to the time ISIL was controlling the regions where the respondents are from and include damages to physical structures (e.g., housing), everyday needs (e.g., access to basic services), and psychosocial challenges (e.g., fear and harassment).

The majority of the respondents (61%, n = 98) reported restrictions on their freedom of movement in their current residence while the rest of the respondents reported to have encountered no such restrictions.

FIGURE 9. RESTRICTIONS ON FREEDOM OF MOVEMENT (%)

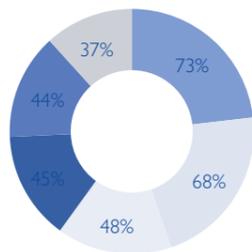


■ Yes ■ No

Similarly, the majority of the participants (65%, n = 105) stated that they do not feel their children were safe during the displacement while others did not report concerns over children's safety.

According to those participants who have children, the main challenges for their children growing up in displacement were food and basic needs leading to growth problems (n = 117, 73%), lack of access to education (n = 109, 68%), health problems (n = 78, 48%), exposure to violence (n = 72, 45%), behavioral problems (n = 70, 44%), and abuse or exploitation (n = 59, 37%).

FIGURE 10. BIGGEST CHALLENGES FOR CHILDREN (%)



■ Food and basic needs leading to growth problems ■ Lack of access to education
 ■ Health problems ■ Exposure to violence
 ■ Behavioural problems ■ Abuse or exploitation

The needs assessment also measured the respondents' perceived ability to communicate with children and adolescents in an effort to understand their needs and concerns. Accordingly, around one in a third of the respondents (n = 50, 31%) reported that they have a good level of communication with children and adolescents. The remaining said they encounter some challenges which make it difficult for them to maintain good communication and understand and respond to the children's needs and concerns. These reported challenges include the limited time they (mostly men) have to spend with children and adolescents in the family and that they prefer to share their needs with their peers rather than sharing with family members such as parents.

Quotes from the participants on challenges children encounter:

The fear of being kidnapped on the way to our home and remembering the sight of the planes that bombed us. My children are very attached to my husband, and they were afraid that they would not see him again and our family life would not be complete without him. They are very much concerned about this (Adult female, returnee).

It was really difficult to establish bonds with the community. It took us a long time to find space in schools. We have been divided to other classroom just because we are from Hawija and been called bad names and bullied (Youth female, non-displaced).

There was a general fear and insecurity caused by people who have destructive behaviors and use drugs (Adult male, returnee).

3.2 PSYCHOLOGICAL AND PSYCHOSOCIAL NEEDS

The participants were asked whether they feel emotional distress or uneasiness, to what degree, and its possible underlying causes. They were also asked whether emotional distress or uneasiness is widespread within the community and its perceived impact on daily life, interpersonal relations, and overall psychosocial wellbeing of different groups. The findings reveal that the majority of participants (85%) feel a certain level of distress or uneasiness and (84%) believe that many people in the society feel emotional distress or uneasiness in different ways.

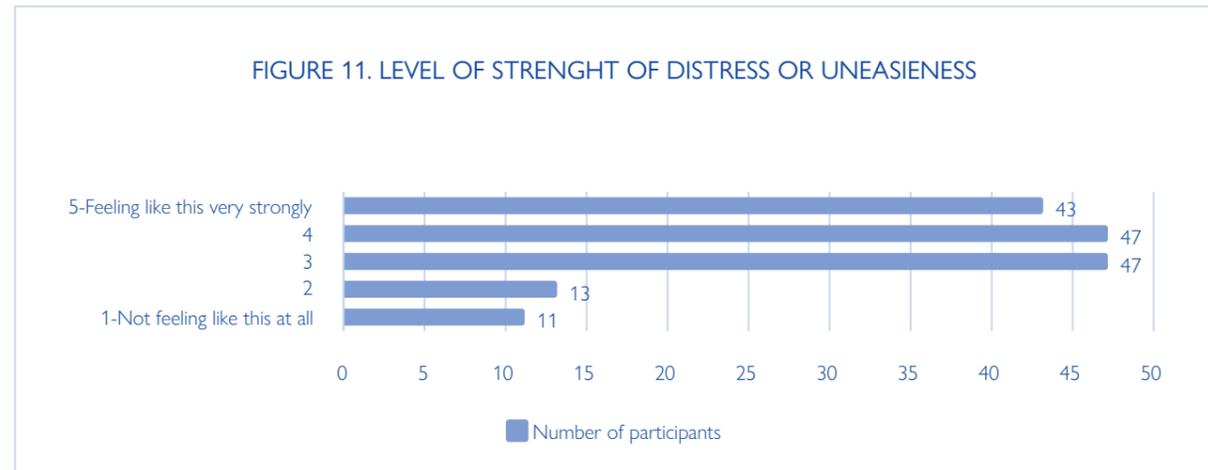
Some of the respondents used the words and expressions noted in Table 3 to define a period of temporary distress or uneasiness.

Reported meaning of feeling distressed for the respondents



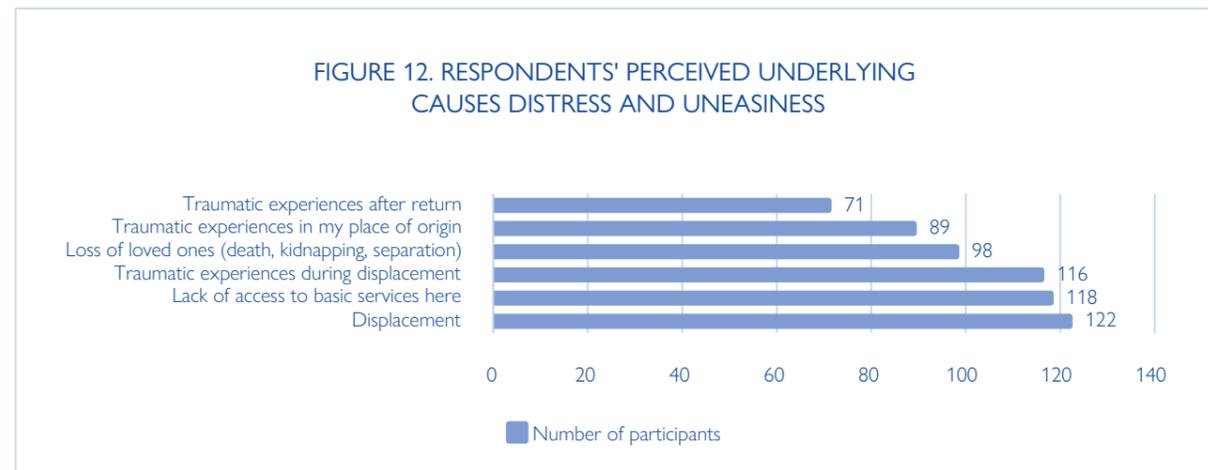
As the highlighted short answers show, the respondents associated diverse situations and terms with the state of being distressed and feeling uneasy. Some of them were linked with socioeconomic challenges while the majority were related to an overall negative mood or state such as feeling tired, an-

nnoyed, stressed, and fed up. When asked how strongly the respondents feel distress or uneasy in the way they defined, the majority of the respondents (93%) reported they feel it to varying degrees and slightly more than half of the participants (n = 90, 56%) mention they feel it strongly or very strongly.



The respondents identified several factors that lead to the feelings or situations that they define as distress or uneasiness. The results show that displacement (n = 122, 75%), lack of access to basic services (n = 118, 73%), and traumatic experiences during displacement (n = 116,

72%) were the three most perceived causes of distress and uneasiness. These were followed by loss of loved ones (death, kidnapping, separation) (n = 98, 61%), traumatic experiences in places of origin (n = 89, 55%), and traumatic experiences after return (n = 71, 44%).



The causes mentioned in Figure 12 have influenced the psychosocial wellbeing of the respondents in multiple ways. Around half of the participants reported that they started suffering from anxiety (n = 85, 53%), sadness (n = 81, 50%), and family issues or relationship problems (n = 77, 48%) due to these causes. Others mentioned aggressiveness (n =

62, 39%), sleeping problems (n = 52, 32%), persistent nightmares (n = 47, 29%), grief (n = 44, 27%), feelings of guilt (n = 27, 17%). Another 13 respondents also marked the 'other' option and noted that these causes brought about fear, hatred, distrust, depression, confusion, irritability, chronic diseases, destruction of properties and livelihood sources.

Quotes from the participants on underlying causes of distress:

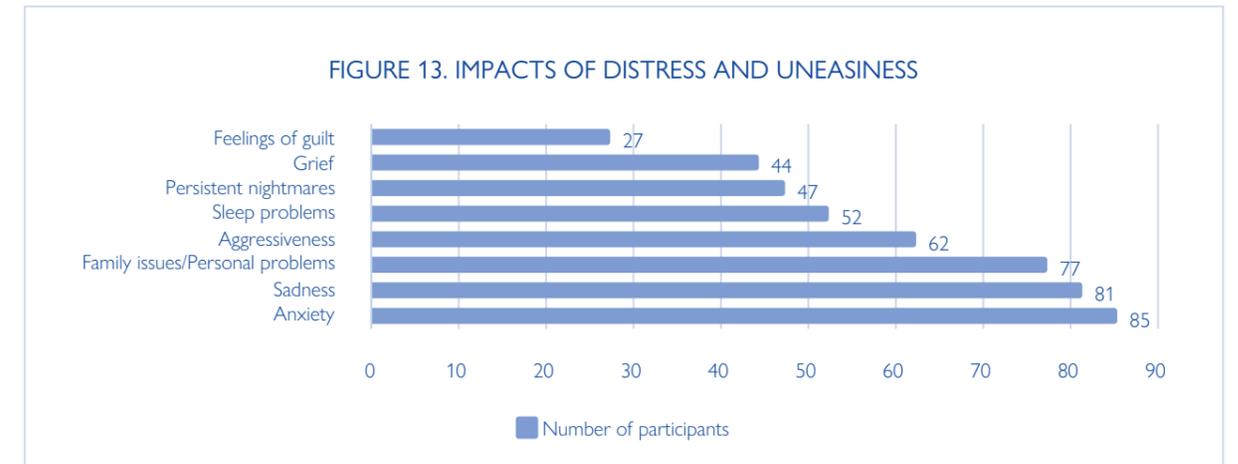
The main causes are rejection from and discrimination by community members, tensions in families and in the society, and domestic violence (Youth female, returnee).

Reasons differ from one group to others and include, for example, a lack of hope, gender inequalities, being neglected by parents (Youth female, non-displaced).

Lack of sense of belonging, difficulty living, social pressures, many needs by children, deterioration of the education system (Adult female, IDP).

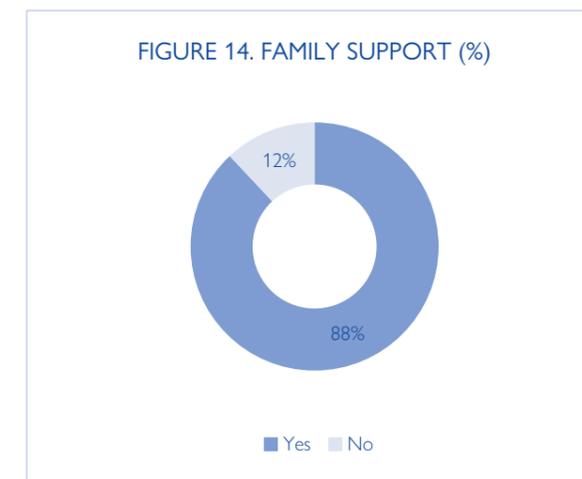
It is hard for me not to be able to support my family. Sometimes I feel I am really tired, and I feel sad for what I am going through but I don't have any options (Youth female, IDP).

The above quotes from the respondents elaborate on the given responses in Figure 12 and show that challenges that lead to distress are multidimensional including both individual- and society-level problems and difficulties.

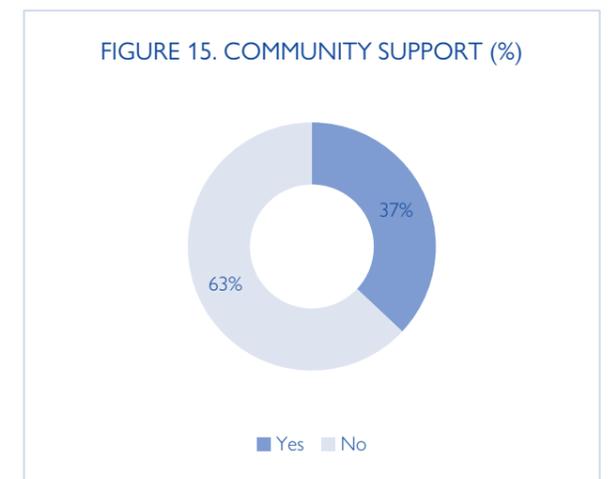


Having faced several disrupting challenges, the assessment investigated if the respondents have social support networks. While a significant number of them reported that

they receive support from their family (n = 141, 88%), a much lower proportion of them said they are supported by the community (n = 60, 37%).



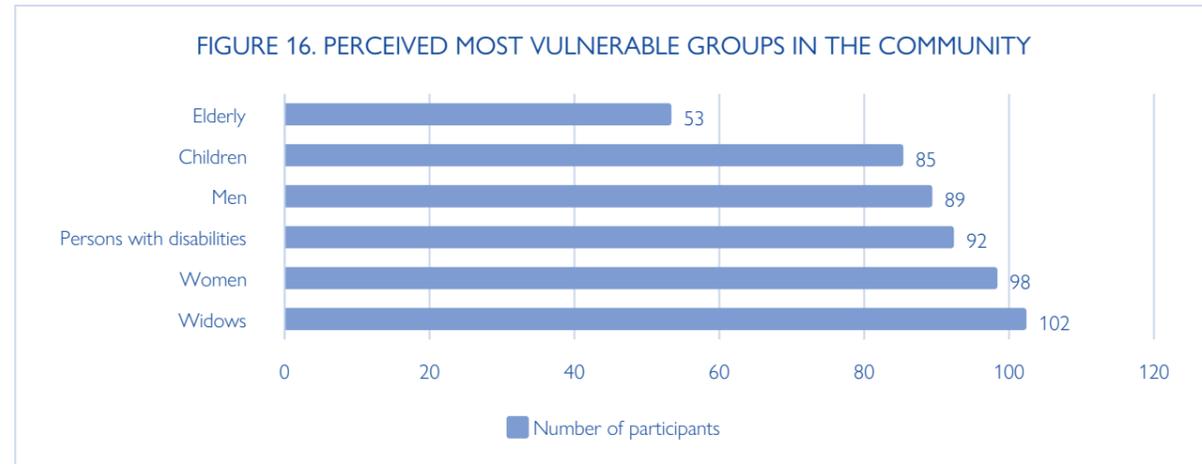
Support coming from family members consisted mainly of financial assistance, emotional and psychological support, and encouraging to complete studies. The last two forms



of support are reportedly provided by the community as well in addition to spending time together and support to apply for available job opportunities.

The existing post-conflict circumstances, displacement, and associated consequences add to the vulnerabilities of IDPs, returnees, and local community members. When asked who suffers most from the existing situation, the majority of the respondents stated that it is widows (n = 102, 63%), women (n = 98, 61%), persons

with disabilities (n = 92, 57%), men (n = 89, 55%), and children (n = 85, 53%). Around one in a third of the respondents (n = 53, 33%) noted that the elderly suffers most from the existing situation. Only around one in five of the respondents (n = 37, 23%) believe that these groups are supported by the community.



Those who stated that these groups are supported by the community mentioned that it is usually done through family members, relatives, and civil society organizations that provide emotional support and very limited financial support. Those who think the opposite noted that

this support is not provided because the community members have their own socioeconomic problems and challenges to deal with, the resources are scarce, services are not equally provided, and the society neglects vulnerable people's needs.



Photo 5: Computer training for youth conducted in Hawija ©IOM Iraq

As these outcomes indicate, the community members in Kirkuk and its districts have multiple needs, which this assessment also aimed at identifying. The respondents' replies revealed a diverse list of needs, including better public services, in particular education, safety and security, employment opportunities, better infrastructure facilities, and public parks and other facilities for social activities and entertainment. The psychosocial needs included mental health and psychosocial support for families, youth, and children to address family and interpersonal issues, self-harming behaviors, and violence including domestic violence, awareness on emotional support, self-care, positive caregiving, stopping early marriage, social integration, and effective communication skills.

Participants also shared their perceptions regarding how emotional distress affects different groups. The responses indicate that distress has negatively impacted **men**, particularly in managing their work and/or business. This includes lack of interest to go to work, inability to concentrate and complete duties, conflicts with managers and colleagues, reduced work performance, nervousness, sadness, irritability, feeling depressed and isolated, concerns about future, inability to establish and maintain effective communication and good relations with family members, and feeling tired.

The main reported impacts on **women** include the inability to do housework, establish and maintain effective communication and good relations with their partner and children, loss of interest in daily activities, neglecting children's needs and challenges in raising children alone (e.g., for female headed households), their use of violence against children, irritability, and feeling nervous, sad, despair, burned out, helpless, and tired. The respondents reported that the impact of emotional distress on **adolescents** include being unable to continue their education, general loss of interest daily activities, adopting self-harming behaviors such as smoking and drug abuse, feeling confused or lost, and engaging in aggressive behavior to address issues. Other effects include isolation, excessive sleep, inability to concentrate, feeling aggressive and withdrawn, and constant disagreements with peers and adults.

Anxiety, sadness, aggression, fear, crying, and feeling irritated and uncomfortable were the most commonly reported effects of emotional distress observed among **children**. Other effects included unwillingness to go to school, being easily distracted, and not being able to concentrate on their courses, general loss of interest, bullying peers and youngsters, and feeling isolated and bored.

Participants who thought about the possible outcomes of emotional distress on the **elderly** listed anxiety, loneliness or feeling alone, crying, protracted grief, sadness, hopelessness, being unable to meet basic needs, feeling susceptible to different illnesses, feeling depressed, and general interest loss as potential outcomes.

In line with this, the majority of the respondents perceived that people in the community who need psychological or psychosocial support (n = 101, 63%) and that they will seek out psychological and psychosocial support if provided (n = 98, 61%). The underlying reasons for these reported needs are the need for more awareness on mental health and psychosocial wellbeing, finding out about ways to improve their wellbeing, establishing and developing better social and family relations, overcoming the challenges of the times they have gone through, dealing with fear and anxiety due to the previous conflicts and existing circumstances.

The assessment also explored the IDP and returnee respondents' (n = 150, 93%) main concerns regarding the host community perceptions towards their return to their original locations. 47 per cent of the respondents (n = 70) noted that they have no concerns, worries, or fears while 7 per cent of them (n = 11) reported they do not know how the host community would perceive them. The remaining respondents shared some concerns including fear of not being welcomed and rejection or refusal, inability to reintegrate due to intolerance and racism, limited job opportunities available to them, feeling strange or the need to restart from 'zero', and lack of or limited public services in the areas of return.



Photo 6: Handmade home decoration and recycling activity for girls and women in Hawija ©IOM Iraq

3.3 COPING STRATEGIES

To assess and learn about relevant coping strategies, the respondents were asked to list several coping mechanisms employed by men, women, young people, kids, and the elderly to deal with emotional distress. The assessment found that each group have common and individual measures to safeguard their psychosocial wellness, as shown in Table 4.

The participants also highlighted certain coping strategies that may not contribute to or in some cases even hurt the wellbeing of the community members in addition to the positive ones listed below that can benefit wellbeing. These behaviors include smoking among males, crying, hitting children, and shouting among women; using drugs and smoking among teenagers; crying and playing violent mobile games among children; and isolation among the elderly.



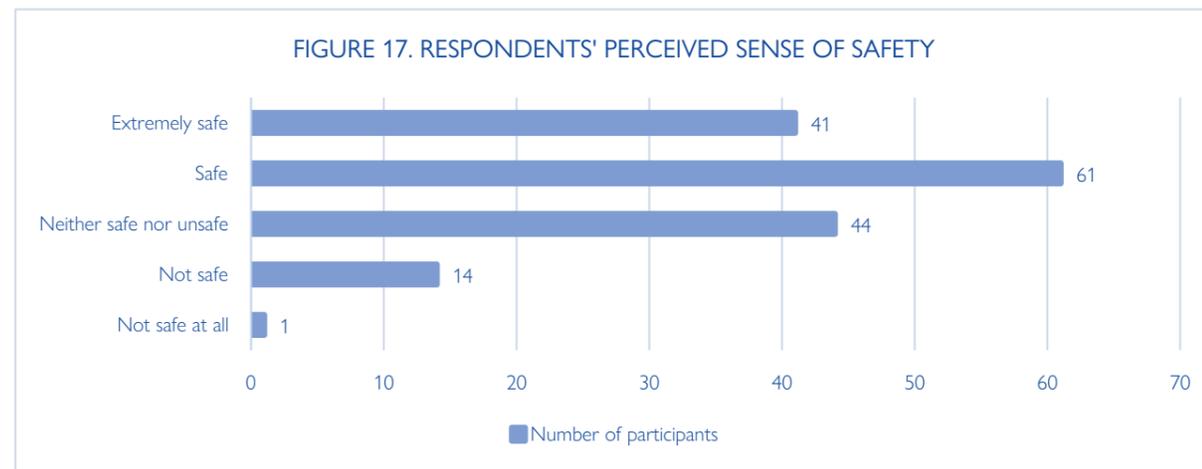
Photo 7: Children attended an exhibition held in the presence of local authorities, children, and community members following a three-month arts and crafts activity (e.g., sewing, painting, home decoration) at the PSD center in Hawija ©IOM Iraq

TABLE 3. REPORTED COPING STRATEGIES OF GROUPS OF CONCERN

GROUP OF CONCERN	COPING STRATEGIES
Men	<ul style="list-style-type: none"> • Going out with and spending time with friends • Looking for jobs/Going to work • Helping other family members • Watching TV • Taking a walk • Visiting relatives • Going out with family members and playing with children
Women	<ul style="list-style-type: none"> • Doing housework • Getting support from family members • Communicating with friends and close people • Visiting neighbors and relatives • Attending skills workshops (e.g., Sewing, knitting, and other handicraft activities) • Praying and visiting holy places • Supporting family and children
Adolescents	<ul style="list-style-type: none"> • Going out with friends • Playing mobile games • Attending and organizing sports activities • Studying • Peer support • Sports (e.g., swimming, football)
Children	<ul style="list-style-type: none"> • Playing with peers in the neighborhood • Going to parks and play fields with their parents • Watching cartoons • Studying • Family support
Elderly people	<ul style="list-style-type: none"> • Visiting friends and relatives • Spending time out (e.g., market, going for a walk) • Farming • Praying at home and mosques

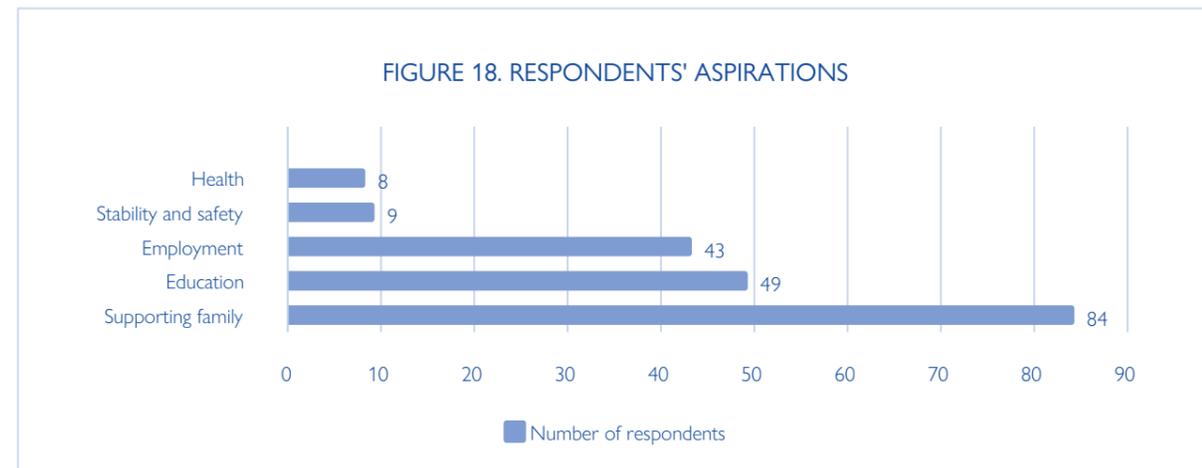
The assessment also inquired about how secure the respondents feel in their current location. Accordingly, almost all of

the respondents reported to feel safe to varying degrees with the majority (n = 102, 63%) feeling safe to varying degrees.



The final question asked was related to the respondent's aspirations for themselves and their family. The results indicate that they prioritize actions to support their family (n = 84, 52,2%) through financial means or by providing more psychosocial support to their family members including children, partners, and parents. Around one third of the respondents (n = 49, 30,4%) mentioned their aspirations related to education in-

cluding completing their education or supporting family members, in particular children, to complete their studies. Finding better employment opportunities (n = 43, 26,7%) (e.g., finding a job, finding a better job with a higher income, finding a stable job, etc.) was the third most mentioned aspiration. This was followed by having safety and stability in the country (n = 9, %6) and better physical and psychological health (n = 8, %5).



Quotes from the participants on aspirations:

I hope to get financial project support and at the same time someone to guide me to manage it. I also want to listen to myself and understand my fears and problems.

I want to have a family that is psychologically and financially stable, and I hope to reach a stage where I understand how to control my feelings and thoughts and raise my children properly.

I want to be successful in school and that my family gets a job opportunity as before.

I hope my children will become doctors and engineers. I for wish health, safety, security, and stability.

I hope for safety and a lot of business here. I hope there will be job opportunities such as companies that come here to work and cerate job opportunities. I wish for an improved power supply, water, and better roads.

I hope we ensure the stability of the security situation and to return to a normal life as it was before to live a decent life.

Elaborating on the aspirations, the above quotes and many others that are not included in this report reflect that securing a job and an income, completing studies, and living in a safe and stable country are the most commonly mentioned aspirations. Concerns regarding infrastructure (e.g., electricity, water) and superstructure (e.g., roads) services as well as institutions (e.g., schools and education system) which influence the respondents' or their family members' everyday life also play a key role in expressions of aspirations.

3.5 SERVICES REQUESTED TO HELP MANAGE MHPSS CONDITIONS

The majority of respondents (98 percent, n=158) acknowledged the existence of members of the community who need psychological or psychosocial support. This is a crucial issue to consider when developing and putting into practice solutions to improve community wellbeing. 94 per cent of participants (n=152) agreed that those who require psychological or psychosocial care will look for it and access the support if offered. Respondents who were asked to provide specific justifications for why they believe they need MHPSS services identified the desire to reduce or relieve stress, manage psychosocial challenges, enhance family and interpersonal relations and their psychosocial and mental health conditions, acquire psychosocial knowledge and skills, and encourage self-development. Respondents further noted the need for MHPSS services to lessen the effects of psychosocial distress so that people could apply for and receive loans, jobs, and raise their income.

In addition to MHPSS needs, respondents mentioned ending violence (including domestic violence) and poverty, expanding educational opportunities, assisting women and girls in any way possible, including employment and education, developing the governorate's infrastructure and superstructure, combating early or forced marriage, ensuring safety and security, and fostering greater social cohesion within communities. Each of these needs is linked to psychosocial wellbeing and mental health in different ways and to differing degrees. Based on these needs and the findings of the assessment, we propose the following recommendations to best meet the needs.



Photo 8: Planting trees as part of a volunteer environmental protection campaign at Al-Jamia Youth and Sports Center ©IOM Iraq

4. KEY FINDINGS AND RECOMMENDATIONS

The assessment's ultimate purpose was to provide insight into how to develop effective long-term and sustainable solutions for the Kirkuk Governorate when it comes to addressing mental health and psychosocial needs, guiding strategic approaches and MHPSS interventions. This section summarizes the key findings and offers applicable recommendations. Any program aiming to improve the psychosocial well-being of the Kirkuk community should take the following recommendations into account.

Finding 1

Multiple difficulties, such as displacement, socioeconomic hardships, psychosocial issues, safety and security concerns lead to emotional distress.

Recommendation 1

Establish holistic and comprehensive MHPSS interventions to complement adults', youth's, and children's individual and collective needs, including education, health, livelihood, and protection.

- Encourage humanitarian actors to deliver these services in a safe and socially acceptable manner. Advocate for the provision of fundamental services that are ethical, safe, and accessible. Protect community members' dignity by documenting the effects of the services on their mental health and psychosocial wellbeing.
- Make sure that MHPSS, livelihoods, and protection services are provided in an integrated manner. Effective referral channels should be set up so that needed services can be provided simultaneously.



Finding 2

Emotional distress has similar and distinct effects on children, adolescents, men, women, and the elderly, including sadness, isolation anxiety, sleep disturbances, and family and interpersonal issues.

Recommendation 2

Offer multi-layered MHPSS services to address the challenges more effectively.

- Provide psychological first aid, individual counselling, and group support sessions to persons who demonstrate significant degrees of emotional distress and trauma symptoms.
- Raise community members' awareness of mental health and psychosocial difficulties, as well as the availability of care, which will enhance the likelihood of their seeking help.
- Involve people with severe mental illnesses, their families, and caregivers in the design and implementation of MHPSS program through community consultations.

- Ensure that MHPSS services are available to all vulnerable populations, including men and women, the elderly, and individuals with disabilities.



Finding 3

There is an insufficient number of spaces dedicated to adults or children to conduct recreational activities that would help community members overcome boredom and be active in community-based activities.



Recommendation 3

Create safe environments for peaceful coexistence and help activate social support mechanisms. Develop secure community spaces for leisure activities for various groups with varying requirements.

- Establish safe and easily accessible areas for inclusive recreational activities.
- Design and implement recreational activities and encourage community members to participate in to develop social bonds and interpersonal relations.



Photo 9: A group of children attend a community based psychosocial group activity in Hawija©IOM Iraq

Finding 4

Displacement and return have caused negative consequences for mental health and psychosocial wellbeing for all groups and requires long-term and integrated approaches to be addressed.

Recommendation 4

Design and implement long-term solutions as the demands are complicated.

- Work with local and international humanitarian actors as well as local and national stakeholders to ensure that needs are well identified, and long-term effective interventions are implemented through frequent community consultations and integrated with other relevant sectors.

MENTAL HEALTH
AND PSYCHOSOCIAL
NEEDS ASSESSMENT
IN KIRKUK

IOM IRAQ

iraq.iom.int

iomiraq@iom.int

UNAMI Compound (Diwan 2),
International Zone,
Baghdad/Iraq



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Foreign Affairs FDFA



© 2022 International Organization for Migration (IOM)

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior written permission of the publisher.