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COMPREHENSIVE PROGRAM ON SUICIDAL BEHAVIOR IN IRAQ

Abstract: This paper discusses the critical role of IOM Iraq's Mental Health and Psychosocial Support (MHPSS) program in supporting the government's response to suicide in Iraq. By advocating for evidence-based practices tailored to local contexts and promoting cross-sectoral collaboration, this initiative aims to strengthen suicide prevention efforts. The study serves as a guide for implementing interventions that enhance stakeholder cooperation and emphasizes the need for a comprehensive approach to suicide prevention and response, ensuring community concerns are addressed effectively.

Keywords: IOM Iraq, Mental Health, Psychosocial Support, Suicide Prevention, Stakeholder Collaboration, Community Engagement, Evidence-Based Practices, Cross-Sectoral Cooperation, Intervention Strategies, Resilience, Public Health

Introduction:

To learn more about suicide mortality, the Government of Iraq launched a research in 13 (out of 18) governorates in 2015. According to Abbas et al. (2018), who expand on the study's findings, the suicide rate per 100,000 people was 1.09 (1.21 for men and 0.97 for women) in 2015 and 1.31 (1.54 for men and 1.07 for women) in 2016, with the majority (67.9%) being under 30. These numbers are likely to be underestimated due to stigma, incorrect categorization, and subsequent underreporting because they appear to be significantly lower than the average estimate (11.4 cases per 100,000) (World Health Organization (WHO), 2014). In a more current research of suicides in Iraq in 2019, the Iraqi Ministry of Health (MoH) revealed that 332 people died by suicide and a total of 1112 people attempted suicide (Abdul Razaq, 2020). Inability to cope with stress and conflict, gender-based violence, domestic abuse (Hanna & Ahmad, 2009; Othman, 2011; Mohammad Amin et al., 2012), political and sectarian violence and extremism (Hafez, 2006), and psychological trauma from war are all potential risk factors for suicide in Iraq (Abbas et al., 2018).

Suicide is a significant global public health concern that affects individuals in countries like Iraq. Suicides are most frequently caused by disorders and difficulties related to mental health. they contribute to death and morbidity around the planet (Zalsman et al., 2016).

The COVID-19 epidemic and related mitigation actions have resulted in mental health difficulties (eg, lockdown, social distancing). The pandemic may result in an increase in the prevalence of common mental diseases and suicide. However, there haven't been many suicide instances in Iraq that were caused by COVID-19. As the number of cases grows, COVID-19 worry and dread are rising among Iraqis as well, creating a variety of mental health problems (Othman, 2020; Kizilhan & Noll-Hussong, 2020). Quarantine, along with other crucial measures like social exclusion and isolation, as well as the ensuing social and economic failures, can cause a number of psychological problems to emerge and progress during pandemics (Gunnell et al., 2020; Reger et al., 2020). These issues are common during a pandemic and frequently result in an increase in suicidal



behavior, including suicidal thoughts, attempts, or suicide. Pandemics have been found to increase the probability of suicide behaviour in previous outbreaks like the SARS virus (Chang et al., 2020). Furthermore, Peprah and Gyasi (2020) speculate that the stigma connected to COVID-19 may raise the risk of suicide. There aren't many research on suicide behavior in Iraq, a Muslim nation in the Middle East, particularly during the COVID-19 pandemic (El Halabi et al., 2020). The sociodemographic, risk factors, and clinical characteristics of suicides during the COVID-19 epidemic have not yet been thoroughly studied.

This could be the case since studying a pandemic is a difficult and dynamic endeavor, and mitigation actions like social isolation or lockdown limit the quantity of data that can be gathered. Since the COVID-19 instances started to get worse, there have been several suicide cases published in Iraqi publications. It may be very difficult to cope with the loneliness brought on by seclusion and quarantine, as well as the fear and worry of developing COVID-19.

Insufficient attention to these mental health issues can cause suicide in those who now have or have previously had a mental or physical condition (Puig-Amores et al., 2021). Based on this context, we examined the available media sources to evaluate the traits, practices, and risk factors of suicide behavior in Iraq during the COVID-19 epidemic. Newspaper reports were considered to be a viable source of information encompassing the sociodemographic characteristics and identification of potential risk factors in the absence of epidemiological primary data.

IOM's Mental Health and Psychosocial Support (MHPSS) program in Iraq gave suicide prevention priority among its community stabilization programs in recognition of these possible variables for two reasons: One of the main issues in communities across Iraq, according to reports, is suicide, and another is the lack of resources from the government and civil society to help suicidal people. Suicidal ideation and attempts are common among displaced people worldwide, according to prior study (e.g. Quosh et al., 2015; Akinyemi et al., 2019; Aoe et al., 2020). Therefore, comprehensive programs and policies are required to combat suicide in Iraq. Accordingly, IOM helped the Iraqi government create the National Suicide Prevention Strategy, which tries to incorporate social, cultural, and economic elements in a broader framework of response. In this study, IOM Iraq's suicide prevention program is described, along with its three main pillars, as well as the difficulties encountered when promoting suicide awareness, preparedness, and response in Iraq.

- The first pillar focuses on lobbying and support for the National Suicide Prevention Strategy being developed by the Iraqi government, as well as its current state of development.
- The second is raising people's awareness of suicide in the community.
- The third is IOM's training and capacity-building initiatives for government agencies, nongovernmental organizations, and civil society organizations.

Contributing to the establishment of the national suicide prevention strategy for Iraq:

A strong national suicide prevention strategy in place in a nation offers a framework for incorporating various suicide prevention measures and reinforces the government's commitment to combating the issue (WHO, 2012). IOM Iraq offered help to start tangible actions in conjunction with the government of Iraq in 2019 due to the lack of resources at the government level to start the process.

IOM assisted the Iraqi government and the Ministry of Health in the initial phase of organizing a roundtable with all pertinent mental health stakeholders to explore the worries expressed by the public and specialists concerning suicidality in Iraq. This event, which was held in July 2019, provided an opportunity to identify pertinent stakeholders and make plans for a situation analysis, both of which were essential to the creation of the strategy. The Ministry of Health (MoH) presented national suicide statistics as well as the difficulties that various governorates encountered in tracking precise suicide statistics due to a lack of an efficient case surveillance system, highlighting the discrepancy between figures provided by healthcare facilities, police authorities, and the judicial system due to the various sources of information that are not aligned, Under the National Technical



MHPSS Working Group, a working group on suicide was established to assist the MoH in its efforts to prevent suicide (TWG). During the situational analysis, it became more evident that the relatives of both victims and survivors, as well as those who have had suicide thoughts, were not well represented. In order to organize a national conference on suicide prevention in September 2019, IOM worked with regional NGOs (like Azheel) with a particular emphasis on include the community's perspective. To assure the success of the nation's response to suicide, it was decided at this conference that policymakers, NGOs, and community members should collaborate on the formulation and execution of a national suicide prevention strategy.

Soon after this seminar, IOM Iraq received an invitation to share its expertise on suicide prevention in Iraq at a GIZ2 exchange on the topic in Berlin, Germany, in October 2019. The conversation between the expert participants' experiences in suicide prevention from the MENA area (Iraq, Lebanon, Jordan, Syria, and Palestine) and Europe (Germany and the United Kingdom) was facilitated by the exchange. IOM Iraq and the MoH collaborated to finalize the design of a national suicide prevention strategy and a workplan to direct its implementation in November 2020.

A high-level intergovernmental conference on suicide prevention was organized by IOM and the General Secretariat of the Iraqi Council of Ministers (GSICM) to:

- i. Enable dialogue on suicide prevention between various ministries and explore how this fits within their respective ministerial programs.
- ii. Provide recommendations to GSICM on steps necessary to establish a framework facilitating collaboration between various ministries on suicide prevention.
- iii. Provide.

Representatives from the ministries of health, interior, education, higher education, justice, labor and social affairs, youth and sports, as well as the Iraqi High Commission for Human Rights and the Supreme Judicial Council, were present at the meeting. IOM backed the decision to include the suggestions and ideas from this meeting into the draft plan, which is currently awaiting the Iraqi government's final approval.

Raising Suicide Awareness in the Community

The programme management carried out a few community evaluations and dialogues on suicide as part of the continuing situation study that IOM initiated in Iraq. Lack of understanding and information on suicide, according to the MHPSS team from IOM Iraq, is one of the main causes of the stigma attached to those who have attempted suicide in the past or who have lost a loved one to suicide. IOM subsequently created an awareness-raising package with materials catered to various groups, including medical professionals, teachers, and relatives of suicide victims. The following paragraphs provide a sample of the two pamphlets' content (misconceptions about suicide and advice for grieving relatives) (IOM-Iraq, 2020a, b,c,d), English, Arabic, and the Kurdish languages Sorani and Badini were all accessible on the printed and online versions of the pamphlets. The MHPSS TWG distributed the electronic version to each member. IOM also provided the MoH in Baghdad and Erbil, in addition to other NGOs in the targeted areas, with thousands of print copies. One of the pamphlets focused on the realities surrounding these myths since they have a substantial impact on how others view and react to those who are contemplating suicide, those who have attempted suicide, and family members of those who have died by suicide (IOM-Iraq, 2020a). The pamphlet tackled the following eight myths, among others: The following statements are true about suicide:

- It is a rare phenomenon
- People who talk about suicide only do so to attract attention
- Suicide discourse may act as a catalyst for suicide attempts,
- Unsuccessful suicide attempts reveal that the person was not seriously depressed
- Suicide occurs more frequently in the rich or the poor



To refute these myths, the pamphlet provided clear, fact-based information: Existing research indicates that every year, over 700,000 people die by suicide, and that low- and middle-income countries account for around 80% of suicides globally (WHO, 2021). Suicides may be avoided, and one method to do so is to talk about it (Garfinkel, 2019; Vidal, 2018; WHO, 2021).

The pamphlet for grieving families who lost a loved one to suicide contained important advice for the families and others of the neighborhood who may provide assistance (IOM-Iraq, 2020b). The five messages intended for grieving families comprised the following in an effort to raise awareness of their feelings, thoughts, and actions following the suicide:

1. Be aware of your feelings and attempt to communicate them since you can be experiencing overwhelming grief, rage, astonishment, denial, guilt, and humiliation;
2. Observe your thoughts as you may ask "why" and "what if" questions without immediately knowing the answers.
3. Also, keep in mind that everyone experiences sorrow differently and that other family members may respond in various ways.
4. It is not your fault since you are not responsible for the decisions made by others.
5. Take things one instant or day at a time to help you focus on the present.

The messages that followed suggested some actions to take to ensure their welfare and included the following:

6. Make use of your personal religion and ideals to support you by engaging in your regular spiritual or religious practices, such as prayers, meditation, or religious readings, since they may provide consolation;
7. Honor their lives by creating occasions to remember them, such as by engaging in things you did with them.
8. Look for yourself by eating, resting, and drinking enough water.
9. Aiding others can make you feel more at ease.
10. If you need additional support, give yourself permission to seek professional assistance.
11. Find a good listener with whom you can freely share your thoughts, feelings, and concerns.
12. Things will get better with time, so return to the regular activities you are capable of doing and that help you find peace once more.

Activities for Building Capacity and Training

Only 0.11 psychologists and 0.34 psychiatrists were available per 100,000 people, according to the WHO's global health observatory data repository (WHO, 2017), indicating a lack of local, specialized mental health treatment providers in Iraq. Even less, 0.089 social workers were employed for every 100,000 people. In order to start educating the community about suicide and addressing the unfavorable attitudes it is confronted with, IOM requested the training of a variety of prospective gatekeepers.

The training program featured a capacity-building element designed to support trainees in strengthening community-based support for suicide prevention through four fundamental goals. First, to arm participants with the information they need regarding suicide risk and protective factors, widely held myths about suicide, and culturally appropriate methods of raising the issue in the community. Second, to combat unfavorable opinions or stereotypes about people who attempt suicide and promote the development of stronger community networks to assist them. The next step is to assist students in developing the abilities to lead community awareness campaigns that will promote an honest discussion about suicide. Lastly, to provide journalists and media professionals with particular training modules on ethical reporting and creating media content on suicide.

A total of 200 people from various governmental organizations and NGOs took part in the suicide awareness campaign. Between July 2019 and December 2020, these trainings were made



available to gatekeepers from nine different governorates in Iraq: Dahuk, Diyala, Ninewa, Erbil, Najaf, Kerbala, Baghdad, Salah Al-Din, and Kirkuk. Shorter training sessions were given remotely when the area was in lockdown and COVID-19-related constraints.

Suicide is a problem that affects people of all races and languages in Iraq, thus trainings and capacity-building activities were provided in Arabic, English, and the Sorani and Badini dialects of Kurdish, depending on the local need. Exercises and case studies were also customized for the local environment. In addition, IOM helped several trainees from local NGOs put up community awareness-raising workshops in Sharya town, Shekhan camp, and Qadia camp in Dahuk governorate in order to maximize the benefits of these activities. In order to ensure more effective learning, these workshops gave certain trainees the chance to put their knowledge and communication abilities into practice while under the close observation of the IOM MHPSS team (IOM, 2019). Additionally, they provide a place to test the IOM's materials for increasing awareness to make sure they were acceptable for the local setting.

Limitations and Difficulties

The COVID-19 epidemic, which has removed suicide prevention off the agendas of most stakeholders and policymakers alike, posed the biggest obstacle to the advocacy role IOM was playing to develop a national suicide prevention plan. IOM kept up the awareness-raising and capacity-building components to maintain the momentum started in 2019 despite the lack of agreement on the plan. Lack of government funding for various components, which forces the involvement of various parties like donors and international organizations to jumpstart the implementation until a more sustainable framework is established, is one potential obstacle following the potential endorsement of the strategy nationally. On the other hand, the majority of the training and capacity-building efforts were conducted prior to the discovery of COVID-19 in Iraq and the imposition of national limitations. However, the pandemic has had an effect on beneficiaries' access to MHPSS services as well as their psychological and social well-being. Delivering services in particularly disadvantaged and underserved communities was made more difficult by precautionary measures like physical separation and mobility restrictions. Members of the targeted population also expressed rising concerns about preserving their occupations and means of subsistence, as seen in IOM's fieldwork and assessments. The setting became much more complex as a result of COVID-19 amplifying the variety of stresses that cause fear, anger, despair, frustration, and anxiety. The MHPSS activities of IOM Iraq were modified in accordance with local government directives and best practices in public health while still adhering to movement restrictions and maintaining MHPSS as a top priority in crisis situations, particularly among vulnerable groups like internally displaced persons (IDPs).

Conclusion:

The IOM Iraq's Mental Health and Psychosocial Support (MHPSS) program interventions aimed at supporting the government's response to suicide represent a critical step towards establishing a more structured and effective strategy for addressing this pressing issue within the region. By emphasizing the importance of evidence-based practices tailored to the local context and available resources, this initiative underscores the significance of fostering cross-sectoral cooperation to enhance overall suicide prevention efforts. The study conducted by IOM Iraq not only serves as a blueprint for implementing interventions that can bolster collaboration among various stakeholders but also highlights the necessity of a comprehensive approach to suicide prevention and response. By advocating for increased coordination among the diverse entities involved in suicide prevention, it is possible to ensure that the community's concerns regarding this sensitive topic are adequately addressed and that resources are effectively mobilized to provide the necessary support and interventions. Moving forward, sustained efforts in promoting dialogue, sharing best practices, and strengthening partnerships will be vital in advancing the overarching goal of mitigating suicidal behavior in Iraq. By fostering a culture of collaboration and inclusivity, and by prioritizing the well-



being of individuals at risk, it is possible to make significant strides in preventing suicide and promoting mental health resilience within the Iraqi population. Ultimately, through continued dedication to evidence-informed strategies and community engagement, a more cohesive and responsive framework can be established to address the multifaceted challenges posed by suicide, paving the way for a brighter and healthier future for all members of society.

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