

Online Conference: Mental illness as a challenge in return counselling

Date: 21. March 2024

Location: Online conference

Organizers: Salomé Maxeiner and Riikka Schenk, Transnational Exchange VI

Participants: 96 return counsellors

The first Transnational Exchange VI workshop on topic Mental Illness was organised in November 2023 in Augsburg, Germany. Given the huge interest in the subject, a second training was conducted online, featuring new speakers and providing accessibility to all European return counsellors.

Introduction to mental illness – symptoms, diagnosis and treatment options

Frauke Baller, a psychological psychotherapist (CBT), gave a presentation about mental illness: the symptoms, diagnosis and treatment options. According to WHO the definition of mental illness is a clinical significant disturbance in an individual's cognition, emotional regulation and/or behaviour, with distress and impairment in important areas of functioning. Depression and anxiety disorders have the highest prevalence worldwide. In conflict areas the numbers of posttraumatic stress disorders are emphasized. Schizophrenia exists in all countries and people with schizophrenia have a significantly lower life-expectancy. (WHO 2024)

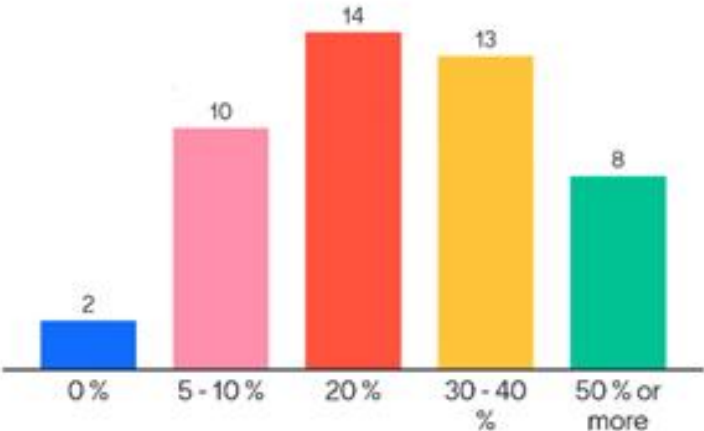
Agitation during a counselling situation

Migrants face various factors that can contribute to their susceptibility to mental illness. These include migrational stress, language barriers, cultural disparities, and the challenge of adapting to different social systems. The most common diagnoses among asylum-seekers are depression, PTSD (posttraumatic stress disorder) and schizophrenia.

In a counseling setting, there are several guidelines for identifying potential mental health concerns. One of the initial considerations is to assess the quality of interaction with the client.

This involves observing whether there is a genuine connection established, if there is normal engagement including eye contact and responsive reactions. Additionally, it's important to evaluate whether the person demonstrates a coherent sense of reality and maintains a connection to the present environment during the counseling session. If the eyes are wandering, the speech is disorganized, gestures are hectic and voice is getting louder, it might be a sign of agitation. Delusions and hallucinations are quite easy to notice, since the person is reacting to things that are not present for other people in the room. Posttraumatic flashbacks can bring the person back to the traumatic event where she/he was before.

How many of your clients have mental health problems (approximately)?



A question for the conference participants revealed that a vast majority of counsellors encounters clients with mental health problems regularly (74 % of the counsellors stating that 20 % or more of their clients have mental health problems).

Psychotic symptoms and schizophrenia – psychiatric disorders

Psychotic symptoms encompass a spectrum of experiences that profoundly disrupt an individual's perception of reality. Among these symptoms, hallucinations stand out as sensory perceptions that occur in the absence of external stimuli. These hallucinations can manifest in various forms – auditory, visual and haptic – and are frequently accompanied by other disturbances such as paranoia, delusions, and disorganized speech and behavior. These symptoms often intertwine, creating a complex tapestry of psychological distress.

One of the primary conditions associated with psychotic symptoms is schizophrenia, a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. Individuals with schizophrenia often experience psychotic episodes characterized by a profound loss of touch with reality. These episodes can last for a significant portion of time, leading to disruptions in daily functioning and interpersonal relationships.

While schizophrenia is a well-known condition associated with psychotic symptoms, it is not the only context in which these experiences arise. Psychotic symptoms can also occur in other psychiatric disorders, such as bipolar disorder during manic phases, severe depressive episodes, and as a result of substance-induced conditions. In each of these contexts, psychotic symptoms can significantly impair an individual's ability to function and lead to considerable distress.

Understanding psychotic symptoms and their association with schizophrenia is essential for effective diagnosis and treatment. Early intervention and comprehensive care can help individuals manage their symptoms, improve their quality of life, and enhance their overall well-being. By addressing the complex interplay of biological, psychological, and environmental factors underlying psychotic symptoms, clinicians can provide tailored interventions that promote recovery and resilience.

Posttraumatic Stress Disorder and effective treatments

Posttraumatic Stress Disorder (PTSD) is a debilitating mental health condition that arises following exposure to traumatic events. These events can vary widely in nature and severity, leading to different manifestations of PTSD. There are two primary types: Type 1, which involves acute and short-term symptoms, and Type 2, characterized by long-lasting and recurring symptoms often stemming from multiple or sequential traumatic experiences. Additionally, PTSD can result from both man-made disasters and accidental or non-man-made events, further complicating its presentation and treatment.

Symptoms of PTSD typically include re-experiencing traumatic situations through flashbacks, intrusive thoughts, and nightmares. Individuals may also engage in avoidance behaviors to evade reminders of the trauma, alongside heightened levels of hypervigilance and agitation. Furthermore, feelings of numbness, depressive symptoms, and dissociative experiences, such as derealization and depersonalization, are common among those with PTSD.

Effective treatment of PTSD begins with addressing core difficulties in feeling safe or trusting. Establishing a safe environment, providing psychosocial interventions, and fostering social support networks are fundamental steps in the treatment process. Medication can also play a role in managing symptoms, tailored to the individual's specific needs. Benzodiazepines, although sometimes used in acute stress situations, pose a risk of addiction and are therefore approached cautiously. Antidepressants may be prescribed to alleviate depressive symptoms, while anxiolytics can help manage anxiety.

Psychotherapy stands as a cornerstone in the treatment of PTSD. Various modalities, such as stabilization techniques, confrontational approaches, and support during the grieving process, can aid individuals in processing their traumatic experiences. Additionally, therapy can

provide individuals with skills for emotional regulation, empowering them to manage distressing symptoms effectively.

Understanding anxiety disorders: types, symptoms, and treatment options

Anxiety disorders represent a diverse group of mental health conditions characterized by excessive fear and worry, often accompanied by related behaviors such as avoidance. The various types of anxiety disorders – generalized anxiety disorder (GAD), panic disorder, and phobias – are prevalent worldwide, posing significant challenges to individuals' daily functioning and well-being. Notably, anxiety disorders are associated with a high risk of suicide, emphasizing the urgency of effective treatment and support.

Generalized anxiety disorder is marked by a pervasive and constant state of fear and worry, extending across various aspects of life. Individuals with GAD may experience persistent anxiety about everyday concerns, often without a specific trigger, leading to significant impairment in functioning.

Panic disorder manifests as sudden and intense episodes of panic attacks, accompanied by strong physiological responses such as hyperventilation and sweating. Unlike other anxiety disorders, panic attacks may occur without any discernible triggers and may involve experiences of derealization or depersonalization, where individuals feel disconnected from their surroundings or themselves.

Phobias involve an overwhelming and irrational fear triggered by specific situations or objects. Social phobias, for example, may disproportionately affect migrants due to cultural differences and the challenges of adapting to new social environments. The fear experienced in phobic situations can lead to strong physiological reactions, further exacerbating distress.

Treatment for anxiety disorders typically involves psychotherapy as a cornerstone intervention. Various therapeutic modalities, such as cognitive-behavioral therapy (CBT), aim to identify and challenge maladaptive thought patterns and behaviors, ultimately reducing anxiety symptoms and improving coping mechanisms.

Medication can also play a crucial role in managing anxiety disorders. Anxiolytic medications, such as benzodiazepines, may be prescribed to alleviate acute symptoms and provide short-term relief. However, their long-term use is associated with a high risk of addiction and adverse effects, underscoring the importance of cautious prescribing practices. Antidepressant medications, particularly selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs), are often used in the treatment of anxiety disorders. These medications help alleviate symptoms by regulating neurotransmitter levels in the brain, thereby reducing anxiety and supporting the therapeutic process.

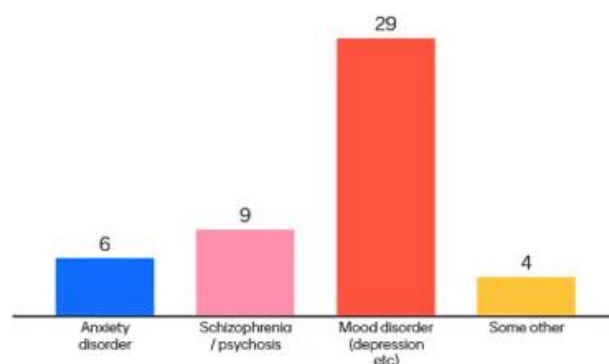
Depressive symptoms and depression

Depressive symptoms, characterized by intense feelings of despair, hopelessness, and sadness, represent a complex array of emotional, cognitive, and physiological disturbances. These symptoms often manifest as cognitive impairments, including persistent worrying, difficulties in concentration, and memory problems. Additionally, individuals experiencing depressive symptoms commonly report low self-esteem, anhedonia (a lack of interest or pleasure in activities), decreased libido, low energy levels, and disrupted sleep patterns.

It is important to recognize that depressive symptoms can occur in various psychiatric disorders beyond major depressive disorder (MDD). They are frequently present in conditions such as schizophrenia, posttraumatic stress disorder (PTSD), and various anxiety disorders. Moreover, depressive symptoms are inherent to bipolar disorder, where they carry a heightened risk of suicidality, emphasizing the severity and urgency of intervention. Furthermore, depressive symptoms can either prompt or result from substance abuse, contributing to the complexity of diagnosis and treatment.

Depression itself is diagnosed based on the presence of multiple symptoms persisting for at least two weeks, as outlined by diagnostic criteria. The severity of depression can vary, ranging from mild to moderate, severe, and even severe with psychotic symptoms, such as hallucinations or delusions. Dysthymia, characterized by persistent depressive symptoms lasting for at least two years, represents another diagnostic category, highlighting the chronicity and relapsing nature of depressive disorders.

What kind of mental health problems did these clients have mostly?



60 % of the return counsellors participating in the online conference stated that the clients having mental health issues mostly suffer from mood disorders like depression.

Treating depression

In cases of mild depression, characterized by relatively manageable symptoms, psychosocial interventions and group sessions can be beneficial. These interventions may include supportive counseling, lifestyle modifications and participation in group therapy sessions aimed at fostering social connections and enhancing coping skills. Additionally, individual psychotherapy, such as cognitive-behavioral therapy (CBT), can help individuals identify and challenge negative thought patterns and behaviors contributing to their depressive symptoms.

For individuals experiencing moderate depression, psychotherapy remains a cornerstone of treatment, with the potential addition of antidepressant medication. Psychotherapy sessions provide a safe and supportive environment for individuals to explore underlying issues, develop coping strategies, and enhance self-awareness. Antidepressant medication, such as selective serotonin reuptake inhibitors (SSRIs) or serotonin-norepinephrine reuptake inhibitors (SNRIs), may be considered to alleviate symptoms and restore neurotransmitter balance in the brain.

In cases of severe depression, where symptoms significantly impair daily functioning and quality of life, a combination of antidepressant medication and psychotherapy is often recommended. This comprehensive approach addresses both the biological and psychological aspects of depression, offering individuals the best chance of symptom relief and recovery.

Addressing suicidal ideation and suicidality is a critical aspect of depression treatment. Individuals experiencing suicidal thoughts may exhibit increased narrowed or restricted thinking, a disturbed connection with reality, and difficulties in social relations. It is essential to recognize that discussing suicidality openly and without judgment does not cause suicide; instead, it can facilitate access to appropriate support and interventions.

Mental illness in different cultures – dealing with mental illness in a culturally sensitive way

Katrin Kammerlander-Straub, Dipl. Psych., PP, gave a presentation about mental illness in different cultures with an additional focus on Iraq, Iran and Afghanistan. Mrs. Kammerlander-Straub started her presentation by distinguishing between two primary modes of selfhood: the independent self and the interdependent self (Markus and Kitayama 1991). The independent self is characterized by a focus on introspection and self-reliance. Individuals with an independent self-concept prioritize personal needs and develop their own opinions, often emphasizing the realization of their individual personalities irrespective of external influences. This perspective encapsulates the ethos of self-made achievement, where individuals take pride in their autonomy and self-determination.

Conversely, the interdependent self is rooted in social identity and relational bonds. Those with an interdependent self-concept perceive their behavior as intricately linked to the perceptions, feelings, and observed behaviors of those with whom they share close relationships, such as family and friends. This perspective highlights the significance of communal ties and emphasizes the pursuit of happiness and fulfillment within the context of social connections.

In cultures that prioritize independence, mental illness may be viewed through the lens of personal responsibility, with individuals expected to take charge of their own well-being through introspection and self-improvement efforts. In contrast, cultures that emphasize interdependence may approach mental illness from a communal perspective, recognizing the role of familial and social networks in both the onset and alleviation of psychological distress.

Culture and expression of symptoms

In different cultures there are differences in how we understand health and illness. For example in “Western countries” classic signs of depression are depressed mood, loss of interest, sleep disorders and circadian fluctuations. In “non-Western countries”, those symptoms are much rarer. Depression comes with more somatic disorders such as fatigue, loss of appetite, weight loss and loss of libido. The cause of the illness is often considered to be spirits, evil eye, breaking of taboos, curses or punishment by God. As there are different perceptions on the development and meaning of symptoms, there are also different treatment options or possibilities. In “non-Western countries” there is often no mind-body dualism: physical and mental problems are seen as one.

Culturally and contextually sensitive behaviour

Culture/context sensitivity entails a nuanced approach to understanding behavior that acknowledges the influence of cultural norms, values, and social contexts. Instead of hastily interpreting behaviors through the lens of one's own cultural framework, culture sensitivity encourages exploration and contextualization. This involves delving into the underlying motives behind behaviors that may seem strange or unfamiliar, taking into account the cultural background and social context in which they occur.

Central to culture sensitivity is the recognition that one does not necessarily have to appreciate or agree with the attitudes or values of another culture. Rather, it involves an openness to learning about and respecting the diversity of cultural perspectives, even if they differ from one's own. This approach allows individuals to maintain their authenticity while engaging with cultural differences in a respectful and empathetic manner.

Effective culture sensitivity also requires the allocation of sufficient time to ask questions and listen to explanations. This can also be called the “professional approach of ‘not knowing’” (Anderson and Goolischian 1992). Rushed judgments or assumptions based on surface-level observations can lead to misunderstandings and misinterpretations. By taking the time to engage in meaningful dialogue and actively listen to the perspectives of others, individuals can foster mutual understanding and respect across cultural divides.

It is important to prepare for the return with the right questions about mental health. The counsellor could ask the client:

- How mental health issues are expressed in his/her culture?
- How mental health issues are looked upon?
- What kind of help would a person with mental health issues usually get and where?

In addition the following themes could be researched in advance:

- Can mental health issues be diagnosed, e.g. are there adapted and well translated questionnaires?
- How easily accessible/ expensive are mental health services?
- How easily accessible/ expensive is medication?

Factors in help-seeking patterns

The perception of mental illness varies significantly across different demographic groups, individuals with varying levels of education, and across different age cohorts. Urban and rural areas often exhibit distinct attitudes towards mental illness. In urban settings, where access to mental health services may be more readily available, there tends to be greater awareness and acceptance of mental health issues. Conversely, rural areas may face challenges related to limited resources and a lack of mental health infrastructure, leading to greater stigma and misconceptions surrounding mental illness. Cultural norms and traditions prevalent in rural communities may also influence perceptions of mental health, affecting help-seeking behaviors and treatment outcomes.

Education level plays a significant role in shaping perceptions of mental illness. Individuals with higher levels of education typically possess greater knowledge about mental health and are more likely to recognize and acknowledge the importance of seeking help when experiencing psychological distress. Conversely, those with lower levels of education may lack access to accurate information about mental health and may be more susceptible to stigma and misconceptions surrounding mental illness.

Cost is another significant barrier to help-seeking behavior. Even in areas where mental health services are available, the financial burden associated with treatment may deter individuals, particularly those from lower socioeconomic backgrounds, from seeking help. This

underscores the importance of addressing affordability and expanding access to mental health care services for all individuals, regardless of their financial means.

Family and social networks also play a pivotal role in shaping help-seeking behaviors. The support and encouragement of family members and close friends can facilitate access to mental health services and positively influence treatment outcomes. Conversely, familial stigma or negative attitudes towards mental illness may act as barriers to seeking help, leading individuals to conceal their symptoms or avoid seeking professional assistance altogether.

Moreover, societal stigma and prejudices surrounding mental illness can have a profound impact on help-seeking behaviors. Fear of judgment or discrimination may prevent individuals from openly discussing their mental health concerns or seeking help from healthcare providers. Addressing stigma through education, awareness campaigns, and advocacy efforts is essential for reducing barriers to mental health care and promoting positive attitudes towards seeking help.

Mental health care in Afghanistan

A national survey, published in 2021, revealed that 86,16% of people in Afghanistan had personally experienced or witnessed at least one traumatic event. 47,12% had psychological distress and 39,44% had impairment due to mental health. There is not enough capacity when it comes to health care professionals or –infrastructure. Some areas (north of Afghanistan, rural areas in Andrab, Panjshir and Balkhab) are experiencing higher levels of violence and discrimination, when at the same time mental healthcare is practically non-existent. In other areas, including parts of Badakhshan, some rural communities are reported having to travel for up to 9 hours to receive even basic health treatment.

Since Taliban took over it can be assumed that the numbers of mental health problems increased, especially amongst girls and women. Suicide-rates have been documented to increase since Taliban takeover, especially amongst girls and women. The whole health system suffered a big setback that time, as female staff was forced to stay at home and a very big part (when not majority) of educated staff left.

Barriers to mental health in Afghanistan

There is a poor mental health literacy across Afghanistan: much of the population find it difficult to describe mental health distress and issues effectively. This lack of appropriate language to express psychological experiences severely limits individuals' ability to seek help and access appropriate care. Moreover, harmful misconceptions surrounding mental illness persist, with symptoms often attributed to divine punishment or seen as signs of personal weakness or defect.

The World Health Organization (WHO) has underscored the prevalence of stigma surrounding mental health in Afghanistan, noting that individuals with mental disorders are often stigmatized as weak, lazy, or unintelligent. These harmful stereotypes not only perpetuate societal discrimination but also deter individuals from seeking professional help, as they fear being ostracized or shunned by their communities.

The lack of infrastructure changes, such as privacy concerns in makeshift mental health centers, further exacerbates barriers to care. In Afghan culture, modesty is highly valued, making it unlikely for families, particularly women, to seek medical assistance in environments lacking privacy. Addressing these structural limitations and cultural sensitivities is crucial to improving accessibility and acceptability of mental health services.

Given the centrality of family in Afghan society, adopting a family-focused approach to mental health care is imperative. The mental health of one family member significantly impacts the well-being of others, particularly women, whose mental health is highly affected to that of their husbands. By addressing the mental health needs of family heads (typically the husband or father), the overall health of the family unit can be positively influenced.

Moreover, Afghanistan's heavily community-driven collectivist society emphasizes the importance of community leaders' opinions. Engaging community leaders in mental health advocacy and education efforts can help challenge stigma and promote acceptance of evidence-based mental health care practices.

However, significant challenges persist, particularly in light of the Taliban's historical lack of understanding or prioritization of mental health. Concerns about continued funding for mental health services and the treatment of individuals inhibited by mental illness under the new government further compound existing barriers to care.

In Afghanistan, there's a troubling trend of misdiagnosing and overprescribing medication, particularly when patients present with psychosomatic conditions. Instead of receiving the psychological support they need, individuals are often handed prescriptions for physical symptoms like stomach issues. This neglect of addressing the underlying psychological factors can exacerbate the problem.

Without the appropriate support system in place, many Afghans find themselves resorting to self-medication for mental health disorders. Substance abuse becomes a common coping mechanism, forming a dangerous cycle that intertwines with depressive disorders. The connection between substance abuse and mental health issues, particularly depression, is extensively documented. It's alarming to note that Afghanistan holds the dubious distinction of having the highest number of opiate users worldwide. Statistics from 2015 paint a grim picture, with an average of 12.6% of Afghan adults resorting to drug use, far surpassing the

global average of 5.2%. This stark contrast underscores the urgent need for comprehensive mental health support and interventions tailored to address the unique challenges faced by Afghan communities.

The dire projections for Afghanistan in 2023 paint a bleak picture of widespread poverty and hunger. According to the United Nations Development Program (UNDP), a staggering 97% of Afghans are forecasted to fall below the poverty line. The World Food Programme sounds another alarm, indicating that over 20% of the population, equating to 8.7 million individuals, are on the brink of famine-like conditions. These grim statistics translate into legitimate fears about survival gripping many across the nation. Persistent political instability, coupled with anxieties about future violence, create an environment fraught with uncertainty. The residual stress from ongoing conflicts and the daily struggles of existence take a significant toll on mental health and overall quality of life.

Mental health care in Iraq

The Iraq Mental Health Survey conducted between 2006 and 2007 sheds light on the prevalence of various mental health disorders within the population over a twelve-month period:

- Major Depressive Episode (MDE) affected 2.21% of the population, with a slightly higher prevalence among females (3.18%) compared to males (1.25%).
- The overall prevalence of any affective disorder was 3.99%.
- Generalized Anxiety Disorder (GAD) was reported in 1.36% of the population.
- Any anxiety disorder, including GAD, affected 8.58% of individuals, with a higher prevalence among females (10.78%) compared to males (6.40%).
- Post-Traumatic Stress Disorder (PTSD) had a prevalence of 1.63%.
- When considering any disorder collectively, it affected 11.09% of the population overall, with a slightly higher prevalence of 18.8% reported in a study by Alhasnawi et al. (2009).
- Regional disparities were also evident, with the Kurdistan region reporting a higher prevalence of any disorder at 14.13%, compared to the south/center region, which reported a prevalence of 10.51%.

These findings underscore the significant burden of mental health disorders within the Iraqi population, highlighting the need for targeted interventions and support systems to address the diverse mental health needs across different demographics and regions. The challenge of stigmatization is relevant: A 2010 study conducted on mental health perceptions in Iraq found that large proportions of the population hold stigmatizing attitudes towards people with mental illness.

In the realm of mental health, individuals often turn to a variety of institutions for support, spanning both medical and traditional avenues. Across the Arab world, traditional healers play a significant role within the informal and often unofficial healthcare landscape, especially in areas where access to conventional mental health services is limited. However, this

coexistence of medical and traditional approaches presents unique challenges. Clinicians in these regions may not always grasp the significance of religious beliefs or understand their complexities in the context of treatment. This gap in awareness can hinder effective communication and collaboration between healthcare providers and patients, impacting treatment outcomes.

Beliefs and attitudes towards mental illness wield considerable influence over various aspects of care, including perceptions of illness, adherence to treatment regimens, rates of relapse, and engagement with self-help organizations and rehabilitation programs. Recognizing and addressing these cultural nuances is essential for developing holistic and culturally competent approaches to mental health care in Arab communities. By bridging the divide between medical and traditional healing practices and acknowledging the role of religion in the healing process, healthcare providers can better support individuals in their journey towards mental well-being.

Insight from the health care professionals in Iraq

The state of the healthcare system in Iraq was already dismal before the onset of war, and sadly, it has only deteriorated further since then. This decline in healthcare infrastructure has had profound implications, particularly for individuals grappling with mental health issues. A pervasive culture of silence surrounds mental health concerns, perpetuating a harmful ethos of "don't ask, don't tell." Many sufferers are unaware that their struggles have a name and that seeking professional help is an option. Also the stigma associated with psychiatric clinics is deeply entrenched, with many regarding them as places only for the "lunatics." This perception fuels fear and avoidance, hindering access to essential care.

Education level often influences beliefs, with some still placing faith in supernatural explanations like jinns or the evil eye. Seeking solace in religious figures, such as a hodja, to recite the Quran is preferred over medical intervention.

Financial barriers compound the issue, as individuals are required to cover the costs of treatment, medication, and hospital visits out of pocket. Even basic medications may come with a price tag, exacerbating the burden on already strained budgets. Hospital visits often necessitate accompaniment by family members, both for support and to assist with any needs that may arise. In the absence of accessible mental health resources, many turn to self-medication with sedatives to alleviate their distress. These medications are readily available over the counter, contributing to a cycle of dependence and masking underlying issues.

In essence, the combination of systemic failures, societal taboos, financial constraints, and lack of awareness creates formidable barriers to accessing mental health care, leaving countless individuals to suffer in silence.

Mental health care situation in Iran

A comprehensive review article and meta-analysis by Taheri, Aboldghasem and Panashi (2020) sheds light on the state of mental health in Iran, revealing concerning trends and significant prevalence rates of psychiatric disorders. The overall prevalence of any psychiatric disorder in Iran is reported at 25.42%. This increase over the last decade is largely attributed to various social and economic factors, including a high unemployment rate and widespread poverty.

Examining the 12-month prevalence rates of specific mental health disorders unveils further insights:

- Major Depressive Episode (MDE) exhibited a notable increase from 4.1% in 2005 to 12.7% in 2011. The prevalence rates were slightly higher among females (15.4%) compared to males (10.2%).
- Generalized Anxiety Disorder (GAD) was reported to affect 5.2% of the population, according to research by Hajebi et al. in 2018.
- The prevalence of any anxiety disorder, encompassing various anxiety disorders beyond GAD, was notably high at 15.6%. Gender disparities were evident, with prevalence rates higher among females (19.4%) compared to males (12.0%).
- Post-Traumatic Stress Disorder (PTSD) prevalence rates were not available for the general population. However, studies conducted among specific groups revealed alarming rates: 58% among earthquake survivors, 47% among veterans, and 11% among individuals affected by accidents (Sepahvand et al., meta-analysis 2019).

These findings underscore the urgent need for comprehensive mental health interventions in Iran, particularly given the escalating rates of depressive and anxiety disorders. Addressing the underlying social and economic determinants, alongside providing accessible and culturally appropriate mental health services, is essential to mitigate the burden of mental illness and promote well-being within the population.

The cultural influence

Rafii, Eisavi and Safarabadi (2020) provide insights into Iranian culture and mental health. In Iranian society, big differences in the perception of mental illness are observed across various divides, including urban and rural areas, levels of education, and age groups. These disparities reflect the complex interplay of cultural norms and social dynamics shaping attitudes towards mental health. A defining characteristic of Iranian culture is its emphasis on perfectionism, where any semblance of imperfection is met with harsh judgment. In such an environment, mental illness is stigmatized as a significant and intolerable shortcoming, perpetuating a cycle of shame and silence.

Compounding the stigma surrounding mental illness, studies reveal that a significant portion of families (~30%) choose to conceal conditions such as bipolar disorder, depression, or

schizophrenia from others. This culture of secrecy further exacerbates the barriers to seeking help and perpetuates feelings of isolation and shame. Even well-intentioned loved ones may inadvertently discourage individuals from pursuing help, fearing the repercussions of societal judgment and labelling. Consequently, many individuals are left to navigate their struggles alone, without the support and care they desperately need.

Avoiding Stigma

In efforts to evade the stigma associated with mental illness, individuals may opt to seek care from non-psychiatric specialists. This decision stems from a desire to avoid the societal judgment often attached to psychiatric treatment. The treatment journey is complicated by the exploitation of patients' vulnerabilities by non-specialists posing as spiritual healers, fortune tellers or exorcists. These individuals exploit traditional beliefs and practices, offering pseudo-solutions that only serve to exacerbate the patient's condition. Participants in the study highlighted the prevalence of these unlicensed and unofficial practitioners, particularly in peripheral areas of cities, as a significant obstacle to timely and appropriate patient referral.

Adding to the complexity, patients frequently express reluctance to have their insurance cards utilized for psychiatric medications, fearing potential discrimination or unwanted attention due to their mental health status. These challenges underscore the urgent need for comprehensive mental health education and support networks to combat stigma and ensure that individuals receive the evidence-based care they deserve. Additionally, regulatory measures are essential to address the proliferation of unlicensed practitioners and safeguard vulnerable individuals from exploitation and harm.

Insight from the health care professionals in Iran

In urban areas, particularly among younger and more educated adults, traditional beliefs in phenomena like "jinn" or the "evil eye" are increasingly fading into the background. These notions are more commonly associated with older generations and rural communities. Moreover, the trend among younger urbanites leans towards a departure from traditional religious practices in favour of esoteric interests. Spirituality takes on a more personal and eclectic form, reflecting a broader shift away from organized religion.

In major cities, visiting a psychologist has become somewhat fashionable, albeit primarily for what is perceived as "life-counselling" rather than addressing serious psychiatric issues. However, the accessibility of psychological services comes at a cost, with individuals required to bear the financial burden either partially or entirely.

There remains a lingering stigma surrounding mental health, leading many to seek help from neurologists rather than psychiatrists. Mental health concerns are often downplayed as mere stress or nervousness, further perpetuating the reluctance to address them openly. Opening

up about psychological struggles is fraught with apprehension, as individuals fear the consequences of their confessions being documented. This fear extends beyond personal concerns to potential repercussions from the authorities, particularly in politically charged environments where dissent is met with harsh consequences.

Adding to the challenges, the cost of medication poses a significant barrier to accessing treatment. Compounding this issue, the impact of sanctions has led to the proliferation of diluted or adulterated medications, further compromising the effectiveness of available treatments. These systemic barriers underscore the urgent need for comprehensive reform and support to address the mental health needs of individuals in Iran.

Organizing a safe return trip for mentally ill clients – doctor’s point of view

Medical Doctor Corvin Cleff provided the conference participants insights in organizing a safe return trip for mentally ill clients. According to Dr. Cleff “a psychological or mental disorder is a pattern of experience and behaviour that causes personal suffering or impaired coping with everyday life. It can be accompanied by changes in perception, thinking, feeling or even self-image”.

Dr. Cleff shared some examples of his clients and how he organised their return. The first case he shared was about a 62 year-old Brazilian woman who was single and had been living in Germany for 6 months. She came to Germany on a tourist visa, but had no papers with her. The contact with the return counselling center went quite normally: there was no abnormal behaviour and the client came to the appointments in time. She had been staying in homeless shelters where the social workers didn’t observe any strange behaviour either. On the day of the return the client was calm when she arrived to the airport in Germany. The first flight took place without any problems. When the client arrived in Madrid and got new information (new orientation), she suddenly collapsed into an excerpption phase of paranoid psychosis. She started to talk to herself and third parties in a strange way, telling stories about her being a target of police intervention in Brazil. She was not allowed to board the second plane to Brazil and ended up being on a black list for all direct flights to Brazil. She was stranded in Madrid.

A medical team from IOM Germany flew to Madrid on the next day to evaluate the client and if possible, escort her to Brazil or admit her to a hospital. During the medical examination, the lady was diagnosed with a severe psychosis with harm to herself and others, as well as traces of drug abuse (THC). The client was admitted to a hospital and stayed there for four weeks, during which she stabilized. After that, she was finally able to return to Brazil with an escort team whom she had met on day before. The travelling went well and the return was successful also in the country of origin.

Dr. Cleff called this case “What happens if everything goes wrong?”. The problems in this case were following:

- Nobody could say how long the client needed to get stabilized
- Behaviour at the time of discharge would be unclear
- Contact persons in Brazil were the parents, who both were 80 years old with medical issues and lived in a favela
- No direct public medical support in Brazil possible
- Language barrier

Finally Dr.Cleff shared the points to consider for the day of return:

1. Medication
2. Hospitalization options in country of return
3. Which gender of escort would be the best for the client
4. Are the parents informed and can they handle the client

What does Medical Health Department (MHD) Team need to organize the trip? What should the counsellor consider?

There are several aspects which the counsellor should consider when having a suspect or documentation of a mental illness of a client. The following questions should be asked: What is your impression of the client? Is the client calm? Are there any aspects which could lead to a strange, abnormal or aggressive behaviour? What are the impressions of the accommodation center social workers or legal guardians? Are there standardized rituals? Does the client need help and in which aspects of life does she/he need help? Medical reports are very important. What is the doctor’s impression if the applicant is/was under treatment? How is the behaviour, what was the treatment and medication? Lastly, one should consider the family relationships: Is the client travelling alone or with family? Is there somebody in the family who has a strong influence on the client? Who is there for the client after return?

How does MHD Team support the applicant and return counselling center pre departure?

The Medical Health Department Team in IOM is having a big role supporting in cases with mental disorders. They are:

...checking medical files, contact doc`s, hospitals, care stations

...contacting the IOM Mission in country of origin

...checking availability of medications, treatments and costs

...contacting the applicant, having a virtual counselling

...contacting family or friends (contact person of the applicant) in the country of origin

...organizing the transport

...organizing the escorts

Learnings for the counsellors

Dr. Cleff gave the conference participants finally a short check-list for considering vulnerabilities due to mental health situation of the clients. His advice is to always ask oneself, could the stress of the journey lead to an overwhelming situation for the client. Many things can influence the journey and could trigger the psychological or mental situation of the person in question. The counsellor should consider what could impact the client negatively. Sometimes an intervention prior to the flight could be the best way to ensure a safe return.

