



# The 2006 World Health Organization Assessment Instrument for Mental Health System Report on Iraq

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**NOTE:**  
**THE 2006 WORLD HEALTH ORGANIZATION ASSESSMENT  
INSTRUMENT  
FOR MENTAL HEALTH SYSTEM REPORT ON IRAQ**

*Heba Fatma Morayef\**

**INTRODUCTION**

The critical nature of the humanitarian crisis in Iraq becomes especially apparent when one examines the state of the health system in Iraq. For an oil-rich country still considered by many donors to be a rich one, the lack of resources in health care is of tragic proportions. As Joseph Chamie, former director of the U.N. Population Division, points out, before the 1991 Gulf War, Iraq was “at the forefront . . . Now they’re looking more and more like a country in sub-Saharan Africa.”<sup>1</sup> In February 2008, an Iraqi health official told the media: “we are experiencing a big shortage of everything. We don’t have enough specialist doctors and medicines, and most of the medical equipment is outdated.”<sup>2</sup> Access to the limited health services, which are available, is further limited by the lack of security, the checkpoints, and the curfews reports the International Committee of the Red Cross (ICRC).<sup>3</sup>

The crisis of the health system is most evident when it comes to the mental health sector. In the aftermath of the 2003 invasion, “Iraq’s largest psychological hospital—which had more than 1,500 beds—was destroyed,”<sup>4</sup> as Dr Majid al-Yassiri, chairman of the London-based Centre for Psychosocial Services in Iraq, told reporters. In addition, looting destroyed many of the mental health facilities, many of the

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<sup>1</sup> Louise Roug, *Decrepit Healthcare Adds to Toll in Iraq*, L.A. TIMES, November 11, 2006, available at <http://www.latimes.com>.

<sup>2</sup> *Iraq: Iraq’s Health Sector Under Pressure*, IRIN, February 26, 2008, available at <http://www.irinnews.org/Report.aspx?ReportId=76974>.

<sup>3</sup> INTERNATIONAL COMMITTEE OF THE RED CROSS, IRAQ: NO LET-UP IN THE HUMANITARIAN CRISIS 8 (Mar. 17, 2008) available at [http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/iraq-report-170308/\\$file/ICRC-Iraq-report-0308-eng.pdf](http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/iraq-report-170308/$file/ICRC-Iraq-report-0308-eng.pdf) [hereinafter “ICRC”].

<sup>4</sup> Richard Allen Greene, *War Takes Toll on Iraqi Mental Health*, BBC News, August 12, 2005, available at [http://news.bbc.co.uk/2/hi/middle\\_east/4620279.stm](http://news.bbc.co.uk/2/hi/middle_east/4620279.stm) (last visited April 9, 2008).

patients fled and there were reports of kidnappings and rape of patients.<sup>5</sup>

## I. THE LACK OF INFORMATION

In a country ranked the most dangerous in the world by the Global Peace Index,<sup>6</sup> clearly the ongoing conflict and insecurity will have had a detrimental effect on the mental health of the population.<sup>7</sup> Yet, little information is available on the situation of mental health in Iraq with an underdeveloped mental health information system further exacerbated by the ongoing conflict. Certain international humanitarian organizations publications of reports has somewhat improved the situation;<sup>8</sup> yet, their access to Iraq is usually limited in scope and the need for comprehensive information remains.

In addition, cultural barriers exist to the flow of information on mental health since, as a report by *Medact* found, “the stigma associated with severe mental disorders means that families may keep their ill or disabled relatives hidden, sometimes neglected or abused, and seek treatment only from traditional sources.”<sup>9</sup> Moreover, in the context of Iraq, information on the state of the health system is highly

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<sup>5</sup> Riadh T. Abed, *An Update on Mental Health Services in Iraq*, 27 PSYCHIATRIC BULL 461 (2003).

<sup>6</sup> Global Peace Index, <http://www.visionofhumanity.com/rankings> (last visited April 9, 2008).

<sup>7</sup> See, e.g., Asma Al-Jawadi & Shatha Abdul-Rhman, *Prevalence of childhood and early adolescence mental disorders among children attending primary health care centers in Mosul, Iraq: A cross-sectional study*, 7 BMC PUB. HEALTH 274 (2007); Abdul Kareem Al Obaidi & Jack Piachaud, *While Adults Battle, Children Suffer: Future Problems for Iraq*, 100 J. ROYAL SOC’Y OF MED. 394 (2007).

<sup>8</sup> Medact, *Rehabilitation Under Fire: Health Care in Iraq 2003-2007* (Jan. 16, 2008) available at [http://www.medact.org/article\\_wmd.php?articleID=739](http://www.medact.org/article_wmd.php?articleID=739) (last visited Apr. 9, 2008), citing International Committee of the Red Cross (2007). *Civilians Without Protection: the ever-worsening humanitarian crisis in Iraq*. Report. ICRC, Geneva [www.icrc.org/Web/eng/siteeng0.nsf/htmlall/iraq-report-10407/\\$File/Iraq-report-icrc.pdf](http://www.icrc.org/Web/eng/siteeng0.nsf/htmlall/iraq-report-10407/$File/Iraq-report-icrc.pdf); WHO (2006a); Annual Report 2006. Iraq. WHO Iraq/Ministry of Health of Iraq, [http://www.emro.who.int/iraq/Information\\_publications.htm](http://www.emro.who.int/iraq/Information_publications.htm); WHO (2006b). *Healing minds. Mental health progress report 2004-2006*. WHO Iraq and Ministry of Health.

[www.emro.who.int/iraq/pdf/mnh\\_healingminds\\_04\\_06.pdf](http://www.emro.who.int/iraq/pdf/mnh_healingminds_04_06.pdf); Oxfam/NCCI (2007). *Rising to the humanitarian challenge in Iraq*. Briefing paper 105. Oxfam, Oxford.

<sup>9</sup> Medact, *Rehabilitation Under Fire: Health Care in Iraq 2003-2007* (January 16, 2008) available at [http://www.medact.org/article\\_wmd.php?articleID=739](http://www.medact.org/article_wmd.php?articleID=739) (last visited April 9, 2008).

politicized, because, as with mortality estimates, the state of the health situation is linked to the success of the 2003 war.

In light of the lack of information on the mental health system, the 2006 Iraq Country Report by the World Health Organization using the Assessment Instrument for Mental Health Systems<sup>10</sup> is a useful tool in that it provides a snapshot of the overall situation, giving a baseline in which to monitor future development and to compare with reports on mental health in Iraq by other agencies.

## II. THE METHODOLOGY

The WHO Assessment Instrument for Mental Health System (WHO-AIMS) is a methodology used to create a baseline for monitoring change and for setting clear targets in that particular country. In 2003, the Mental Health: Evidence and Research Team (MER) of the Department of Mental Health and Substance Abuse (MSD) at the WHO created it, and today, over sixty countries around the world are participating in this project.<sup>11</sup>

The WHO defines a mental health system as “all the activities whose primary purpose is to promote, restore or maintain mental health. The mental health system includes all organizations and resources focused on improving mental health.”<sup>12</sup> A 2001 WHO study, *the World Health Report 2001: Mental Health: New Understanding, New Hope* provided a number of recommendations on how to develop mental health systems. Those ten recommendations formed the basis of the criteria used in WHO-AIMS to identify fundamental aspects of a mental health system in a resource-poor context, which are subsequently cross-checked with local experts from the various countries to ensure their relevance and feasibility.

The WHO-AIMS was developed within the WHO strategy, *WHO Mental Health Global Action Plan (mhGAP)*, in order to provide a tool that could identify weaknesses and targets to facilitate the development of mental health systems. It also came in response to a widely-identified lack of mental health information systems; the 2005

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<sup>10</sup> WORLD HEALTH ORGANIZATION, WHO-AIMS REPORT ON MENTAL HEALTH SYSTEM IN IRAQ, (2006).

<sup>11</sup> For a complete list, see [http://www.who.int/mental\\_health/evidence/WHO-AIMS/en/index.html](http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html).

<sup>12</sup> WORLD HEALTH ORGANIZATION, WORLD HEALTH ORGANIZATION ASSESSMENT INSTRUMENT FOR MENTAL HEALTH SYSTEMS (2005), available at [http://www.who.int/mental\\_health/evidence/AIMS\\_WHO\\_2\\_2.pdf](http://www.who.int/mental_health/evidence/AIMS_WHO_2_2.pdf) [hereinafter “WHO-AIMS Iraq”].

WHO Atlas study found that more than 24% of countries do not even have a system for collecting and processing mental health information, while many others have systems of limited scope.<sup>13</sup> The pilot version of the WHO-AIMS was released in December 2003 and tested on twelve countries including India, Pakistan, Sri Lanka, and Tunisia.<sup>14</sup> The Iraq WHO-AIMS Country Report was published in 2006 and was coordinated by two Iraqi psychiatrists who are members of the Iraqi National Mental Health Council and supported by the WHO office in Iraq and the Iraqi Ministry of Health.<sup>15</sup>

### III. THE BASELINE

The report addresses six domains: (1) the policy and legislative framework, (2) mental health services in general, (3) mental health in primary health care, (4) the state of human resources, (5) available public education on mental health, and (6) how that links with other sectors and monitoring and research. It concludes with a list of recommended activities for the development of the mental health system in Iraq, which were identified at two Action Planning meetings in Amman in 2005 and Cairo in 2006. These include training in mental health care for all health personnel, countering stigma and discrimination, human resource development, and the improvement of the infrastructure providing administrative support.<sup>16</sup>

### IV. POLICY AND LEGISLATIVE FRAMEWORK

The legislative framework in Iraq was revised after 2003 with new mental health legislation, which addresses access, rights, and law enforcement adopted by parliament in 2005 and the development of a code of practice. The new legislation provides for the creation of a national human rights review body, since no current applicable human rights policy with regards to mental health exists. In terms of policy, the mental health plan was revised in 2005 to include the downsizing of large mental health hospitals and a focus on the provision of community mental health services, as well the development of the mental health system in terms of human resources, financing, quality

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<sup>13</sup> *Id.* at 1

<sup>14</sup> *Id.*

<sup>15</sup> Salih Al-Hasnawi, Psychiatrist, Ministry of Health, & Muhammad Lafta, Psychiatrist, National Mental Health Council. *See id.* at 4.

<sup>16</sup> *Id.* at 20.

control, and ensuring access. The report briefly mentions the fact that no emergency preparedness plan for mental health existed until 2004, but does not elaborate, nor give any details of this plan.<sup>17</sup>

The Ministry of Health does not have a separate budget for mental health, nor is the expenditure on mental health services known. 3.2% of the GDP of Iraq is dedicated to health, and per capita expenditure on health is seventy-nine international dollars.<sup>18</sup> Medication would not fall under this category, because it is supplied centrally. And, while medication is free of charge, access to it is severely limited since, as Iraqi minister of health Salih al-Hassnawi puts it, “the Iraqi health ministry is suffering from an acute shortage of medicines.”<sup>19</sup>

## V. MENTAL HEALTH SERVICES

In terms of government bodies dealing with mental health, the Ministry of Health has a National Mental Health Council, which oversees the National Mental Health Authority and includes members from other ministries including the Ministry of Labour and Social Affairs, Ministry of Education, and the Ministry of Human Rights. No further information is available about the competencies and the mode of functioning of this authority.

Mental health patients in Iraq are either treated in out-patient facilities or in mental hospitals, which include forensic facilities since there are no community residential facilities in the country.<sup>20</sup> Of the twenty-five outpatient facilities dedicated to mental health in Iraq, four are for children and adolescents only, while no data is available on the average number of contacts per user. The most common disorders encountered are schizophrenia, schizotypal, and delusional disorders. No follow-up care in the community is provided and there are no mobile teams and no day-treatment facilities in the country.<sup>21</sup> The two mental hospitals, Al Rashad and Ibn Rush, are both located in Baghdad; thus, there are four times as many beds located in Baghdad, as anywhere else. Mental hospitals and out-patient facilities are organizationally integrated.

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<sup>17</sup> *Id.* at 8.

<sup>18</sup> *Id.* at 5.

<sup>19</sup> IRIN, *supra* note 2.

<sup>20</sup> WHO-AIMS Iraq, *supra* note 12, at 10-11.

<sup>21</sup> *Id.* at 10.

## VI. MENTAL HEALTH IN PRIMARY CARE

According to ministry of health data, primary care staff receives a very limited amount of training in mental health care, with 3% of medical doctors' training and 5% of nurses' training dedicated to mental health. There is no information on how many referrals are made by physicians in primary health care clinics because this depends on their personal interests. Only doctors in primary care are allowed to prescribe psychotropic medications.<sup>22</sup>

## VII. HUMAN RESOURCES

The toll of the conflict on the medical profession has been high with the ICRC reporting that more than 2,200 doctors and nurses have been killed since 2003 and 20,000 of the 34,000 doctors who were registered in 1991 have left the country.<sup>23</sup> In 2005, the WHO-AIMS report found that from a population of 25,856 million, Iraq had only 91 psychiatrists, 16 psychologists, 145 nurses, and 25 social workers.<sup>24</sup> Added to that are the graduates at the end of 2005: 11 psychiatrists, 2 psychologists, as well as 625 doctors not specialized in mental health. Of those who graduate, between 21-50% emigrate abroad within five years,<sup>25</sup> a number which may have risen since there is no sign of the conflict abating in the near future.

Most mental health professionals work for both private and government-administered health services, with a small minority of 5% working only in private practice and 2% only in government facilities. More than twice as many mental health workers are based in the cities with rural areas suffering disproportionately from a lack of access to mental health services.<sup>26</sup> Civil society organizations are essentially non-existent and cannot cover this gap; the WHO-AIMS report says that there are only three non-governmental organizations in the country involved in 'individual assistance activities,' but it does not say where they are based, what the scope of their coverage is, nor does it address the size and effectiveness of their activities.<sup>27</sup>

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<sup>22</sup> *Id.* at 14.

<sup>23</sup> ICRC, *supra* note 3.

<sup>24</sup> WHO-AIMS Iraq, *supra* note 12, at 15.

<sup>25</sup> *Id.* at 17.

<sup>26</sup> *Id.* at 15.

<sup>27</sup> *Id.* at 17.

## VIII. PUBLIC EDUCATION AND LINKS WITH OTHER SECTORS

Under the heading “Public Education and Awareness Campaigns on Mental Health,” the report merely states that there have been awareness campaigns targeting teachers and religious leaders in recent years overseen by the mental health council but gives no further details.<sup>28</sup> Such campaigns are at all times very difficult and in the context of Iraq especially so with the ongoing conflict and the fact that government-sponsored campaigns seeking to change perceptions may not have persuasive authority in certain communities.

The report states that there is no legislative support for persons with mental disorders, which would provide protection against discrimination at work or ensure the provision of employment and no financial support provided for with the exception of limited funds by the ministry of social affairs.<sup>29</sup> The number of persons receiving such funds is not known by the ministry.<sup>30</sup>

In terms of training, no law enforcement officials or legal professionals have received any training on mental health in the last five years; although at the time of this writing, training on the mental health law for judicial professionals was planned.<sup>31</sup>

## IX. MONITORING AND RESEARCH

A list of items for data collection by mental health facilities is in place and is transmitted to the government health department, but no reports are based on this data. In the last five years, only 2% of all health publications in Iraq were dedicated to mental health and these were mainly “epidemiological studies in community and clinical samples, non-epidemiological clinical and questionnaire assessments of mental disorders, in pharmacological and electroconvulsive therapy.”<sup>32</sup>

## X. CONCLUSION

As a tool to be read in conjunction with other reports elaborating various aspects of the mental health system in Iraq, this

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<sup>28</sup> *Id.* at 18.

<sup>29</sup> *Id.*

<sup>30</sup> WHO-AIMS Iraq, *supra* note 12, at 18.

<sup>31</sup> *Id.*

<sup>32</sup> *Id.* at 19.

WHO-AIMS report is very useful. It also allows for comparison with other countries, which may be in a similar state and for the adoption of techniques which have been successful in other contexts. However, the report is limited in the sense that it does not critically examine each of the indicators listed, nor does it provide for contextualization and qualification of each factor. One major gap in the report is an explanation of the methodology and of how information was gathered for the Iraq report. If the WHO wishes this report to serve as a baseline against which to compare future findings, then further relevant information is needed for future reports on how the information is gathered, what challenges are faced, and what important information is still needed.