

INTRODUCING CHILD MENTAL HEALTH IN THE MEDICAL CURRICULUM IN DUHOK

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ABSTRACT

Background Child mental health and child and adolescent psychiatry is increasingly becoming an indicator for any modern society to bring up child perspectives preparing for prosperous future. This field was lacking as an own medical speciality in the Middle East until the establishment of the Department of Child Mental Health at the College of Medicine, University of Duhok in 20 September 2001.

Objectives To build up local competence in Child Mental Health, and to introduce Child and Adolescent Psychiatry as a modern subject in the curriculums at the College of Medicine, University of Duhok, in the Kurdistan region of Iraq.

Methods The Department of Child Mental Health (CMH) was established at the College of Medicine, University of Duhok, in collaboration with the Department of Neuroscience, Child and Adolescent Psychiatry at the Uppsala University in Sweden. Education programs are delivered from the Uppsala University in Sweden to the College of Medicine, University of Duhok in Iraqi Kurdistan, at three levels; community-based education, undergraduate medical education, and postgraduate education to achieve High Diploma (Master) degree, adjusted to the local system in Kurdistan.

Results The CMH is a unit belonged to the pediatrics at the College of Medicine, and having links to the Directorates of Health, Education and Social Care in Duhok. Lectures in Child and Adolescent Psychiatry are delivered to the fifth year medicine students one week in autumn to be followed by another week of teaching in clinical case discussions in spring every year. The final examination consisting of the means of scores collected during the first theory and the second clinical courses compose 20% of the final pediatric examination. The postgraduate program consists of two-year education, after one-year pediatric residency, to obtain specialist competence in the subject.

Conclusions Transferring up-to-date knowledge on modern subjects from advanced international universities to the universities in Iraq is necessary and possible if modern teaching methods are effectively utilized. The CMH is proved to be a good example of successful collaboration, making the College of Medicine at the University of Duhok as the first school of medicine in the Middle East having Child and Adolescent Psychiatry as an obligatory teaching subject.

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Key words: Child mental health, Child and adolescent psychiatry, Medical curriculum, Modern society

The psychosocial consequences of the Kurdistan had not been explored longstanding man-made disasters in previously until the 1990s when the

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current socio-political situation was established under the protection of the United Nations (UN). Although the English system of education was applied in Iraq after the First World War, the rural areas consisting of a self-generating agricultural countryside, a difficult to reach mountainous area and a mentality of feudalism prevented establishment of the foreign traditions such as psychiatry and psychology.

The first evaluation of the psychological symptoms among children in Iraqi Kurdistan was conducted through child interviews after the Mass-Escape Tragedy (MET) of 1991.^{1,2} It was to be followed by interviewing the orphans,³⁻⁵ and then the child survivors of the Anfal operations.⁶⁻⁹ These initial studies composed the beginning of collaboration between the Department of Child and Adolescent Psychiatry at the Uppsala University in Sweden, and the College of Medicine, University of Duhok in the Kurdistan Region of Iraq in order to introduce child psychiatric perspectives for the first time in Iraq.

This paper aims to describe the process of building up local competence in Child Mental Health, and introducing Child and Adolescent Psychiatry as a modern subject in the curriculum at the College of Medicine, University of Duhok, in the Kurdistan region of Iraq.

METHODS

The Target Group:

Children between the ages of 6 and 18 years and their caregivers in the Kurdistan

Region of Iraq have been the target population for the activities in this collaborative project. The research samples were consisted of children participating in the MET of 1991, the orphans in the traditional foster care and in the orphanages in Sulaymania and Duhok, the survivors of the Anfal operations living in the camps of Cejnikan near the city of Erbil and the Sumood in Kalar belonging to Sulaymania province. Additionally, four samples were included in an epidemiological study in the city of Duhok: general population, orphans, primary health care visitors and hospital in-patients.

The Activity Domains:

The process of establishment of child mental health in Duhok in Iraqi Kurdistan was consisting of three parallel domains:

1. Screening, Survey and Research: The first stage in investigating the psychological perspectives in the Kurdistan society was to identify the consequences of psychological trauma on children and adolescents. Systematic use of screening instruments was applied in interviews with children and their caregivers. Due to the lack of psychological tradition in the Kurdistan society, either international standardised instruments were used or new instruments were developed for the purpose of the specific studies in Kurdistan.

Screening of traumatic experiences and posttraumatic stress symptoms was carried out among children of the MET. A child-specific instrument for reporting traumatic experiences was developed; The

Harvard – Uppsala Trauma Questionnaire for Children (HUTQ-C),¹⁰⁻¹¹ and an interview instrument was developed to identify posttraumatic stress symptoms including the diagnoses of Posttraumatic Stress Disorder (PTSD); Posttraumatic Stress Symptoms for Children (PTSS-C).¹² In order to cover a broad-spectrum of mental symptoms in the screening procedures, the Reporting Questionnaire for Children (RQC) of the World Health Organization (WHO) was used in the epidemiological study in Duhok.¹³

A survey of the psychological conditions of the Anfal survivors was accomplished in collaboration with the Swedish Development Project for Kurdistan (Qandil).^{9,14} The camps of Cejnikan in Erbil, and that of Sumood in Kalar, were visited. The oldest child was interviewed with the trauma instruments in addition to the Child Behaviour Checklist (CBCL) in order to find out any type of psychopathology among children. The caregiver in the family was interviewed by a specially designed family map (Genogram) to obtain demographic data on each family. The caregiver was also interviewed with the Harvard Trauma Questionnaire (HTQ) for reporting own traumatic experiences and posttraumatic stress symptoms.

Research included all the mentioned instruments in every study plan. The research designs were consisted of randomized samples, cross-sectional data analysis and follow-up designs. Comparison studies were arranged whenever possible to identify group differences and to measure the changes

over time. Both retrospective and prospective studies were conducted to cover prevalence and incidence rates of psychopathology and correlates.

2. Teaching Methods: Teaching of the new subject of child mental health in the region was in the forefront of the aims in this collaborative project. The education process covered three levels; a Community-Based Education program to be conducted to the parents and professionals working with children, such as teachers, social workers and health care personnel, an obligatory intensive course for undergraduate teaching for medicine students, and a postgraduate education program for paediatricians to obtain specialist competence in child and adolescent psychiatry. All the three levels of education programs were started simultaneously. However, the Community-Based Education Programs were easier to start first focusing on the training of the trainers. Due to the lack of the infrastructure facilities, the undergraduate and the postgraduate education programs were only consisted of temporary activities at the beginning. Individual training sessions and lectures on different aspects of child mental health were arranged during every visit to Kurdistan, according to the needs expressed by the physicians in Kurdistan. The lack of child perspectives in general and psychological traditions in particular made the early concentration on training and public opinion building a priority of the program. Besides, both the education system and the health services were deficient in these subjects of clinical psychology and multidisciplinary

structures.

Different teaching methods were used in the education process, from the case study presentations to problem-based learning and training of the trainers. Workshops and seminars arranged in collaboration with the local authorities and NGOs were among the most effective interventions to raise the public awareness and to motivate the professionals and local authorities to be concerned.

3. Collaboration Programs: Initially, the collaboration activities composed of limited projects of screening and survey conducted by the project leader (the author) being originally Kurd from Iraq and having been working as a specialist in child and adolescent psychiatry and director of studies at the Uppsala University in Sweden. Collaboration was achieved with the Swedish Save the Children, the Kurdistan Support Foundation in Sweden, the Swedish Program for Development in Kurdistan (Qandil), and the Kurdistan Medical Association in Sweden. The first agreement to start a child mental health program in Kurdistan was signed in 29 July 1992 (HAWAR).¹⁵ Accordingly, children visiting the paediatric department of the Duhok Teaching Hospital for psychosomatic symptoms were to be interviewed with the WHO screening questionnaire (RQC) to find out mental health problems. The positive cases were to be interviewed in depth to identify PTSD. PTSD cases were then to be referred to the Department of Psychiatry at the Erbil Teaching Hospital for treatment. A psychiatrist in Erbil was trained in the

recently approved Rewind technique to treat PTSD cases. The HAWAR program was approved by a working plan signed by the project leader, the Head of the Department of Child and Adolescent Psychiatry at the Uppsala University in Sweden, the first Minister of Health and Social Affairs in Kurdistan, and the secretary of Qandil to support the program. However, the HAWAR project could not survive because the Qandil could not provide the promised financial support because of other priorities.

The Department of Neuroscience, Child and Adolescent Psychiatry at the Uppsala University initiated a new collaboration in 1998, this time with the College of Medicine at the University of Duhok. Thanks to the financial support from the Swedish International Development Agency (SIDA); an epidemiological study was conducted on childhood trauma and mental health in the city of Duhok during the time 1998 - 2001. Accordingly, the Dean of the College of Medicine and the President of the University of Duhok were invited to visit the Uppsala University in Sweden in July 2001, which was followed by an agreement for establishment of a Department for Child Mental Health (CMH) at the College of Medicine, University of Duhok that was inaugurated formally in 20 September, 2001.

RESULTS

The results of the research during the ten years of 1991 – 2001 revealed high frequencies of mental health problems

among children of Kurdistan. When these results were presented to 200 randomly selected key persons in the city of Duhok, the response was characterized by surprise, worry and desire of concern by the related authorities. As a result, the president of the University of Duhok, and the Dean of the College of Medicine asked for assistance from the Uppsala University in Sweden to establish a special academic unit for the purpose of education, research and capacity building of experts in this subject in the region. The negotiations resulted in the visit of the Director of the Department of Child and Adolescent Psychiatry at the Uppsala University Hospital to Duhok to open the unit. As a result, the Department of Child Mental Health (CMH) was inaugurated at the College of Medicine, University of Duhok in 20 September 2001. The two collaborating parts agreed on engaging the project leader to act as the Founding Director (FD) of the CMH. At the same time, the University of Duhok provided the FD with the title of Assisting Professor in order to accomplish his duties at the CMH according to the local rules. An Advisory Board consisting of international and local experts was suggested by the FD to be connected to the CMH. Twice a year, at least one representative from the Swedish part visits Kurdistan for the purposes of education (community-based, undergraduate and postgraduate programs), clinical work (investigation, treatment and follow-up of patients), supervision and research.

The main function of the CMH has been to provide education in three levels:

1. Postgraduate Education Program: A

two year postgraduate education syllabus has been provided by the FD to qualify for specialist competence in Child and Adolescent Psychiatry similar to that applied at the Uppsala University in Sweden. The degree of the postgraduate education was equalized to the High Diploma which is equivalent to the Master degree according to Law of the High Education at the Regional Kurdistan Government of Iraq. However, the degree has not been recognized by the Uppsala University due to differences in education system of the two universities. While Master degree is considered as a postgraduate education level in Kurdistan, similar to whole Iraq, it is not considered as postgraduate for the clinical sciences at the Uppsala University. We preferred to follow the system in Kurdistan in recognizing the degree, because the students complete their studies in Kurdistan with the ambition to continue working in Kurdistan when the degree is obtained. The contents of the syllabus, the teaching methods and the examination procedure remained keeping the quality standards of the Uppsala University.

The prerequisites consist of MBChB and at least one year Paediatric residency. The postgraduate education program consists of two years of full study, one theory and the other practical education to be ended by an officially defended thesis against an opponent and an examination committee. Every year, two paediatricians are to be accepted in the postgraduate program. The topics for the Master theses have been emerged from the current child mental health issues in the region. Among

others, the subjects of the theses have concerned enuresis and psychosocial correlates, positive reinforcement in stead of corporal punishment at schools, psychopathology in street children, maltreatment and correlates, a care model to help children out from institutionalization to the normal life.

2. Undergraduate Obligatory Course for the Medicine Students: Similar to that at the Uppsala University, the FD prepared a syllabus for obligatory education in Child and Adolescent Psychiatry for the medicine students in the fifth year level at the College of Medicine, University of Duhok. An intensive one-week theory course conducted during the autumn semester and completed by another week of intensive training and case discussions during the spring semester. The two weeks education program is ended by a written examination which together with the attendance and discussions at each week determines the degrees for each student. This degree constitutes 20% of the terminal Paediatric examination. The student has to repeat the two courses if not achieved 65 degrees. Between the theory and clinical courses, the students have to study the literature delivered by the FD. Every education moment is ended by an evaluation accomplished by the students.

Students' evaluation showed high degree of satisfaction both regarding general assessment of the course such as the quality and quantity of teaching methods, course literature, lectures, group discussions, and examination, and special assessment of every lecture (Figure 1 A & B).

3. Community-Based Education: The Community-Based Education is aimed to provide training and education in child perspectives including child mental health to the parents, and to the professionals working with the children. The focus has been mainly on training of the trainers. For this purpose, the local authorities in the city of Duhok have appointed representatives to participate at the regular weekly meetings of the CHM. Special courses have been arranged to prepare teachers for psychosocial care of the pupils. Training of the trainers and parent effectiveness training are among the most popular courses. Representatives from the Directorate of Social Care and the Directorate of Education are regularly attending the meetings to receive the education programs, and to come with questions and inquiries from the fields to the meeting. The ambition is to increase the involvement of the representatives of all primary care unites including the primary health care.

As a result of the increasing activities of education programs at all the three levels, the public awareness of child mental health problems is increasing in the society in Kurdistan. The campaign through media such as TV programs, radio and special seminars on child mental health issues has an important rule in this aspect.

Parallel with the increased awareness on mental health problems in the society, the parents, child caregivers, and professionals working with children are increasingly seeking the limited expert resources educated on the subject in the

region. A clinical centre belonged to the Directorate of Health in Duhok is currently running with limited resources despite the increasing demands.

DISCUSSION

For the first time in the Middle East, a special academic unit for child mental health has been established at the College of Medicine, University of Duhok in the Kurdistan Region of Iraq. The unit has been successfully established mostly due to the function of collaboration with the Uppsala University in Sweden. In addition

to the continuity and coherence of the project leader, the benefit of connecting an advisory board of experts from Sweden and those of the responsible authorities in Duhok made every step to be modifies according to the local circumstances. The process started with research, making the process to be adjusted to the needs that appeared from the findings of the subsequent studies. The methods of application were derived from those up-to-date effectiveness and efficiency in achieving the results, particularly regarding the teaching methods.

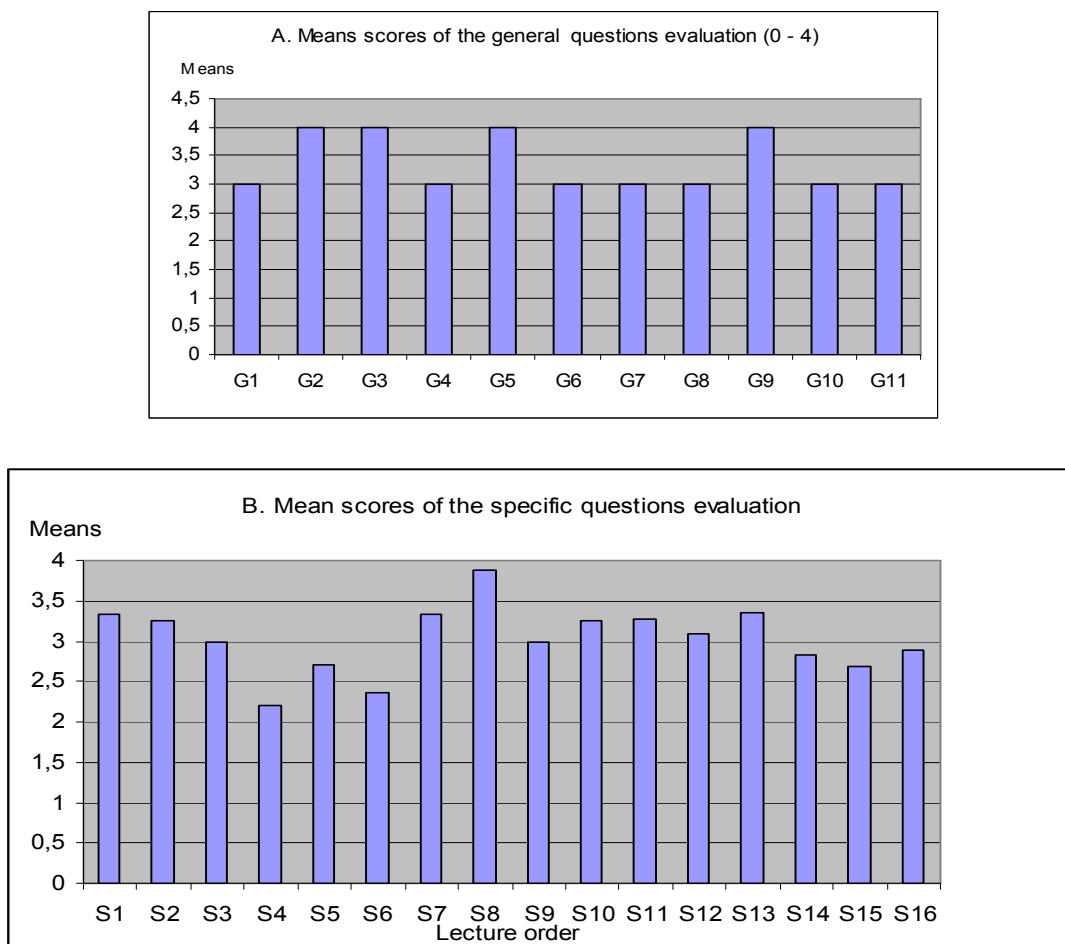


Figure 1. Fifth-year medical students' evaluation of the obligatory undergraduate education course in child and adolescent psychiatry in 2002 (G = general questions, S = specific questions)

The methods of investigation, management and evaluation in the developed societies as in the case of Sweden was not sufficient to be transferred as such to any developing society as our experiences did show. Much has to be adjusted to the local conditions. Starting with research did assist in keeping every step of development to be limited to the local needs. The local authorities usually have other priorities on their agenda that complicated the proceeding of the establishment process. Still, no imported knowledge was able to be applied before going through the bureaucracy of the local authorities and the sieve of the local traditions.

Although the subject of child mental health in general and child and adolescent psychiatry in particular was totally lacking in the region, the new subject proved to be necessary in meeting the needs of the people in Kurdistan. Child mental health problems proved to be highly prevalent in the region, not surprisingly because of the longstanding oppression, underdevelopment, ignorance and continuous war situation. Despite the absence of psychological and psychiatric perspectives, the public opinion was available in the region to digest the research findings, and to work for improvement. Education was the next priority and the natural step applied together with and after the research findings. Applying the education programs at the three levels proved to be the most effective way to introducing the subject in the society by a scientific and well planned way of action. The locally educated

personnel directly applied evidence-based knowledge on the subject in their daily work. That was a major factor behind the successful application of the clinical work. Because the activities focused on children, the natural and sound development of adult psychiatry is prepared to build up upon. Unlike the previous psychiatry as a branch of medicine in the early medical education system in Iraq, this system of emerging adult psychiatric service from the currently well established child oriented service will guarantee a scientific and human psychiatric service not only for children but also for adults. In stead of the old fashioned adult psychiatry represented by big mental hospitals as terminal stages to attend psychiatric patients, the primary care psychiatric service emerged from child mental health service will make the adult patients to easily accept visiting the experts for own psychiatric problems, and to keep maintaining child mental health under scientific update.

LIMITATIONS AND PROPOSED IMPROVEMENTS

As expected, there was a lot of preventing factors to hinder the application of every step in this collaborative project. Most of the opposition was caused by the local conditions, particularly the attitude of conspiracy from the local authorities against every thing new that is not got through the leading organs first. Traditionally, the orders come centrally to give permission before any step was to be conducted in the field. Usually these orders come from people who have no

competence on the subject, which makes the process to be exposed to sabotage, corruption or ignorance. Another limiting factor is the non-awareness of the local authorities on the significance of the new subject to be introduced. Usually, they have other priorities that they are struggling with. It is both time consuming and sometimes hopeless to make the responsible authorities to be concerned. When the local authority is aware of the importance of the subject, the difficulties are then how to make the leading positions to understand and support the issue as a priority. Our activities have succeeded in convincing the local authorities about the significance of the child mental health issues. However, neither they nor we have been successful in pushing the issue upwards to be accomplished above the minister levels.

The current local structures in Kurdistan are still not fully suitable for the expansion of the adequate child mental health service. The university system accepts only physicians to work at an education unit, such as the CMH. The College of Medicine at the University of Duhok has not been able to accept education positions for non-doctor professionals despite their interest, competence and long experience. The only reason is that they are not doctors, but teachers, social workers, psychologists and so on. The lack of support to these professionals has made them less active and at last to go back to their usual duties at their respective directorates. The lack of clinical psychologist and sociologist competence among the teaching staff of

the CMH is making the subject insufficient to be called child and adolescent psychiatry. It is still more appropriate to be called child mental health.

Currently, we have prepared proposals to be applied for financial support regarding assistance of the paramedical staff at the CMH, to assist in producing special teachers for the schools to take care of the psychosocial conditions of children at school, to provide remedial school service for children with special needs, to assist in building up an integrated mental health centre in Duhok to offer clinical service for children and adults, to assist in build up a health house for maternal and child mental health, and to assist in starting a child mental health program for whole Kurdistan. These proposals have been applied to several ministries and international NGOs without results. Still, we will continue trying; knowing that persistency usually gives results.

CONCLUSIONS

Bringing up new scientific subjects to be transferred from abroad to Iraqi universities seems not only to be possible but also essential to attempt. The experiences of establishment of child mental health at the College of Medicine, University of Duhok are encouraging as collaborative operation. Both facilitating and preventing factors are to be expected without necessarily resulting to give up the scientific methods and the main goals for the benefit of the new generations to build up the modern Iraq. Although much has been achieved in introducing the new

perspectives of child mental health, there is still remaining items to be done in order to achieve the optimal level of child and adolescent psychiatry as in the developed societies.

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پوخته

دانانا ساخله مییا دهرونی یا زاوکان وهك بابه تهك نوی د ناو خاندنا کولیرا پزشکی دال دهوك

پیشه کی: ساخله مییا دهرونی یا زاوکان بویه نیشانه کا تاشکرا د هه می کومه لگه هین پیشکته قی دا ژ بو پهروه رده کا ئافاکهر بو پاشه روژه کا دلخاز.

ئارمانج: ئافه کرنا پیچیبوئین خومالی د بابه تین ساخله مییا دهرونی یا زاوکاندا.

رێککین فه کولینی: پشتی ئه نجامین لیکولینین زانسی هاتین زانین پشکا ساخله مییا دهرونی یا زاوکان ل کولیرا پزشکی یا زانکویا دهوك هاته دامه زراندن ب هاریکاریا زانکویا ئوپسالا یا سویدی دا کول سهر سی ئاستان وانه گوئن و فیرکرا پسرور و کادران بیت ئه نجامدان: فیرکرا پسرورین کو دگهل زاوکان کاردکهن، خاندنه قانین کولیرا پزشکی و خاندنا بلند بو تایه ته ندیا زاوکا.

ئه نجام: ژماره ک زور ژ پسرورین زاوکان هاتن فیرکرن. خاندنه قانین کولیرا پزشکی ب چاکی وانه دان و فیرکرن هه لسه نگندن. ههر سال تایه ته ندین ماسته ری یین نوی د قی بابه تی په یدا دبن.

دهر ئه نجام: گرنگه زانستا پیشکته قی ژ دهرفه بو ئیراقی بینین.

