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Psychiatry in Iraq: Challenges and Consequences

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Iraq is a country with a population of more than 35 million people and consists of 18 provinces. Iraq has struggled with wars, conflicts, and invasions since the 1990s. Before 2003, Iraq was ruled by a dictatorship that forced many of the nation's elite to leave the country and head to Syria, Europe, Arabian Gulf countries, and even Iran to protect their families and themselves from the abusive and humiliating acts of the political system at that time. After the invasion of Iraq by the United States and its allied forces in 2003, armed conflicts started to arise and become even more severe between terrorist and international armies on one side and the former dictator's support groups on the other. Iraqis suffered from the consequences of these conflicts while they were still recovering from the era of dictatorship. Bombs, explosions, assaults on sectarian (subreligious) identity within Muslim communities, and kidnapping were prevalent from 2003 to 2009, and many lost family members during this period.¹ All of these issues created major mental health problems for Iraqis including depression, posttraumatic stress disorder, and other psychiatric conditions.¹

Unfortunately, mental health services—including psychiatric practice—are not well developed in Iraq, and the country is still not meeting the minimum standards of mental health care given the situations and mental health issues of the vulnerable groups within society. For instance, there is only 1 specialized psychiatric hospital in Iraq, which admits patients with schizophrenia and other psychotic disorders for treatment. Otherwise, there are only small neglected clinics in the tertiary medical centers of the major provinces that provide psychiatric consultation services over several days a week.²

Moreover, the number of consultant psychiatrists in Iraq is not proportional to the significant number of individuals with mental health issues who require care in the country. This lack of psychiatrists can be attributed in general to the lower incomes of psychiatrists and the undeveloped mental health facilities in the country. Regardless, the stigma

attached to visiting a psychiatrist is prevalent in the Iraqi culture.² The Iraqi health care system focuses on physical issues and continues to neglect the mental aspects of health, which could explain the rising rates of cancer and diseases such as hypertension and diabetes mellitus—chronic illnesses in which mental stress could play a role in their development.²

Another challenge with regard to psychiatry in Iraq is the belief in magic and religious talismans to treat mental diseases in some local communities. These treatment methods are ineffective and are usually utilized by deceitful groups that convince uneducated people to opt for them using their social power to pursue financial gains.³

Currently, with coronavirus disease 2019 (COVID-19) spreading around the world in general and in developing countries like Iraq in particular, the picture becomes more complicated, and the mental health of the Iraqi people is deteriorating with no appropriate mental health policies in place or facilities to provide necessary support.⁴ The number of deaths in the beginning of the COVID-19 pandemic was high in Iraq compared with other countries despite that the cases were not that severe; however, the fear of the outbreak made the victims vulnerable to deterioration.⁵

We strongly recommend that educational campaigns regarding the importance of mental health be launched in Iraq to raise public awareness about psychiatric disorders and their impact. People should understand that a psychiatrist is not licensed to only treat psychosis but that he/she can also treat many other psychiatric conditions as well. Additionally, we encourage Iraqi authorities to expand the specialized psychiatric facilities and hospitals in each province to address the mental health issues of the Iraqi population.

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