Mental distress and psychological disorders of Syrians in fragile Syria and multiple countries related to COVID-19

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Research Article

Keywords: COVID-19, quarantine, refugees, Syria, psychological disorder, PTSD, mental disorder, global health

Posted Date: June 30th, 2020

DOI: <https://doi.org/10.21203/rs.3.rs-39143/v1>

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Version of Record: A version of this preprint was published at Global Mental Health on April 5th, 2021.
See the published version at <https://doi.org/10.1017/gmh.2021.12>.

Abstract

Background:

Syria has entered its ninth year of crisis which left millions of Syrians suffering from humanitarian crises. This study evaluates the mental health of Syrians living in Syria and who left the country due to war and living in different ten countries as evaluating their condition needs further study, particularly with Coronavirus disease of 2019 (COVID-19).

Methods:

Online questionnaires included SPTSS, K10, MSPSS, demographic, war- and COVID-19-related questions. This study included participants from 10 different countries and they were matched with Syrians according to age and gender as other variables could not be matched due to different standards between countries.

Results:

This study included 472 participants, of which 214 (45.3%) were males with a mean age of 29.1 ± 7.5). More participants from Syria suffered from reduced ability to earn money ($P=0.007$), and worried about being unable to provide food from COVID-19 ($P=0.007$) although they worried less about them getting infected ($P=0.041$).

Participants from Syria declared higher PTSD scores than Syrians living in other countries ($P=0.045$), mainly among doctors. Interestingly, there was no significant difference in social support, days unable to work from distress in the past 4 weeks, and mental distress (K10) between Syrians living in Syria and other countries ($P>0.05$).

Conclusions:

Syrians in Syria suffered more than Syrians living in other countries. Providing food and reduced ability to earn were the major stress. They also had more PTSD symptoms and stress than Syrians and others in other countries.

Key Points

- Syrian mental problems in Syria during COVID-19 were mostly from stress that their basic needs will be affected.
- No different in mental health disorders between Syrians living in different countries.
- PTSD prevalence in Syria was the highest, mainly among doctors.

- COVID-19 mental burden among Syrians in different countries can resemble staying in Syria during war and basic needs being affected.

Introduction

Infections like Coronavirus disease of 2019 (COVID-19) can spread distress and cause symptoms of mental distress among populations (1). These manifestations should be made known so proper management can be taken place. COVID-19 has been declared an international emergency by the World Health Organisation (WHO) in January 2020. Syria has suffered nine years from war which left a high burden on psychological health as around half of the population suffered from either post-traumatic-stress disorder and mental disorder, and more than two-thirds suffered from one or more of war variables either directly or indirectly (2). Similar problems were found in school students just before the full lockdown of Syria (3). As 11.1 million Syrian require humanitarian assistance in Syria, 5.5 million fled the country and around 6 million were internally displaced (2), a study that estimated the psychological burden on Syrians, especially in the COVID-19 crisis in different countries. This study is to estimate mental distress among Syrians, either living in Syria or not as there is no available data on the matter (4), particularly that Syria is considered a vulnerable country and number 4 worldwide in the most fragile countries, or very high alert in 2020 and was considered among the worsened countries in the past decade (5).

Materials

1) Sampling:

Online surveys were distributed in multiple groups, covering Syrians from different countries. Only Syrians were included, either living in Syria or had lived in Syria, but had to travel due to war regardless of the method and Visa status. No participants living in camps were included. This study was conducted in the period between 06/04/2020 to 13/04/2019. The questionnaires were posted online multiple times throughout the previous period at different times in online groups that were concerned with different topics. For each participant living outside Syria, a matching case was chosen randomly from participants who responded to the questionnaires. We only matched for age and gender as other variables will vary between countries such as the salary and SES. Scores were used rather than cut-off points in their study to add to the accuracy as it was an online-based survey not conducted by professionals or in a controlled centre.

2) Consent and approval for study:

Informed consent was taken before doing the survey. The informed consent was also taken for using and publishing the data. Confidentiality was assured by not asking or publishing any data that may referee to the individual identity. Our study did not include any participant under the age of 16 years.

Our study ethical aspect was approved by the Damascus University deanship in Damascus, Syria.

3) Questionnaires:

- **PTSD:**

The Screen for Posttraumatic Stress Symptoms (SPTSS) tool was used for PTSD assessment. It is a screening tool based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV. This tool contains avoidance, arousal, and re-experience clusters with five answers. The first two responses of “Not at all” and “1 or 2 times” had a score of 0 while the other responses had the score 1. It was considered positive when scoring for avoidance 3 or more, for arousal 2 or more, and for re-experience 1 or more. Although SPTSS was based on DSM-IV, not DSM-V which is the current version, it can be reliable, particularly it has a resemblance to the International Classification of Disease 11 (ICD-11) criteria.

- **Socioeconomic status (SES):**

It was assessed based on owning the house they live in, or it was rented, or living in friends' houses or it was given by the government. Due to differences between countries, monthly income was assessed based on being adequate for needs rather than numbers.

- **Social support:**

Multidimensional Scale of Perceived Social Support (MSPSS) (6, 7) was used. It is a self-reported scale to assess social support. MSPSS has 12 questions with each four questions assessing support from friends, significant other, or family.

- **Screening for mental disorder:**

Arabic Kessler 10 was used for psychological distress (8-10), which is a self-reported measure that has ten questions for anxiety and depression assessment in the previous four weeks. For the final scores, it ranges from 10 to 50.

- **COVID-19 questions:**

We used translated questions from The CoRonavlrus Health Impact Survey (CRISIS) V0.1 Adult Self-Report Baseline Form (11) and are demonstrated in **(Table 2)**.

- **Other Questions:**

Basic demographic questions were included **(Table 1)**.

- **Definitions:**

IT work category involved any work that depended on computer science, IT, or communication engineering that required programming. The engineering work category involved civil, electrical, and mechanical engineering in addition to architecture. The retail worker was the type of job that required selling customer products, either in stores, online, or in person. Medical engineering was considered in

“other health workers” category. Working in television, radio, show business, or journalism was categorised into “media” work type. “Office” work category involved working in a company office, or a private practice such as accounting and law. “Art and music” category involved working as a photographer, musician, painter, or designer except for a web designer.

Nearby countries category involved countries that surround Syria which are Lebanon, Jordan, Turkey, Iraq, and Iran.

4) Data Process:

Data were processed using IBM SPSS software version 26 for Windows (SPSS Inc, IL, USA). Chi-square, one-way analysis of variance (ANOVA), Binary regression, and independent t-tests were performed to determine statistical significance between the groups. Pearson correlation was also calculated. Values of less than 0.05 for the two-tailed P values were considered statistically significant.

Results

This study included 472 participants, of which 214 (45.3%) were males with a mean age of 29.1 ± 7.5 . Participants from Syria were 236 (50%), from Canada 13 (2.8%), from Germany 57 (12.1%), from Russia 11 (2.3%), from the Gulf 49 (10.4%), from Egypt 28 (5.9%), and from nearby countries 78 (16.5%). Characteristics of the sample, SES, and war variables are demonstrated in **(Table 1)**. There was a statistical significant difference in the type of work between participants in Syria and outside of Syria ($P < 0.001$) which is demonstrated in **(Figure 1)**. There were four participants under the age of 18, two of them were 16, and the others were 17, with half of them living outside Syria.

COVID-19 related variables:

Comparisons of COVID-19 variables among Syrians in different countries are demonstrated in **(Table 2)**. More participants from Syria suffered from reduced ability to earn money ($P = 0.007$), and worried about being unable to provide food from COVID-19 (0.007) although they worried less about them getting infected ($P = 0.041$). However, there was no significant difference in the worries of family, friends, work, and studies being affected by COVID-19 ($P > 0.05$). Participants in Syria also declared that their relationship with their friends or family deteriorated more than participants living in other countries ($P < 0.05$).

Mental distress, PTSD, and social support related variables:

Participants from Syria declared higher PTSD scores than Syrians living in other countries ($P = 0.045$). Interestingly, there was no statistically significant difference in social support, days unable to work from distress in the past 4 weeks and mental distress between Syrians living in Syria and other countries ($P > 0.05$). K10 scores, days unable to work, social support, and PTSD in different countries are demonstrated in **(Table 3)**.

When regressing total score PTSD, distress from being food affected, and distress that job being affected on living in Syria and not with using binary logistic regression, $P=0.012$ for PTSD, $P<0.001$ for distress food being affected, and $P=0.021$ for distress that job being affected. When adding the adequacy of monthly income and living in a rented house or not, all P values remained significant.

This study included 16 doctors from Syria and 16 outside Syria, and their K10 scores and SPTSS scores with other work categories according to inside or outside Syria are demonstrated in **(Figure 2)**. Although Syrian doctors in Syria had higher SPTSS scores, they had no statistical difference in K10 scores.

Discussion

This study was conducted in a period where Syria was in its fourth week in total quarantine while it had less than ten cases of COVID-19 while other countries had their numbers rising rapidly. No major difference was found in mental distress before and after four weeks of quarantine among Syrians living in Syria (12). However, the distress was related more to worries from providing food and the reduced ability to work being affected. This study found that these concerns were more among Syrians living in Syria than outside. Moreover, high K-10 scores and SPTSS scores were correlated with more deterioration in relationships (12) which was found more commonly among Syrians living within Syria. With 11 million Syrian requiring humanitarians assistance and 8 out of 10 Syrians living in Syria are under the poverty line (13), it is rational to find providing food and reduced ability to earn were the major concerns in Syria causing major distress.

Interestingly, there was no difference in mental distress in the past 4 weeks among Syrians living inside or outside Syria which may indicate that the COVID-19 crisis has somewhat similar distress to the financial burden. However, PTSD burden was significantly higher either before the quarantine (2, 3), or after it (12) which suggests that the nine years of war had a significantly higher burden than COVID-19 direct effect at its peak in the world as Syria at that time had less than 10 cases of declared COVID-19. War has affected the medical sector throughout years of war as the direct damage of war to the medical centre and indirectly from physicians leaving the country (14). The financial hurdles also directly affected health-care quality as proper tests and treatment may be delayed or not conducted despite having skilled physicians (15-17).

Overall, symptoms that suggest anxiety and depression were found to be around (16-28%) and self-reported stress (8%) in the literature (4) which was much less than what was found among Syrians inside or outside Syria according to this study and another one conducted in the same period (12). Quarantine was found to produce symptoms of anxiety, depression, acute panic, and PTSD, especially that COVID-19 had a stigma that can add even more to the burden (18). Doctors in Syria had higher PTSD symptoms which may reflect worse local conditions, particularly during COVID-19 despite not many confirmed cases at that time in Syria. New programs should aim to alleviate the high burden of Syrian society. New methods should be introduced to target Syrian populations as they do not have specific websites they refer to and they use standard search engines (19).

Limitations:

We do recognise some of the limitations of our work; the number of participants should be larger, but due to the short time of data collection and the urgency of COVID-19, this was not achievable. This is an online study conducted on groups that limit the generality of the findings as the most affected individuals would not be reached. Many matching factors could not be implemented due to differences between countries' standards, particularly financially as salaries within Syria tend to be much less than in other countries. More details about war exposure and refugee status could not be detected as this would raise certain concerns, particularly for individuals living in Syria or planning to return. We received no funding which limited the tools and methods that could be used which was why we used self-reported assessment.

Conclusion

Syria has suffered from nine years of war which added to the suffering from COVID-19 and quarantine. Syrians in Syria in no doubt suffered much more than Syrians living in other countries. They particularly have concerns from providing food and reduced ability to earn. They also had more PTSD symptoms and stress than other countries and more than what COVID-19 caused among other countries, particularly doctors. However, Syrians had somewhat similar mental distress regardless of country of residency.

Abbreviations

ANOVA	Analysis of variance
CI	Confidence Interval
COVID-19	Coronavirus disease of 2019.
CRISIS	The CoRonavlrUS Health Impact Survey
DSM	Diagnostic and statistical manual of mental disorders
ICD	International Classification of Disease
K10	Kessler
MSPSS	Multidimensional Scale of Perceived Social Support
PTSD	post-traumatic stress disorder
SES	Socioeconomic status
SPSS	Statistical Package for the Social Sciences
SPTSS	Screen for Posttraumatic Stress Symptoms
WHO	World Health Organisation

Declarations

- **Ethics approval and consent to participate:**

Online informed consent was taken before proceeding with the survey for participating in the research, and for using and publishing the data. We assured to maintain confidentiality and asked no questions that might reveal the person's identity. No subjects were under the age of 16.

Our study protocol and ethical aspects were reviewed and approved by Damascus University deanship, Damascus, Syria.

- **Consent for publication:**

Online consent for using and publishing the data was taken before participating in the research.

- **Availability of data and materials:**

The data can be made available upon reasonable request.

- **Competing interests:**

We have no conflict of interest to declare.

- **Funding:**

No funding was received for this study

- **Authors' contributions:**

- **AK:** Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Supervision; Resources; Validation; original draft; Writing - review & editing.
- **AF:** Review & editing; original draft; Investigation; Software; Resources.
- **AG:** Conceptualization; Project administration; Editing; Software.
- **RAZ:** Project administration; Software; Investigation.

All authors have read and approved the manuscript.

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Tables

Table 1: Characteristics of the sample, SES, and war variables										
Characteristic	Syria	Outside Syria	P value	Nearby country	Canada	Egypt	UAE	Russia	Germany	P value
Age: mean (SD)	29.12 (7.497)	29.12 (7.497)	1.000	28.36 (6.782)	30.31 (8.625)	29.82 (7.626)	29.45 (7.252)	29.27 (4.002)	29.25 (8.899)	0.961
Gender	107	107	1.000	37	5	13	26	4	22	0.811
Male	129	129		41	8	15	23	7	35	
Female										
Change place of living due to war	139	121	<0.001	36	9	10	31	7	28	<0.001
No	47	14		4	0	2	4	1	3	
Within the same city	47	92		35	4	15	13	1	24	
To another city										
Distress from war noises	38	46	0.293	15	7	3	9	0	12	0.015
No	197	185		62	6	24	39	11	43	
Yes										
Being a student	140	168	<0.001	61	6	20	43	6	32	<0.001
No	3	14		0	3	0	0	0	11	
In a school	92	53		17	4	8	6	5	13	
In a university of high institute										
Education	0	1	0.031	1	0	0	0	0	0	0.007
Elementary	10	4		3	1	0	0	0	0	
Until grade 9	25	45		13	3	4	8	0	17	
High School	164	145		47	5	24	34	6	29	
University, or high institute	37	41		14	4	0	7	5	11	
Master or higher										
House that you currently live in	132	30	<0.001	10	3	3	5	2	7	<0.001
Owned	68	188		62	10	22	39	8	47	
Rented or given by the government	36	17		6	0	3	5	1	2	
Living in friends\relatives house										
Marital Status	119	82	<0.001	29	7	11	19	2	14	0.030
Single	19	15		1	2	4	3	1	4	
In a relationship	72	112		36	3	10	22	8	33	
Married	3	11		5	1	2	1	0	2	
Divorced	16	13		6	0	1	3	0	3	
Engaged	5	2		1	0	0	1	0	0	
Widowed										
Smoking cigarette or shisha	139	138	0.929	42	7	20	28	8	33	0.598
I was not a smoker and did not start	4	4		1	1	0	1	0	1	
I used to smoke one of them but now I	83	80		32	2	7	18	3	18	
smoke both	3	4		0	1	0	2	0	1	
Yes I am smoking now and before	2	4		2	0	0	0	0	2	
COVID 19										
I started smoking cigarettes										
I started Shisha										
SmokingChangesFromCOVID19	2	2	0.024	1	0	1	0	0	0	0.278
Stopped smoking	17	31		13	2	2	5	1	8	
Almost the same	15	23		10	2	1	3	2	5	
Increased dramatically	31	17		6	0	2	6	0	3	
Decreased dramatically										
Monthly Income adequacy	58	27	<0.001	14	1	5	6	1	0	<0.001
It cannot cover buying the essentials	144	115		42	3	11	24	5	30	

It is only enough for essentials from food and drink	32	93		22	9	12	19	5	26	
It is enough for essentials and other things										

Table 2: Comparisons of COVID-19 variables among Syrians in different countries.										
Characteristic	Syria	Outside Syria	P value	Nearby country	Canada	Egypt	UAE	Russia	Germany	P value
Have you been suspected of having COVID-19	232	218	0.010	75	12	26	44	9	52	0.095
No symptoms or signs	3	13		2	1	2	4	1	3	
Yes, has some possible symptoms, but no diagnosis	0	0		0	0	0	0	0	0	
Yes, I was diagnosed with COVID-19 by a doctor										
Exposed to someone likely to have COVID-19	219	212	0.289	74	12	26	45	10	45	0.261
No	12	16		3	1	2	2	0	8	
Yes, has some possible symptoms, but no diagnosis by doctor	1	4		1	0	0	1	0	2	
Yes, with someone was diagnosed by a doctor										
Anyone in your family been diagnosed with COVID-19	232	227	0.303	77	11	28	49	11	51	<0.001
No	1	2		1	1	0	0	0	0	
Yes, non-household member	2	6		0	1	0	0	0	5	
Yes, member of household										
Happened because of COVID-19:	208	204	0.405	70	13	24	41	11	45	0.748
Fallen ill physically	18	15		2	0	2	5	0	6	
No	1	4		1	0	1	1	0	1	
To a family member	8	12		5	0	1	2	0	4	
To a housemate										
To you										
Hospitalised	228	231	0.546	78	13	27	46	11	56	0.926
No	5	4		0	0	1	3	0	0	
To a family member	1	0		0	0	0	0	0	0	
To a housemate	1	0		0	0	0	0	0	0	
To you										
Self-quarantine with symptoms	233	233	0.261	78	12	28	48	11	56	<0.001
No	0	1		0	1	0	0	0	0	
To a family member	2	0		0	0	0	0	0	0	
To a housemate	0	1		0	0	0	1	0	0	
To you										
Self-quarantine without symptoms	232	227	0.168	75	13	28	46	10	55	0.004
No	1	1		0	0	0	0	1	0	
To a family member	2	2		0	0	0	2	0	0	
To a housemate	0	5		3	0	0	1	0	1	
To you										
Lost Job	162	168	0.092	51	8	25	37	8	39	0.428
No	31	27		12	2	0	3	3	7	
To a family member	3	9		4	1	1	1	0	2	
To a housemate	15	13		1	1	2	4	0	5	
To you	17	6		3	0	0	2	0	1	
Two of the previous	5	8		4	0	0	2	0	2	
All of the previous										
Reduced ability to earn money	138	155	0.007	7	40	21	34	8	45	0.019
No	46	28		2	12	3	5	2	4	
To a family member	4	9		1	5	1	1	1	0	
To a housemate	13	23		3	6	3	7	0	4	
To you	24	10		0	8	0	0	0	2	
Two of the previous	8	7		0	5	0	1	0	1	
All of the previous										
Passed away	232	233	0.606	13	78	28	47	11	56	0.732

No	2	2		0	0	0	2	0	0	
To a family member	1	0		0	0	0	0	0	0	
To a housemate										
How worried have you been from:	69	43	0.041	3	13	5	10	0	12	0.483
Being infected	82	101		4	36	10	19	6	26	
Not at all	49	52		3	17	9	9	3	11	
Slightly	28	31		3	8	2	9	2	7	
Moderately										
Very										
Friends or family being infected	20	14	0.367	2	4	2	3	0	3	0.415
Not at all	58	53		4	19	5	9	4	12	
Slightly	70	63		1	26	7	9	1	19	
Moderately	76	92		5	24	11	26	6	20	
Very										
Your work will be negatively affected	79	68	0.739	5	24	12	12	3	12	0.009
Not at all	36	38		1	10	3	6	0	18	
Slightly	35	35		0	9	5	11	1	9	
Moderately	59	66		6	31	5	11	5	8	
Very										
Your studies will be negatively affected	103	87	0.974	4	33	10	20	2	18	0.355
Not at all	20	18		1	6	1	3	1	6	
Slightly	32	24		2	2	2	4	3	11	
Moderately	40	34		5	11	4	5	2	7	
Very										
Providing food will be affected	52	84	0.007	5	23	4	18	2	32	0.002
Not at all	62	51		2	17	8	10	5	9	
Slightly	44	38		2	15	5	8	2	6	
Moderately	62	44		3	20	8	8	1	4	
Very										
Are you committed to quarantine	44	58	0.379	1	23	8	12	4	10	0.272
I do not go out at all	160	152		9	49	17	31	4	42	
Only for essentials	25	20		3	6	2	3	3	3	
Reduced my going out	6	4		0	0	1	2	0	1	
Have not changed at all										
Quality of your relationships with your friends	1	3	0.044	0	3	0	0	0	0	0.215
A lot better	20	24		3	8	1	6	0	6	
A little better	160	170		10	54	23	33	9	41	
About the same	33	27		0	9	2	7	1	8	
A little worse	20	6		0	3	1	1	1	0	
A lot worse										
Quality of your relationships with your housemates	11	14	0.554	1	5	2	1	1	4	0.268
A lot better	55	42		2	17	3	9	2	9	
A little better	133	123		10	42	13	21	8	29	
About the same	30	37		0	9	8	11	0	9	
A little worse	4	5		0	0	0	3	0	2	
A lot worse										
Quality of the relationships between you and members of your family	4	9	0.040	1	4	0	2	0	2	0.610
	32	34		2	11	3	10	2	6	
A lot better	152	159		10	55	19	28	9	38	
A little better	29	15		0	6	4	2	0	3	
About the same	13	5		0	1	0	2	0	2	
A little worse										
A lot worse										

Quality of your relationships with your Partner	9	9	0.907	1	2	4	0	0	2	0.069
A lot better	22	25		3	10	1	7	1	3	
A little better	76	88		1	24	9	17	9	28	
About the same	27	24		0	6	2	8	0	8	
A little worse	7	10		0	3	1	2	0	4	
A lot worse										
Drugs increases after COVID-19	162	157	0.019	9	45	16	34	10	43	0.269
No drugs	38	37		3	14	8	5	1	6	
Analgesics and NSAIDS	10	7		0	3	1	2	0	1	
OTC flu medications	1	6		0	2	0	2	0	2	
Hypnotics	2	5		0	4	0	1	0	0	
Antibiotics	9	5		1	2	0	1	0	1	
Other	1	12		0	5	2	2	0	3	
2 drugs	0	1		0	1	0	0	0	0	
3 drugs or more										
Drugs increases for your family	167	194	0.362	11	63	23	41	10	46	0.999
No drugs	30	26		1	9	4	4	1	7	
Analgesics and NSAIDS	8	5		0	2	1	2	0	0	
OTC flu medications	1	2		0	1	0	1	0	0	
Hypnotics	1	0		0	0	0	0	0	0	
Antibiotics	5	4		1	1	0	0	0	2	
Other	5	1		0	1	0	0	0	0	
2 drugs	1	0		0	0	0	0	0	0	
3 drugs or more										

Table 3: K10 scores, days unable to work, social support and PTSD in different countries.										
Characteristic	Syria Mean (SD)	Outside Syria Mean (SD)	P value	Nearby country Mean (SD)	Canada Mean (SD)	Egypt Mean (SD)	UAE Mean (SD)	Russia Mean (SD)	Germany Mean (SD)	P value
Arousal	1.55 (1.427)	1.79 (1.563)	0.089	1.80 (1.560)	1.46 (1.266)	1.69 (1.569)	1.96 (1.641)	2.73 (1.272)	1.56 (1.586)	0.131
Avoidance	1.82 (1.726)	2.17 (1.889)	0.035	2.59 (1.968)	1.69 (1.974)	2.04 (1.605)	2.17 (1.872)	2.00 (2.145)	1.82 (1.820)	0.067
Re-experience	0.93 (1.284)	1.21 (1.600)	0.042	1.38 (1.686)	1.00 (1.206)	0.85 (1.287)	1.27 (1.724)	1.18 (1.471)	1.15 (1.638)	0.307
Total SPTSS	4.30 (3.735)	5.07 (4.422)	0.045	5.71 (4.630)	4.08 (3.796)	4.48 (3.435)	5.27 (4.698)	5.91 (4.571)	4.39 (4.422)	0.158
Friends support	15.620 (7.5494)	15.232 (7.7590)	0.590	15.372 (8.1975)	14.269 (8.9550)	15.115 (6.4750)	16.848 (8.0415)	7.727 (4.5131)	15.481 (7.0557)	0.038
Family support	19.097 (6.9193)	19.613 (6.8274)	0.423	18.633 (6.9157)	19.500 (9.0692)	19.058 (6.5793)	20.924 (6.6533)	20.500 (7.5299)	19.972 (6.2935)	0.632
Significant other support	19.273 (7.6526)	20.226 (7.3404)	0.174	19.880 (6.8556)	19.923 (8.4307)	19.111 (8.1090)	21.340 (7.4324)	18.864 (7.7495)	20.636 (7.3500)	0.653
Total social support	53.85 (18.307)	54.55 (18.263)	0.686	53.68 (17.675)	53.69 (21.092)	52.02 (19.812)	58.31 (19.702)	47.09 (15.152)	55.45 (16.854)	0.567
Total K 10 support	22.5633 (8.74049)	23.4474 (9.63162)	0.305	23.8108 (9.26131)	20.1538 (10.91517)	24.6071 (10.71288)	24.4681 (8.74481)	20.3636 (7.24255)	22.8909 (10.42375)	0.508
Days unable to work in the past 4 weeks	7.81 (11.050)	179220.15 (2444117.919)	0.326	584802.67 (4415106.822)	5.55 (9.048)	5.41 (6.681)	14.82 (58.913)	7.44 (7.502)	7.88 (7.860)	0.493

Figures

Figure 1

demonstrating participants' work category according to living in Syria or not

Figure 2

demonstrating participants' work category according to SPTSS scores, living in Syria or not, and gender