



# **Understanding the Career Path of Psychologists in the Kurdistan Region of Iraq**

Sarah Kamal Ilyas

Independent Researcher, Contracted by Jiyan Foundation

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### **Abstract**

This research explores the educational backgrounds, career development, and challenges faced by psychologists in the Kurdistan Region of Iraq (KRI). It examines the impact of societal attitudes, legal frameworks, and institutional support on professional growth. The research employs a qualitative methodology, including key informant interviews (KIIs) with 17 psychologists across KRI. Findings indicate that most psychologists encounter significant obstacles, such as limited public sector employment, restrictive licensing policies, and societal stigma surrounding mental health services. Additionally, the study highlights the diverse roles psychologists play, including clinical practice, research, and capacity-building within NGOs. The research concludes that establishing a structured licensing system, increasing governmental support, and enhancing training opportunities are essential for the advancement of psychology as a profession in KRI. These findings provide valuable insights for policymakers, educators, and mental health organizations seeking to strengthen psychological services in the region.

*Keywords:* psychologist career development, mental health services, Kurdistan Region, clinical practice, licensing policies, professional challenges.

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## 1. Introduction

This research examines the educational backgrounds, career progression, and roles of qualified psychologists in the Kurdistan Region of Iraq (KRI) health system. The purpose of this study is to develop a comprehensive understanding of psychology practice in KRI by identifying challenges, available resources, and opportunities for professional advancement. It is conducted under the Jiyan Foundation for Human Rights and supported by the Else Kröner Fresenius Foundation, with the aim of strengthening mental health and psychosocial support services in Iraq. A key initiative within this project is the establishment of the Jiyan Institute for Mental Health. Over the past decade, the Jiyan Foundation has played a crucial role in empowering survivors, fostering resilience, and providing specialized training and capacity-building programs across Iraq and Syria. This research aligns with the broader goals of the project by analyzing the educational pathways, career trajectories, and experiences of psychologists working in KRI. The findings will contribute to policy recommendations aimed at enhancing professional development, mental health services, and regulatory frameworks for psychologists in the region.

### 1.1 Objectives of the Study

The specific objectives of this study are to:

1. Analyze the demographics and educational backgrounds of psychologists in KRI.
2. Examine career paths and professional experiences, including caseload management, therapeutic approaches, and skill development.
3. Investigate the societal, cultural, and legal challenges faced by psychologists in KRI and their impact on professional practice.
4. Assess the legal framework and operational environment for psychologists, including regulations and requirements for establishing private clinics.
5. Evaluate support systems available to psychologists, including governmental and non-governmental resources, and identify necessary changes to promote professional growth.
6. Explore the future outlook for psychology and mental health services in KRI, including anticipated changes in the role of psychologists.
7. Provide recommendations for government authorities, INGOs/NGOs, the health sector, and educational institutions to improve support, training, and professional development for psychologists in KRI.

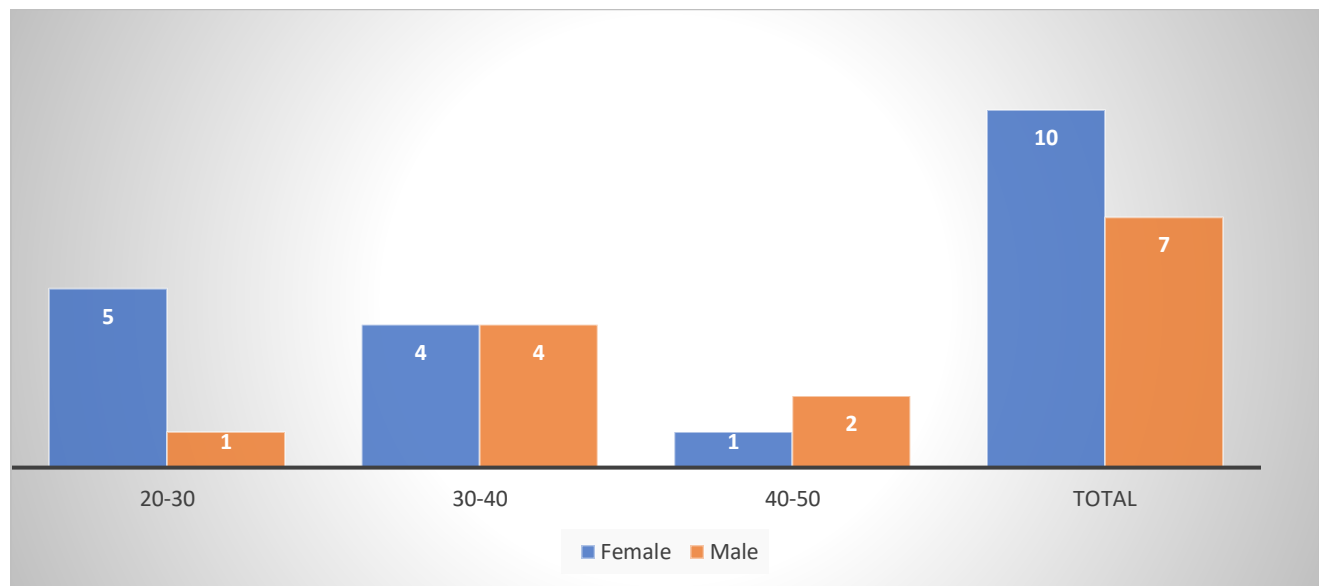
## 2. Background and Infographic

### 2.1 Participants Overview

A total of seventeen psychologists participated in the data collection, including ten females and seven males. These participants were based in Kirkuk, Erbil, Duhok, and Sulaymaniyah. Data were gathered through both online and in-person Key Informant Interviews (KIIs). The selection of psychologists for the interviews was based on their experience in working directly with patients.

**Figure 1**

*Age and Gender Distribution of the Participants*



### 2.2 Motivations for Choosing Psychology as a Career

As part of this study, nine participants were asked about their motivations for pursuing psychology. This question was introduced after the data collection process had been completed, during the research writing phase, which is why only nine participants were asked. Their responses highlighted a combination of personal experiences, social concerns, and external influences. The higher education system in Kurdistan allows students to rank their preferred academic programs and institutions. Students are then matched to institutions based on their academic qualifications. Among the nine participants, two explicitly selected psychology for

deeply personal and social reasons. One participant reported having experienced a mental health disorder and chose psychology as a means of helping others facing similar challenges. Another participant mentioned that the rise of ISIS and its associated violence, abductions, and human rights violations as a primary motivation. Observing the psychological distress within their community, they recognized the critical need for trained psychotherapists.

For the remaining seven participants, the decision to study psychology was more incidental. One participant initially considered biology but, after hearing positive feedback from peers about sociology, decided to switch fields. Another participant initially planned to pursue media studies but found psychology more appealing. A different participant was drawn to a newly introduced clinical psychology program taught in English, which influenced their choice. The participants noted that psychology was an applied, practical discipline, which further motivated their decision.

These findings suggest that psychology as a field of study in Kurdistan is influenced by a combination of personal interest, social awareness, and peer recommendations. While some participants were driven by personal experiences with mental health challenges or a desire to address trauma in their communities, others were influenced by external factors, including program availability, peer perspectives, and the perceived practical applications of the field.

## 2.3 Educational Background

Table 1 presents the educational backgrounds of psychologists in the Kurdistan Region of Iraq (KRI) who participated in the data collection. The participants are categorized into three key degree levels: undergraduate, postgraduate (master's), and doctoral.

**Table 1**

*Educational Background of Psychologists in the Kurdistan Region of Iraq*

<i><b>Degree Level</b></i>	<i><b>Department</b></i>	<i><b>University</b></i>	<i><b>Number of Individuals</b></i>	<i><b>Total Number</b></i>
<i><b>Bachelor's Degree</b></i>	Clinical Psychology	Koya University	9	<b>17</b>
	Education and Psychology	Duhok University	3	
	Psychology	Mosul University	1	
	General Psychology	Duhok University	1	
	Sociology	Sulaymaniyah University	1	
	Social Psychology	Salahaddin University	1	
	Nursing	Duhok University	1	
<i><b>Master's Degree</b></i>	Clinical Psychology	Doha Institute for Graduate Studies (Qatar)	1	<b>9</b>

<b><i>PhD Degree</i></b>	Clinical Psychology	Kermanshah University of Medical Sciences (Iran)	1	
	Psychotherapy and Psycho-Traumatology	Duhok University	5	
	Sociology	Sulaymaniyah University	1	
	Psychiatric Nursing	Duhok University	1	
	Psychology	Tübingen University (Germany)	1	<b>2</b>
	Sociology	Sulaymaniyah University	1	

At the bachelor's level, nine participants completed degrees in Clinical Psychology, with Koya University emerging as a leading institution contributing to the region's mental health workforce. Other fields represented among participants include Education and Psychology (three participants), General Psychology (one participant), Sociology (one participant), Social Psychology (one participant), and Nursing (one participant). These programs are offered at various universities, including Duhok University, Mosul University, Sulaymaniyah University, and Salahaddin University. This diversity in undergraduate education reflects a broad foundational knowledge base, supporting further specialization in clinical and related psychology fields.

At the master's level, nine participants pursued advanced degrees. One participant obtained a degree in Clinical Psychology from the Doha Institute for Graduate Studies, while another earned a Clinical Psychology degree from Kermanshah University. The majority five participants specialized in Psychotherapy and Psycho-Traumatology at Duhok University, highlighting the growing demand for trauma-focused training in the region. Additionally, one participant holds a master's degree in Sociology, and another completed a master's in Psychiatric Nursing, underscoring the interdisciplinary nature of the mental health field.

At the doctoral level, one participant earned a PhD in Sociology from Sulaymaniyah University, while another is currently completing a PhD in Psychology at Tübingen University in Germany. These advanced qualifications reflect a commitment to research, leadership, and evidence-based treatment approaches, contributing to the enhancement of mental health services in KRI.

### **3. Work Roles, Experience, and Responsibilities of the Participants**

The psychologists interviewed in this study work in various settings, including primary healthcare centers, psychiatric hospitals, mental health units, public and private hospitals, clinics, and international and local non-governmental organizations (INGOs and NGOs). Some also hold positions at universities as lecturers, researchers, or counselors. Their roles span clinical practice, supervision, research, and capacity-building. While these findings provide insight into the work

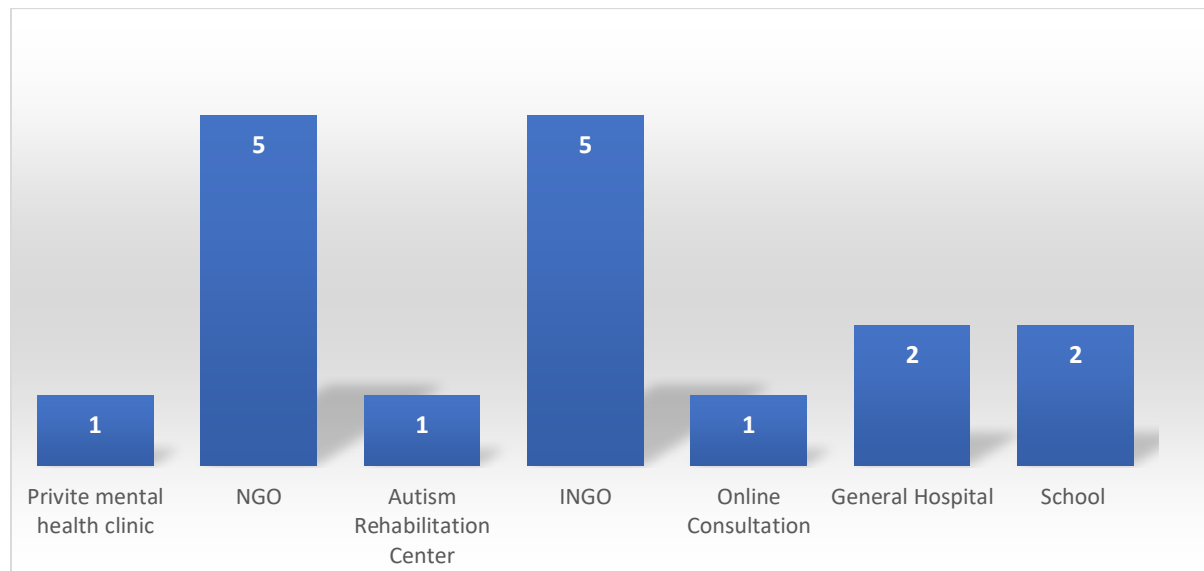


of psychologists in KRI, they reflect the experiences of the study participants rather than all psychologists in the region.

Figure 2 indicates that most of the 17 participants in this study are employed by INGOs and NGOs. Since 2013, public sector hiring of psychologists in KRI has been suspended due to economic conditions, making NGOs and the private sector the primary employers.

Figure 2

*Work Setting of the Psychologists Interviewed*

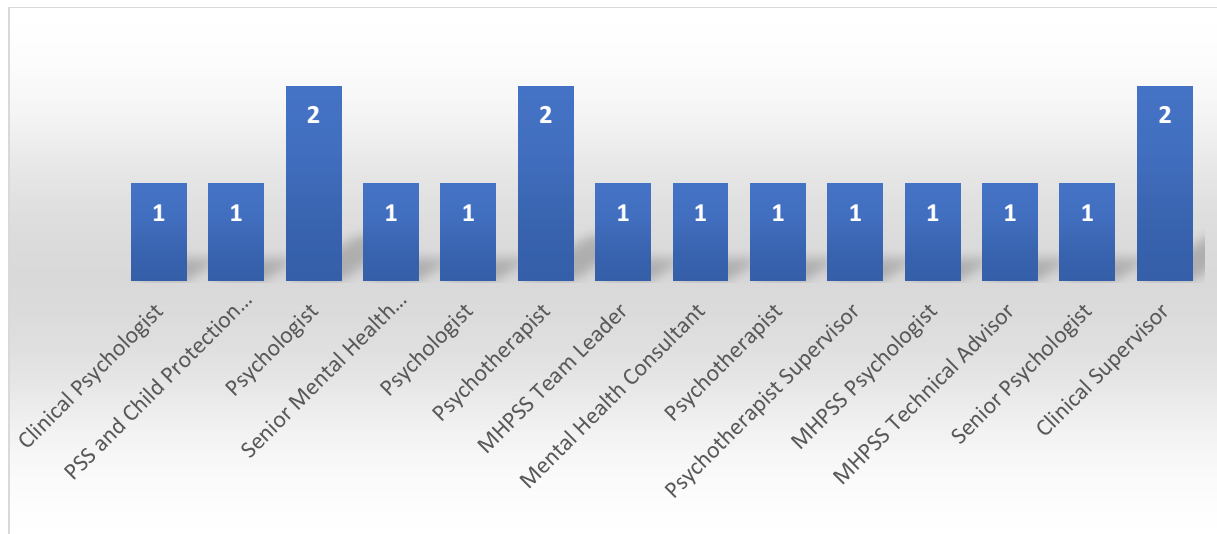


### 3.1 Roles and Responsibilities of the Participants

The psychologists interviewed in this study undertake diverse responsibilities, including direct psychological services, specialized child psychology, leadership and supervision, capacity building, research and tool development, remote mental health services, crisis intervention, and educational psychology. Figure 3 presents the current positions held by the study participants. These roles represent the experiences of those interviewed and may not encompass all psychologists in KRI.

Figure 3

*Current Positions and Roles of the Psychologists interviewed*



**3.1.1 Direct Psychological Services and Therapy.** Most psychologists interviewed in this study provide individual and group therapy in healthcare organizations, private practice, and NGO programs. They utilize interventions such as Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Group Problem Management Plus (PM+). For example, a psychologist at Azadi Hospital in Duhok supervises junior psychologists and conducts psychotherapy and psychological assessments, including intelligence testing. Many psychologists work with trauma survivors, particularly among internally displaced persons (IDPs) and refugees.

**3.1.2 Specialized Work with Children.** The psychologists interviewed who specialize in child psychology and adolescent mental health support children with learning disabilities, autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and behavioral disorders. Some use Applied Behavior Analysis (ABA) techniques, while others provide educational sessions on child development, anxiety, and behavioral issues in IDP camps and schools.

**3.1.3 Leadership, Supervision, and Project Management.** Psychologists interviewed who work in leadership positions oversee mental health programs and coordinate teams. For example, a Senior Mental Health Counselor in an NGO supervises mental health programs, mentors junior psychologists, and organizes self-care sessions for staff. A Mental Health and Psychosocial Support (MHPSS) Team Leader conducts clinical assessments, manages trauma support programs, and trains NGO staff. These supervisory roles are crucial for ensuring effective mental health service delivery.

**3.1.4 Training and Capacity Building.** Many of the psychologist interviewed frequently engage in training and capacity-building activities, including professional workshops and public awareness programs. One psychologist in this study has organized mental health training sessions, while another at SEED Foundation provides crisis intervention counseling and trauma awareness training for high-risk groups, such as survivors of gender-based violence (GBV).

**3.1.5 Research and Tool Development.** Some psychologists interviewed conduct mental health research and develop assessment tools. Their work supports evidence-based interventions and policy improvements. For example, one psychologist in this study has contributed to designing mental health assessment tools and improving service delivery through NGO collaborations.

**3.1.6 Remote Mental Health Services and Consultation.** With the increasing demand for mental health services in KRI, psychologists now offer remote psychological consultations. This trend has expanded access to therapy, especially for individuals in rural or conflict-affected areas where in-person mental health services are limited. For example, a psychologist based in Germany currently provides online therapy sessions to clients in KRI, helping bridge geographical barriers and ensure continued psychological support.

**3.1.7 Crisis Intervention and Trauma Support.** The psychologists interviewed working with INGOs specialize in crisis intervention and trauma counseling, particularly for survivors of ISIS violence and displaced populations. A psychologist at Azadi Hospital has received specialized training in psychiatric first aid and plays a key role in crisis interventions for displaced Yazidi individuals. Others working with UNHCR provide psychosocial first aid (PFA) and Narrative Exposure Therapy (NET) for refugees and IDPs.

**3.1.8 Psychologists in Educational Settings.** Two psychologists interviewed in this study work as social workers in schools while also holding part-time positions in NGOs, providing psychosocial support to students and implementing mental health awareness initiatives. One psychologist at the Jiyan Foundation has 18 years of experience in the Ministry of Education, offering counseling and intervention programs for students. Their work focuses on addressing students' mental health needs within the school environment.

## 4. Career Path and Professional Experience

### 4.1 Psychologists' Workload and Caseload Management

Interviews with psychologists indicate that their caseload varies based on workload, scheduling, and organizational policies. On average, they manage three to five cases daily, totaling 15 to 25 cases per week. Female psychologists typically see four to five clients per day, whereas male psychologists often handle fewer cases due to supervisory responsibilities. Factors such as training sessions, workshops, and administrative duties may temporarily reduce their caseload. Additionally, case severity influences scheduling, as complex cases often require multiple sessions per week.

Psychologists have integrated online therapy into their practice, increasing flexibility in workload management. Remote sessions allow them to accommodate more clients and structure their schedules more efficiently. This approach is particularly beneficial for those balancing clinical practice with academic or research commitments. For example, one psychologist reported handling fewer clients due to full-time doctoral studies, while others continue to provide both online and in-person therapy, highlighting the complexity of managing both modalities.

## 4.2 Common Therapeutic Approaches and Strategies

Psychologists participating in this study reported using a variety of therapeutic approaches, with Cognitive Behavioral Therapy (CBT) being the most frequently applied method. Participants emphasized that CBT aligns well with the cultural context of Kurdistan, making it a widely accepted and preferred therapeutic approach. They noted that CBT provides individuals with structured coping mechanisms to process traumatic experiences in a controlled environment, often leading to faster recovery compared to other interventions. Beyond CBT, psychologists commonly use Eye Movement Desensitization and Reprocessing (EMDR) and Narrative Exposure Therapy (NET). EMDR is frequently applied in cases involving complex trauma, particularly among displaced populations and refugees. NET is predominantly used in trauma-focused interventions for both children and adults who have endured prolonged traumatic events. Psychologists highlighted the effectiveness of NET in both individual and group therapy settings, especially in treating post-traumatic stress disorder (PTSD). Additionally, Problem Management Plus (PM+), widely used within NGO settings, and Art Therapy, frequently incorporated into child-focused psychological interventions, are also recognized as effective therapeutic methods.

When determining the most suitable therapeutic intervention, 15 psychologists stated that they independently select their approach based on their clinical expertise and the specific needs of each case. However, one psychologist working in a clinical setting under psychiatric supervision noted that their treatment approach is sometimes influenced by referral sources, explaining that "some doctors ask us to do IQ tests or personality tests... The psychiatrist demands services that are helpful for the case." Similarly, a clinic supervisor in a national non-governmental organization reported that they follow organizational policies and standardized treatment approaches when managing cases. In addition to these structured methods, a number of psychologists adopt a multi-modal or integrative approach, combining various therapeutic techniques such as CBT with NET, CBT with EMDR, and CBT with PM+. By integrating multiple therapeutic models, psychologists tailor treatments to the specific needs of each client, thereby enhancing the effectiveness of psychological interventions.

## 4.3 Methods for Maintaining Knowledge and Skills

The psychologists who participated in this study reported that they regularly update their knowledge by attending training sessions and workshops. These opportunities are often organized by the international non-governmental organizations (INGOs) and national non-governmental organizations (NGOs) they are affiliated with or attend upon invitation. SEED Foundation, Jiyan Foundation, and Wchan were identified as organizations that frequently offer training programs. Psychologists working in public hospitals primarily attend training provided by their institutions or through NGO partnerships. However, those who are not currently employed, such as recent graduates who have not yet secured positions, often face challenges in

accessing training. As a result, they frequently enroll in online courses, which they must fund independently, to stay informed about advancements in the field.

In addition to formal training, psychologists reported engaging in self-directed learning to maintain and expand their knowledge. They frequently read research papers, consult updated manuals such as the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, and explore reputable websites such as MHPSS.net and other psychology-related platforms. These resources enable them to stay informed about emerging theories, treatment approaches, and advancements in mental health care.

Psychologists working with INGOs and NNGOs also emphasized the value of consulting experienced professionals. They often seek guidance from senior psychologists, psychiatrists, or colleagues, both in person and through online communication. Additionally, many organizations facilitate weekly or monthly team meetings, where professionals share knowledge, discuss complex cases, and engage in collaborative problem-solving.

Online platforms such as Google, LinkedIn, and MHPSS.net were also identified as valuable tools for accessing mental health information and treatment strategies. When faced with particularly challenging cases, psychologists often conduct online searches to find relevant literature, best practices, and evidence-based interventions. One psychologist stated that when encountering difficulties with a case, they use Google to research mental health issues and explore potential solutions to support their clients effectively.

#### **4.4 Training, Certifications, and Perceived Effectiveness: Participant Insights**

Participants were asked about the training they had received, the certifications they held, and which training they perceived as most effective. While many were able to recall specific details, some struggled to remember the exact certifications or training they had completed, making responses based on recollection rather than verified documentation. The most commonly mentioned training programs included cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy (NET). Additionally, trauma-focused cognitive behavioral therapy (TF-CBT) was mentioned by four participants, while psychological first aid (PFA) and art therapy were each mentioned three times. Other training included applied behavioral analysis (ABA), gestalt therapy, body therapy, Problem Management Plus (PM+), supervision techniques, mental health and psychosocial support (MHPSS) in crisis settings, psychodrama, exposure therapy for occupational stress disorder (OSD), graded exposure and war exposure therapy, dialectical behavioral therapy (DBT), motivational counseling, IQ measurement, psychosocial counseling, pharmaceutical psychology, psychotraumatology, the Crest Model, and training on violence and trauma.

Regarding certifications, two participants held certifications in family therapy, three in PFA, and four in EMDR. One participant was certified in Teaching Psychological Skills for Survivors Plus (TPSS+), while others reported certifications in CBT, TF-CBT, NET, PM+, psychodrama, OSD exposure therapy, graded exposure and war exposure therapy, DBT, motivational counseling, and psychotraumatology under the Crest Model. The variety of certifications among participants reflects the diverse training opportunities available to

psychologists in the region, although access to such certifications remains inconsistent depending on employment and organizational support.

When asked to identify the most beneficial training, five participants mentioned EMDR and CBT, three cited NET, and two identified TF-CBT. Other programs mentioned included brief cognitive behavioral therapy (BICBT), PM+, gestalt therapy and matrix therapy, crisis intervention and trauma assessment (CITA), mental health in complex emergencies, and psychotraumatology. The perceived effectiveness of these training programs varied based on the psychologists' areas of practice and the populations they served, with trauma-focused approaches being frequently highlighted as particularly useful for working with displaced individuals and survivors of conflict-related trauma.

### **5. Demographics of Clients (Gender, Age, Diagnosis Types)**

The information in this section is based on interviews with psychologists and reflects their experiences and recollections of the cases they have handled. It does not constitute statistical data and has not been validated by a survey. Rather, it provides insights into the mental health conditions observed across different population groups in the Kurdistan Region of Iraq (KRI), including refugees, internally displaced persons (IDPs), and host communities. Patterns related to age and gender emerge, highlighting variations in mental health challenges influenced by displacement, culture, and social practices. The findings illustrate the conditions commonly seen among children, adolescents, and adults of different genders within these populations.

Psychologists reported that children frequently presented with trauma-related symptoms, phobias, bedwetting, and separation anxiety. These issues were particularly common among refugee and displaced children, as well as those from unstable family environments. Boys were more likely to be diagnosed with autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and trauma-related conditions, while girls more frequently experienced anxiety and bedwetting, particularly following displacement. Both boys and girls exhibited emotional distress symptoms such as bullying, poor hygiene, and aggressive behavior. Children residing in camps or experiencing the risk of displacement often displayed heightened emotional stress, including separation anxiety.

Among adolescents, psychologists observed mental health concerns such as bipolar disorder, personality disorders, post-traumatic stress disorder (PTSD), anxiety, mood instability, social fears, and anger management difficulties. Boys were more frequently diagnosed with PTSD, trauma-related conditions, and suicidal ideation, whereas girls exhibited higher rates of depression and anxiety. Many adolescents also faced challenges in adjusting to significant life changes, particularly those living in refugee or displacement settings or coping with family instability.

Mental health concerns among adults varied widely, with depression, anxiety, PTSD, and trauma being the most commonly reported conditions. Suicide risk was also noted among this population. Women were more frequently diagnosed with depression, anxiety, PTSD, obsessive-compulsive disorder (OCD), and trauma, often linked to experiences of violence, displacement, or crises. In contrast, men were more likely to struggle with trauma, PTSD, financial stress, and

the pressures associated with providing for their families. Additional mental health conditions observed in adults included personality disorders, bipolar disorder, schizophrenia, addiction, and OCD. Social stigma surrounding mental health services often presented a barrier to help-seeking, particularly for men.

## **6. Professional Associations and Union Membership of Psychologists in Kurdistan**

### **6.1 Organization of Psychologists in Kurdistan**

Most psychologists stated that they are not affiliated with any official union or professional network. Clinical psychology graduates, in particular, emphasized the lack of a dedicated union to represent them. In contrast, psychologists working in hospitals are members of the General Health Union, whereas those employed in schools are part of the Education Union. A few participants also mentioned being part of an informal Facebook group for clinical psychology graduates, where they stay in touch, share information, and post job openings.

One participant described the situation as highly disorganized, stating, *"It's a mess, and so many people call themselves psychotherapists. That is because we do not have an official TOR drafted by the government."* Another major concern expressed by participants is that none of the clinical psychology graduates have been officially hired by the Ministry of Health to work in hospitals or primary health care facilities. This issue is primarily attributed to the challenging economic situation in the Kurdistan Region. Consequently, the majority of psychologists currently employed in health care facilities are general psychology graduates, reflecting broader concerns regarding the lack of formal recognition and structured career pathways for clinical psychology professionals within the health system. Additionally, participants raised concerns about the absence of professional oversight and regulation in the field. One psychologist highlighted the risks posed by newly graduated psychologists conducting online counseling sessions without proper supervision, emphasizing the potential harm to vulnerable clients.

The Kurdistan Sociologists and Psychologists Association (KSPA), active in Sulaymaniyah and Erbil, offers training and professional support to psychologists. However, its reach remains limited. As a governmental organization, it requires psychologists to be employed by the government to register as members. The association aims to enhance professional competencies, provide training opportunities, and advocate for psychologists' rights. Despite these efforts, its influence remains constrained due to the lack of a clear, systematized approach to clinical psychology in the region. A senior member of the association noted, *"There are 10,000 graduates from psychology departments including those in sociology, educational psychology, general psychology and clinical psychology, without a job over ten years,"* underscoring the significant unemployment challenges faced by psychology graduates. And he indicated that this issue has discouraged many students from pursuing careers in psychology due to the limited job opportunities available.

### **6.2 Personal Membership in Unions or Networks and Their Benefits**

Findings from the study reveal a significant absence of formal union membership among psychologists in Kurdistan, with 14 respondents indicating they are not part of any professional

organization. Responses such as, *"No, I am not part of any union,"* were common, illustrating a widespread disconnect from structured networks. One psychologist linked their lack of membership to their work environment, stating, *"No, because I do not have a private clinic, and I only work at an NGO."* This suggests that union participation may be influenced by specific professional contexts rather than a general disinterest in collective organization. Another respondent explained that she is not registered with a union because her current work at an NGO does not require it. She further stated that her bachelor's degree certification is sufficient for her position and that union membership is mainly pursued by individuals seeking to open private clinics, as they need a professional license to operate.

Three respondents reported affiliation with the Kurdistan Sociologists and Psychologists Association. One participant stated, *"I'm registered in the Kurdistan Sociologists Association; it's for psychologists who graduated from sociology."* While this association provides a degree of professional community, it does not necessarily address the specific needs of clinical psychologists. This was highlighted by another participant who stated, *"We only have the General Health Union,"* which lacks specialized support for psychological professionals.

Safety and trust emerged as critical themes associated with union membership. One respondent noted that being part of an association fosters a sense of security within their professional environment, stating, *"The benefits of being part of a union are feeling safer and more trustable,"* emphasizing the emotional reassurance that comes from belonging to a collective. Additionally, unions play a vital role in advocacy and professional support. One participant described how, *"In addition to advocating for the hard work of psychological and social researchers, the union also assists with employment and finding job opportunities for its members."* This demonstrates the potential of unions to improve professional conditions, facilitate job placement, and protect members' rights.

## 7. Challenges and Scope of Work

### 7.1 Challenges Faced by Psychologists in Kurdistan

Numerous challenges restrict the professional development and overall well-being of psychologists in Kurdistan. A significant issue is the absence of a dedicated psychologist union to regulate psychological work, laws, and policies in the region. Government support remains severely inadequate, particularly regarding employment opportunities. Non-governmental organizations (NGOs) serve as the primary source of jobs for psychologists; however, their lack of long-term funding plans creates instability. Without sufficient funding, these organizations cannot provide sustained employment, leaving many psychologists without work, particularly in the public sector, where opportunities are already scarce. Additionally, government regulations further complicate the situation by imposing bureaucratic barriers on organizations, delaying or preventing the renewal of work permits. These challenges disrupt psychological services and limit access to care.

Training and capacity-building issues also present significant obstacles. Many psychologists, especially those in the public sector, report insufficient access to professional development opportunities. One psychologist stated, *"Psychologists who work in the private*



*sector lack adequate training.*" Additionally, there is an urgent need for structured self-care programs. Another professional emphasized, *"No psychologist should work without external supervision,"* highlighting the importance of support systems to manage the emotional toll of their work. Work-related stress is another critical concern, with many psychologists struggling to recover from long working hours and excessive caseloads. The heavy workload in various projects contributes to burnout, while the absence of external oversight and structured self-care initiatives forces psychologists to manage stress independently. Prolonged exposure to severe cases often results in secondary trauma and emotional exhaustion, yet no formal safeguards exist to support their mental well-being.

Security risks further exacerbate these difficulties. Psychologists frequently face threats, intimidation, and even physical assault in the course of their work. One psychologist shared a distressing experience: *"We received a court case, and one of our staff was attacked by the family of the case."* Such incidents highlight the dangers psychologists encounter, particularly when dealing with legal disputes, domestic conflicts, or trauma-related cases. The aggressive environment, where clients or their families may resort to coercion or violence, obstructs the effective delivery of mental health services. These security threats are not isolated incidents but rather an ongoing risk in the field. The persistent fear and stress associated with these threats hinder psychologists' ability to focus on their work, ultimately affecting the quality of mental health services provided.

## **7.2 Impact of Societal Attitudes, Cultural, and Religious Beliefs**

The data reveal profound societal perceptions, norms, and cultural or religious beliefs that influence the practice of psychology in Kurdistan, particularly in the context of mental health care. A major challenge identified by seven respondents is community stigmatization, described as *"one of the biggest challenges in Kurdistan."* These respondents emphasized that stigma is particularly pronounced among men, leading to delays in diagnosis and treatment. One psychologist stated, *"The delay in diagnosing mental conditions makes treatment harder. In most cases, patients first seek help from mullas."*

However, three participants noted that acceptance of mental health care is gradually increasing. One psychologist remarked, *"A couple of years ago, community stigmatization was very high. However, now it has decreased due to the number of cases we see daily."* This suggests that as more individuals seek psychological support, awareness and acceptance of mental health treatment are improving, reducing the stigma associated with visiting a psychologist. The general population is becoming more informed about mental health, leading to an increased willingness to seek professional help without fear of discrimination.

Another significant factor is the role of religion in treatment decision-making. Five respondents reported that individuals with mental health challenges often prefer to consult mullah rather than psychologists. One participant stated, *"In most cases that I see, patients first went to mullah."* This reliance on spiritual guidance can complicate psychological treatment. A psychologist recalled, *"One of my patients told me that she first consulted a Mullah, who assured her that she was not suffering from depression but was instead affected by magic."*

Additionally, two respondents noted that individuals hesitate to seek psychological help due to concerns that their information might become public. This fear exacerbates stigma, particularly among men, who may avoid therapy to prevent being perceived as weak. Such cultural attitudes remain prevalent, preventing many individuals from accessing the care they need and contributing to ongoing challenges in mental health management.

There is also a perceived gap in public awareness of mental health issues. Four respondents emphasized the need for awareness campaigns, stating, *"Public awareness is still needed; we still have cases where individuals seek religious help first."* While progress has been made in areas where NGOs are active, continued efforts to educate the community remain essential.

### 7.3 Availability and Effectiveness of Peer-to-Peer Supervision Systems

In Kurdistan, peer-to-peer supervision among psychologists primarily exists within NGOs and is characterized by a combination of formal and informal practices. There is no official peer-to-peer supervision system available in hospitals or private clinics, and notably, clients are not present during these supervision sessions. Four respondents emphasized that, while structured approaches have been developed within various NGOs to support staff and clients, the absence of an official system is evident. One psychologist noted, *"There is no official peer-to-peer supervision system; however, sometimes we have group discussions in the public sector (hospitals)."*

Regular supervision is a crucial aspect of practice, with six psychologists participating in weekly individual sessions and three engaging in monthly group sessions. One participant shared, *"We have weekly individual and monthly psychologist group supervision,"* highlighting the commitment to ongoing collaboration and skill enhancement. Collaborative case management is also emphasized, particularly when dealing with complex cases, as several respondents noted conducting case conferences with various professionals. As one psychologist stated, *"Sometimes we conduct case conferences if we have a severe case,"* underscoring the value of collaboration within these organizations.

Within NGOs, psychologists contribute to discussions and often take on leadership roles in structuring therapy plans for patients. Supervision meetings serve two key purposes: addressing complex cases through collective input and fostering career development through knowledge sharing. One respondent noted, *"We use supervision both for cases that need a case conference and for when we learn new techniques and want to share them with others."* This approach ensures that psychologists remain updated on current knowledge while enhancing the quality of services provided to patients. Additionally, these meetings frequently function as training sessions aimed at improving professional expertise. One psychologist shared, *"I have a supervision meeting once in two weeks for any training I take,"* reflecting their commitment to continuous professional growth.

## **8. Legal and Operational Framework for Psychological Practice in Kurdistan**

There is a significant gap in the legal recognition and regulation of psychologists in Kurdistan. While non-governmental organizations (NGOs) and international non-governmental organizations (INGOs) such as the International Organization for Migration (IOM) and Wchan have developed internal policies governing ethical and operational practices for psychologists, these policies vary between organizations. The absence of official government regulations results in inconsistencies in practice, ethical considerations, and professional authority. A unified legal framework is needed to define the roles and responsibilities of psychologists, standardize professional ethics, and ensure consistent mental health service delivery.

Despite the existence of psychology programs, the primary challenge for psychologists in Kurdistan is meeting the strict licensing requirements. According to responses from the 17 psychologists in this study, the most frequently cited requirements include holding a bachelor's and master's degree in clinical psychology, gaining at least three years of field experience, and completing 1,500 hours of supervised practice under a psychiatrist. One of the essential licensing conditions is working under the supervision of a psychiatrist, particularly in cases involving medication. Securing approval from the Ministry of Health is also mandatory, adding another layer of complexity to the process.

The licensing system creates a structured dependency on psychiatrists, preventing psychologists from working independently. The absence of a recognized clinical psychology union further limits professional development and advocacy efforts, making it difficult to push for more flexible and inclusive licensing policies. These bureaucratic and regulatory constraints restrict psychologists' ability to work effectively in clinical settings.

One respondent noted that, as of now, only three male psychologists in Erbil have successfully obtained a license and provide direct patient care under the supervision of a psychiatrist. This highlights the restrictive nature of the current system, which significantly limits the number of licensed psychologists in Kurdistan and reduces access to psychological care for those in need.

## **9. Support Systems and Professional Development**

### **9.1 Governmental and Non-Governmental Support for Psychologists**

In Kurdistan, psychologists encounter considerable challenges due to a notable lack of support from government institutions. Many practitioners' express frustration, stating that the government "ignores the psychological field" and primarily offers only basic operational assistance, such as work permits and occasional meetings. As a result, many psychologists feel abandoned, especially given the high demand for mental health services in the region.

In contrast, non-governmental organizations (NGOs) serve as the primary source of support for psychologists, playing a crucial role in their professional development. NGOs provide essential job opportunities, particularly for fresh graduates entering the field. One

psychologist remarked, “Without NGOs, there is nothing for the psychological field,” underscoring their importance in filling the gaps left by the government.

NGOs provide valuable training opportunities for psychologists, focusing on enhancing personal resilience and facilitating collaboration with other specialists. Organizations that include psychiatrists in their teams play a crucial role in delivering essential services such as diagnosis, treatment planning, medication management, and the development of Standard Operating Procedures (SOPs) to guide clinical practice. Additionally, NGOs coordinate services across different providers, ensuring that patients receive comprehensive psychological support through case referrals and integrated care approaches.

The heavy reliance on NGOs highlights the limited governmental involvement in developing the mental health sector and supporting the professional practice of psychologists in Kurdistan. Sustainable progress in the field will require cooperation between governmental and non-governmental organizations to establish a more structured and accessible mental health system in the region.

## **9.2 Necessary Changes for Promoting Professional Growth**

Supporting the professional growth of psychologists in Kurdistan requires structured training, strong institutional support, and continuous skill development. A government-led psychologists' union is essential to define job roles, ethical guidelines, and career paths, ensuring clear steps for professional advancement. Universities should update their curricula to fill existing gaps and align training with international standards.

Psychologists need access to specialized training programs, such as professional diploma courses in psychotraumatology, EMDR, and advanced therapy methods. Regular supervision and mentorship from experienced professionals should be mandatory to strengthen their skills. Long-term capacity-building programs should provide practical training in modern techniques, while the government and NGOs must collaborate to secure funding for scholarships, training workshops, and professional development programs.

Additionally, psychologists should be introduced to global psychological assessment tools through validation studies, improving their research and clinical skills. A clear accreditation and licensing system should be established, setting defined criteria for career growth while ensuring high professional standards.

## **10. Prospects for the Future**

### **10.1 Future Outlook for Psychology and Mental Health Services in Kurdistan**

The future of psychology and mental health services in Kurdistan is generally viewed as moderately positive, though there are some concerns among the respondents. One individual expressed hope that the system would become more organized, stating, “The system will be more organized.” Another respondent emphasized the need for a legal framework to support these services, saying, “Establishing an organized and legal system will be important.” Additionally,

there is optimism regarding the geographic expansion of psychological services, with one respondent believing that services will “reach more members of the community.” Community acceptance of mental health services is expected to improve, as noted by three psychologists who remarked, “The psychology and mental health services will grow because community acceptance will increase.”

However, concerns about funding are prevalent among two psychologists, with one stating, “I am not positive about the future of psychologists because of the lack of funds,” and another expressing worry that “if the NGO mission ends, no one will work for the psychologists.”

## **10.2 Anticipated Changes in the Role of Psychologists**

The psychologists interviewed expressed both hope and concern about the future of their profession in Kurdistan. Some believe the field will become “more organized,” highlighting the need for structure and clear professional pathways. One psychologist emphasized the importance of categorizing psychologists based on their experience and interests to ensure specialized roles within the profession.

The psychologists anticipate increased community acceptance of their work, leading to greater recognition of their role in society. However, others worry that the “motivation to work in the psychological field will decline” due to limited support and career advancement opportunities. They stressed the need for structured career progression based on academic qualifications, with one psychologist stating, “Career growth will depend on the education level of psychologists.” Another raised concerns that the profession would not evolve unless “key players introduce essential reforms.”

Despite these concerns, some psychologists remain optimistic about their expanding role. One interviewee stated, “Psychologists should have a stronger position and play a greater role in social support and assistance,” emphasizing the importance of collaboration with other professionals. Another highlighted the need to integrate psychologists into various sectors, asserting, “All organizations, media outlets, and health centers should have psychologists.”

## **11. Recommendations**

### **11.1 Recommendations for Government and the Health Sector**

The government and health sector must create more job opportunities for psychologists, particularly clinical psychologists, in hospitals and health centers. Many healthcare facilities either lack psychological departments or do not have adequately trained staff. By hiring clinical psychologists in hospitals, health centers, and emergency departments, the government can ensure that patients receive the necessary mental health support.

To further strengthen the field, the government should conduct capacity-building programs for psychologists and healthcare professionals. These programs should focus on enhancing therapeutic skills, upholding ethical standards, and improving the practical application

of psychological services. Establishing certification programs will help ensure that psychologists meet professional standards before entering the workforce.

Establishing professional unions is crucial for defining roles, responsibilities, and ethical guidelines, ensuring an organized and structured system for psychologists. The psychology field should be categorized to ensure that only clinical psychologists work directly with patients, while others focus on research, education, or counseling. The Ministry of Health should establish a dedicated psychological department rather than focusing solely on psychiatry and medication.

The government should also support NGOs working in mental health, as they play a vital role in bridging service gaps. Facilitating the establishment and regulation of these organizations will improve access to psychological services and reduce public dissatisfaction. To enhance expertise in the field, the government could send a select number of psychologists abroad each year for specialized training. Upon their return, a structured process should be in place to integrate their knowledge into local mental health services, ensuring that competence and expertise take precedence over personal connections.

## **11.2 Recommendations for INGOs and NGOs in Mental Health Services**

NGOs should enhance their coordination with psychologists working in hospitals or organizations that provide various mental health services to improve case referrals and reduce service duplication. A structured referral system will ensure that individuals receive appropriate support without being enrolled in overlapping programs. Strengthening collaboration among organizations will increase the efficiency and effectiveness of mental health services.

Capacity building should be a key focus, particularly for recent psychology or clinical psychology graduates. NGOs can offer mentorship programs, training sessions, and practical experience opportunities to help new professionals develop their skills. These programs should prioritize service quality and ethical standards, ensuring that mental health professionals are well-equipped to handle cases effectively.

Expanding mental health services to underserved areas, such as rural and districts areas beyond the government centers, will improve accessibility for those in need. NGOs should also design projects that address the specific challenges of host communities, fostering inclusion and resilience. To maintain service quality, psychological positions within NGOs should be filled by individuals with relevant academic backgrounds and professional experience.

Long-term sustainability is essential for effective mental health services. NGOs should secure stable funding to ensure the continuation of support beyond temporary projects. Additionally, mental health initiatives should include community awareness programs, helping individuals recognize and manage psychological symptoms independently.

International NGOs play a crucial role in transferring expertise but must ensure their approaches align with the local cultural and social context. Programs should be tailored to community values and needs rather than imposing foreign perspectives. Local NGOs should also prioritize community-driven interventions to ensure meaningful and sustainable impact.

### 11.3 Recommendations for Psychologists' Education and Training

To improve the quality of mental health services, psychologists should receive specialized training tailored to their level of experience and the needs of the community. For fresh graduates, internship programs with basic training in counseling skills, Psychological First Aid (PFA), and Problem Management Plus (PM+) can provide essential practical knowledge. More experienced professionals should have access to advanced training in Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Narrative Exposure Therapy (NET), and other specialized therapeutic approaches.

Training programs should prioritize practical training over purely theoretical instruction. Psychology students and graduates should have structured opportunities to apply their knowledge in clinical settings through supervised clinical practice, role-playing exercises, and case studies. For example, bachelor's degree programs should integrate fieldwork and practical experience in therapy sessions, ethical decision-making, and case management to prepare students for professional challenges. Postgraduate programs should go beyond coursework and offer intensive professional training. The Institute of Psychotherapy and Psychotraumatology (IPP) in Duhok University offers a master's degree program that provides in-depth knowledge and clinical experience under expert supervision.

Psychologists should also receive training that aligns with their specific career paths. Those working with children should be trained in art therapy and play therapy, while professionals focusing on families and couples should receive specialized training in relationship counseling. Instead of providing generic training, programs should address technical gaps and real-world demands, ensuring that psychologists develop the necessary skills to meet the mental health needs of their communities.

In addition to skill-building, mental health professionals should receive continuous supervision and support. Regular guidance from senior psychologists, case reviews, and structured mentorship programs will enhance their ability to handle complex cases effectively.

## 12. Annexes

### Annex 1: Consent Form

#### Introduction

This is a letter inviting you to participate in a research project conducted by Sarah Kamal as part of a study project that seeks to explore the difficulties faced by psychologists in Kurdistan, Iraq. The current study is part of a larger research agenda on mental health and psychosocial support in the region.

#### Purpose of the Study

The study aims to identify the professional practices, practice barriers, and attitudes of psychologists in the Kurdistan region of Iraq. The outcomes of this study will contribute to greater awareness of mental health status in the region and may be beneficial for the formation of future policies and actions.

#### Procedures

If you consent to participate in this study, you will be required to express your interest and sign up for an interview, which will take approximately 60–90 minutes of your time. The interview questions will address participants' education, work experience, challenges in practice, and personal attitudes toward mental health in Kurdistan. With your permission, the interview will be audio-recorded to capture your responses as accurately as possible. These recordings will be transcribed, and the data will then be depersonalized to ensure privacy is maintained.

#### Voluntary Participation

Participation in this study is entirely voluntary. You have the right to withdraw from the study at any time, for any reason, without any negative consequences. You may also refuse to answer any question that makes you feel uncomfortable.

#### Confidentiality

All information collected in this study will be kept confidential. Your identity will be protected by assigning a code to your data, and your name or any other identifying information will not be used in any publications or presentations resulting from this research. The audio recordings will be securely stored and will be destroyed after they have been transcribed and anonymized.

#### Statement of Consent

By signing below, you acknowledge that you have read and understood the information provided in this consent form. You agree to participate in this study voluntarily and understand that you may withdraw at any time without penalty.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Annex 2: Questions Used in the Data Collection**

### **Background and Demographics**

1. Participant's Name
2. Age
3. Gender
4. Educational Background
5. Can you tell us about your work experience? (e.g., Where have you worked? How many years of experience do you have in this field?)
6. What were your duties in your previous roles?

### **Career Paths and Professional Experience**

1. How many cases do you see, and how do you arrange them?
2. Which therapeutic approaches and strategies do you most commonly use in your practice?
3. Can you provide information about the patients you've dealt with? (e.g., their gender, age, and type of illness)
4. How do you keep your knowledge and skills up to date with the latest developments in psychology?
5. Have you taken any specialized training or certifications to improve your practice?
6. How are psychologists organized in Kurdistan? (e.g., Is there a union or professional network?)
7. Are you personally part of any union or network? If yes, why and what are the benefits?

### **Challenges and Scope of Work**

1. What challenges do psychologists face?
2. How do societal attitudes and cultural or religious beliefs in Kurdistan influence your work and interactions with patients?
3. Do you have a professional peer-to-peer supervision system? (e.g., If you have a difficult case, is there a group of colleagues with whom you can discuss it and seek advice?)
  - a. How does it work?
  - b. How often do you participate and in which roles?

### **Legal Framework and Operating Environment**

1. What are the laws that guide psychologists in Kurdistan? What are you allowed to do, and what are you not allowed to do?
2. What legal and operational steps must you follow if you want to open your own private clinic? How does such a clinic typically operate?

### **Support Systems and Professional Development**

1. How do government or non-governmental organizations support your work and professional development?
2. What changes are needed to promote the professional growth of psychologists?

**Prospects for the Future**

1. What do you think the future of psychology and mental health services in Kurdistan will look like?
2. In the coming years, how do you think the role of psychologists will change, both professionally and in terms of career development?

**Recommendations**

- A. What recommendations do you have for the government/health sector?
- B. What recommendations do you have for INGOs/NGOs working in mental health services?
- C. What recommendations do you have for psychologist education and training?

**Additional Comments**

Is there anything else you would like to add regarding the career paths of psychologists?