

# Assessment of Mental Health and Psychosocial Needs of Displaced Syrians in Jordan



# Background

The WHO, IMC, MOH and EMPHNET conducted a study to assess the mental health and psychosocial (MHPSS) problems, services and needs of displaced Syrians in Jordan. The main findings are included in this presentation.

# Main Objectives

- Identify MHPSS problems and needs facing displaced Syrians in Jordan.
- Explore perceptions around MHPSS problems and coping strategies.
- Explore perceptions around the availability, accessibility, and expressed need for MHPSS services.

# Study Sites

- The first stage covered Za'atari camp.
- The second stage covered Amman, Irbid, Mafraq governorates, and Ramtha city.
- Data collection took place over approximately 3 weeks (July 2013).

# Assessment Tools & Methodology

- WHO-UNHCR Toolkit for Assessing MHPSS Needs & Resources in Humanitarian Settings:
  - **Tool 2:** “Assessment Schedule of Serious Symptoms in Humanitarian Settings”
  - **Tool 12:** “Participatory Assessment: Perceptions by Severely Affected People”

# Quantitative Tool

- Respondents were asked a set of questions:
  - **Part (A)** focuses on severe, common distress symptoms and impaired functioning in the respondent.
  - **Part (B)** focuses on a broad range of mental health symptoms in household members of the respondent.

# Qualitative Tool

- Focuses on perceptions of MHPSS problems affecting household members in the following areas:
  - social relationships
  - feelings
  - thoughts
  - behaviors
- What support is available, and what additional support is needed.

# Overall Sample Distribution

## Number of Families Participating in the Assessment

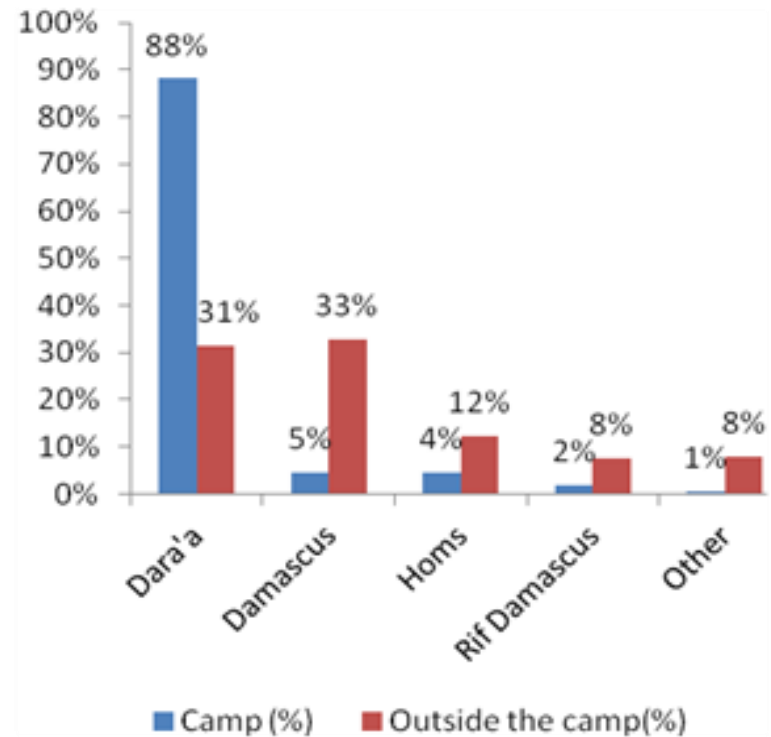
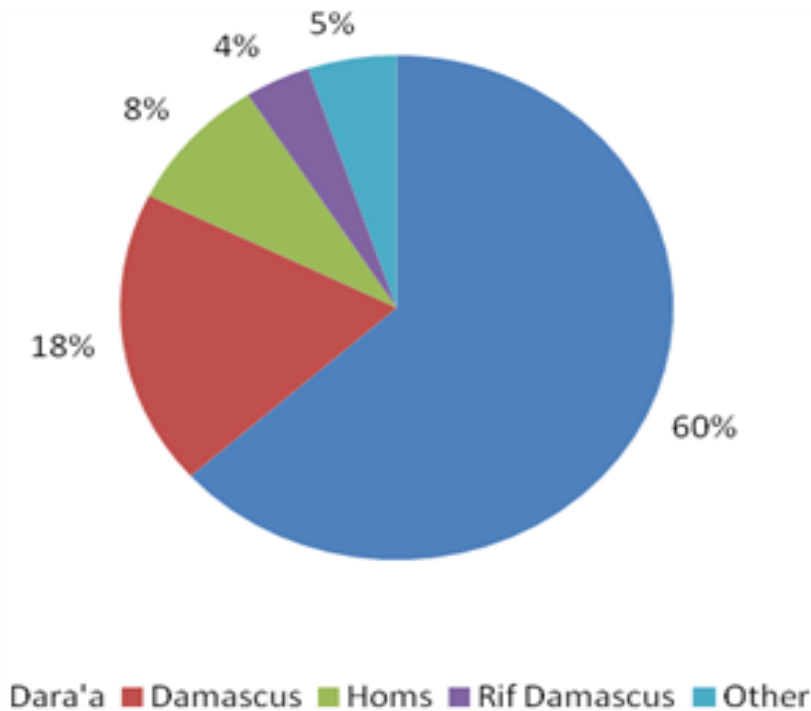
Location	Quantitative	Qualitative	Total
Za'atari Camp	936	25	961
Amman	316	10	326
Irbid	119	5	124
Mafraq	323	10	333
Ramtha	67	-	67
<b>Total</b>	<b>1761</b>	<b>50</b>	<b>1811</b>

*\*\*Data collected from the 1811 families provided information on **7964 individuals** (7579 quantitative and 385 qualitative).*



# Place of Origin Distribution

## Distribution of Respondents by Origin



\*Other: Al Quntira, Hama, Alhaska, Halab, Alragha, Edlab, Al Azhighia, Deir El Zoor, Al Swida.

# Age & Gender Distribution

<b>Distribution of Socio-Demographic Variables</b>				
Variable	Camp	Outside Camp	Total	
	%	%	N	%
<b>Gender</b>				
Male	53.3	51.0	3961	<b>52.3</b>
Female	46.7	49.0	3618	<b>47.7</b>
<b>Age</b>				
Below 18	66.5	64.7	4976	<b>65.7</b>
Above 18	33.5	35.3	2603	<b>34.3</b>

# Main Findings

# MHPSS Problems

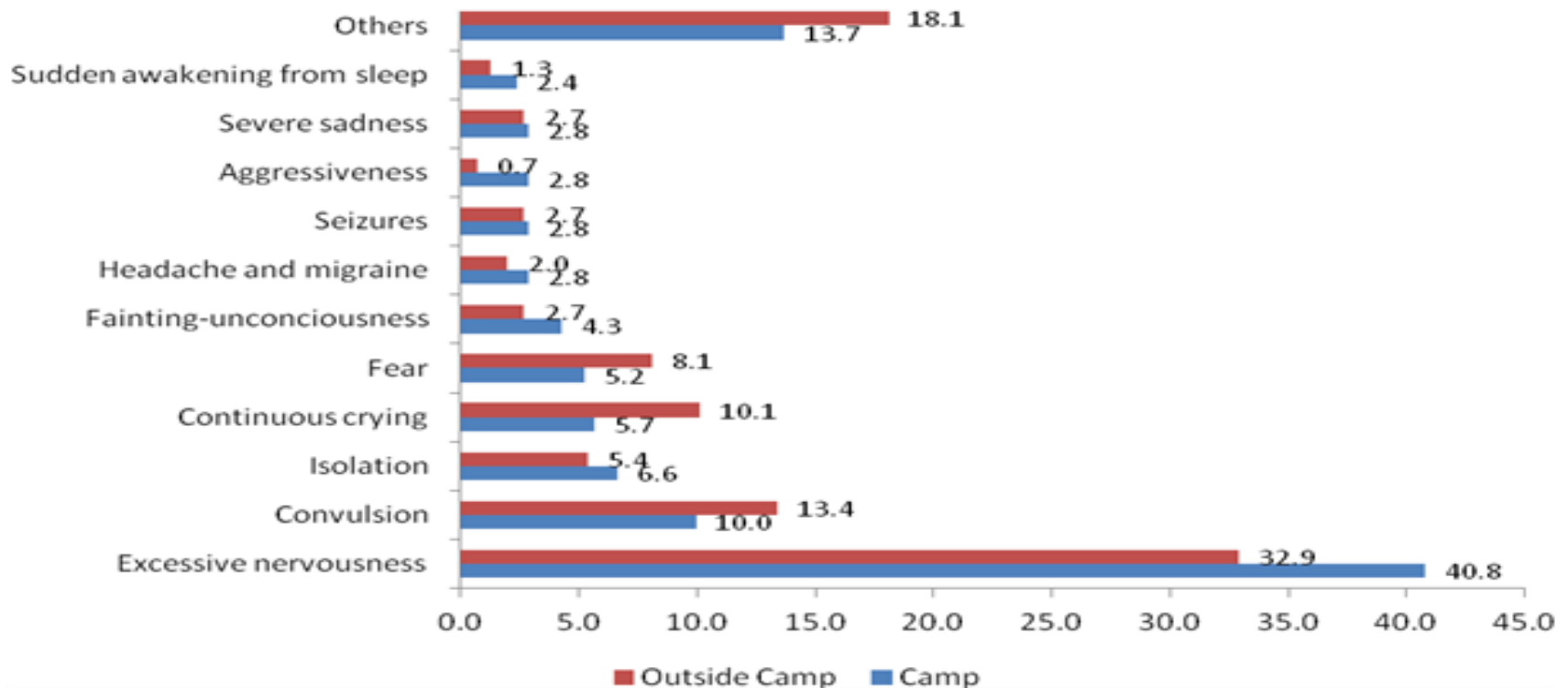
Mental health symptoms reported by respondents as being present 'all of the time' in the last 2 weeks:

- **15.1%** felt so **afraid** that nothing could calm them down.
- **28.4%** felt so **angry** that nothing could calm them down.
- **25.6%** felt so **uninterested** in things that they used to like.
- **26.3%** felt so **hopeless** that they did not want to carry on living.
- **38.1%** felt so **severely upset** about the conflict that they tried to avoid places, people, conversations or activities that reminded them of such events.
- **18.8%** felt **unable to carry out essential activities** for daily living because of feelings of fear, anger, fatigue, disinterest, hopelessness or upset.

*\*Figures represent the average responses of camp and non-camp settings.*

# MHPSS Problems in Family Members

- **5.9% of family members** (over 2 years) reported experiencing problematic behaviors and symptoms distributed as follows:



\*\* Other category includes tachycardia, forgetfulness, not speaking, not eating.

# MHPSS Problems in Children

- 17% of households with children aged 2-12 reported **nocturnal enuresis (bedwetting)** at least twice in the 2 weeks preceding the study.
- Most of these children (61.9%) presented this problem one year ago, while 38.1% did not.



# Functioning

Response	% Camp (N=3,729)	% Outside Camp (N=3,055)	Total
Yes	47	29	39
No	51	70	60
Don't Know	2	1	1
<b>Total N</b>	<b>3,729</b>	<b>3,055</b>	<b>6,784</b>

- Overall, 39% of family members experienced feeling distressed, disturbed or upset to the point of having serious **difficulties with being active**.
- This was higher in camp settings (47%) than in the community (29%).

*\*\* Refers to family members over 2 years.*

# Functioning & ADLs

- About one third (31.7%) of distressed, disturbed or upset respondents reported being unable to carry out activities of daily living for **at least one day** during the past two weeks (**12.4% of the total population**).
- 33.9% of those reporting such difficulties experienced them throughout the **entire two week** period (**4.2% of the total population**).



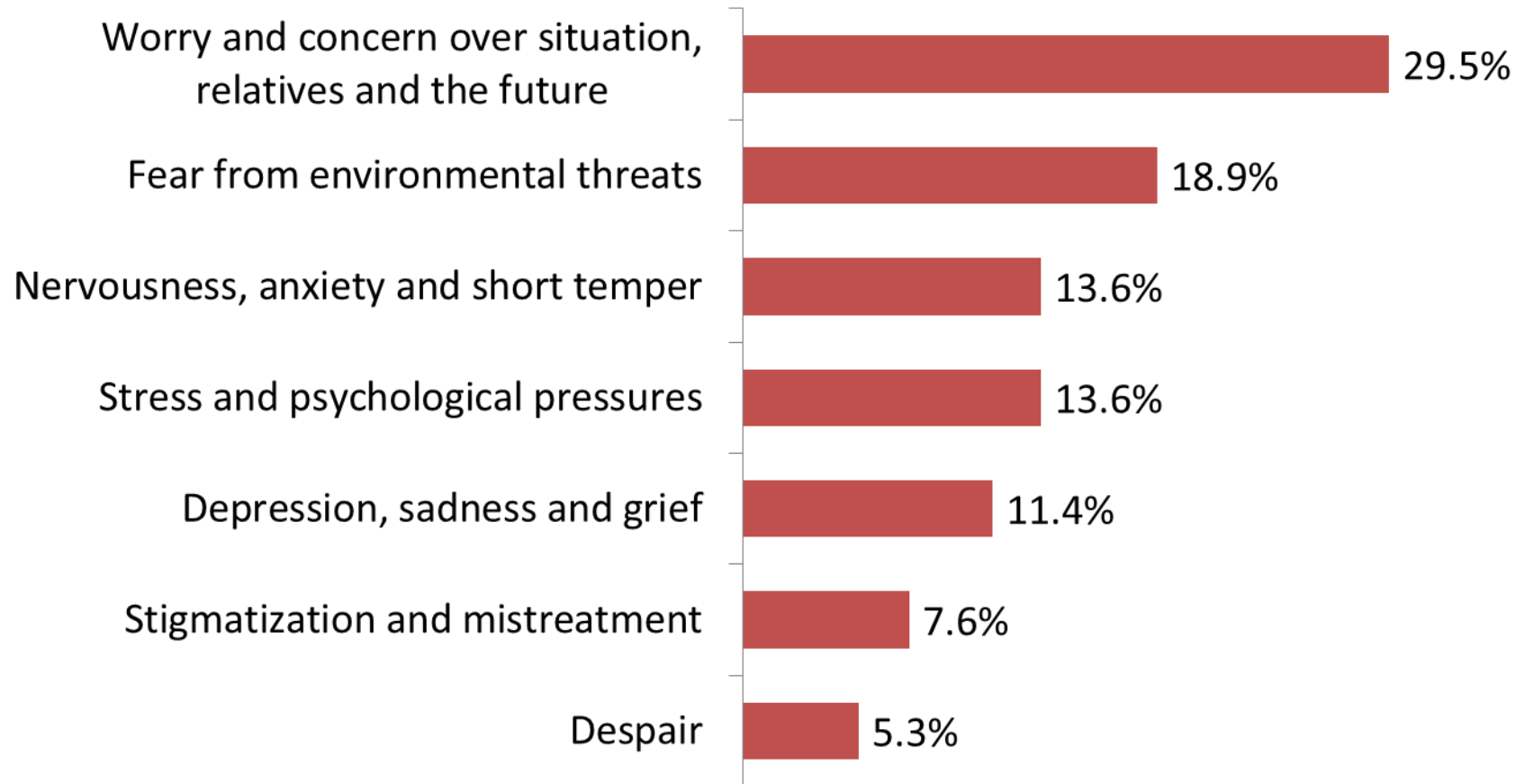
# Caring for Self or Others

- 33% of family members reported problems in **properly caring for themselves** due to feeling distressed, disturbed, or upset.
- 68% of them (**22.5%** of the total population) reported problems in **properly caring for their children** due to feeling distressed, disturbed, or upset.

*\*\* Results apply to adolescents and adults (12 years and older)*

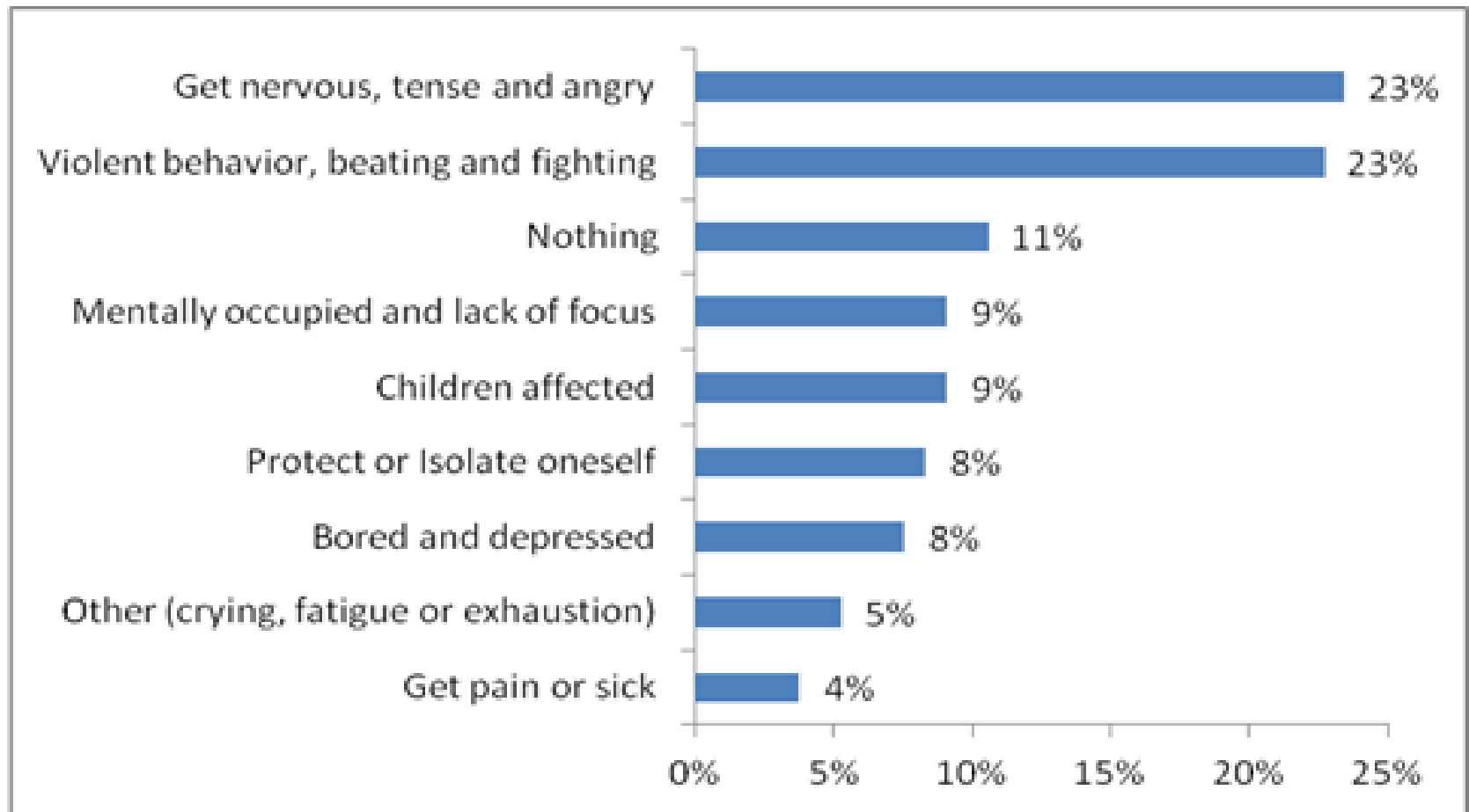
# MHPSS problems

## MHPSS Problems Captured by Qualitative Component



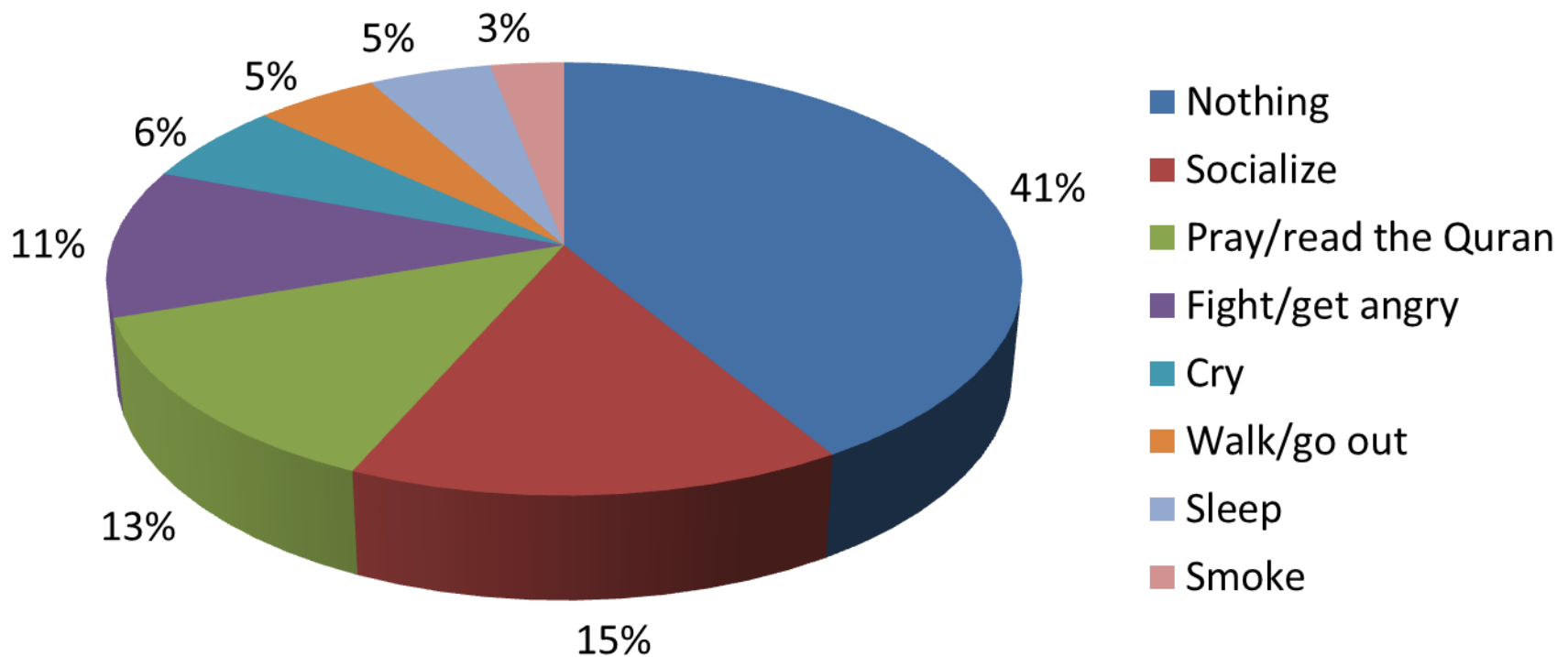
# Effects of MHPSS Problems

## Reported Effects of Experienced MHPSS Problems



# Coping Strategies

## Reported Coping Strategies



# Camp vs. Community

- Feelings of distress and related **inability to carry out daily activities** reported by camp residents (63.3%) was almost double that of non-camp residents (36.7%).
- 85.7% of those reporting **despair** in qualitative assessment (total 5.3%) were from the camp.



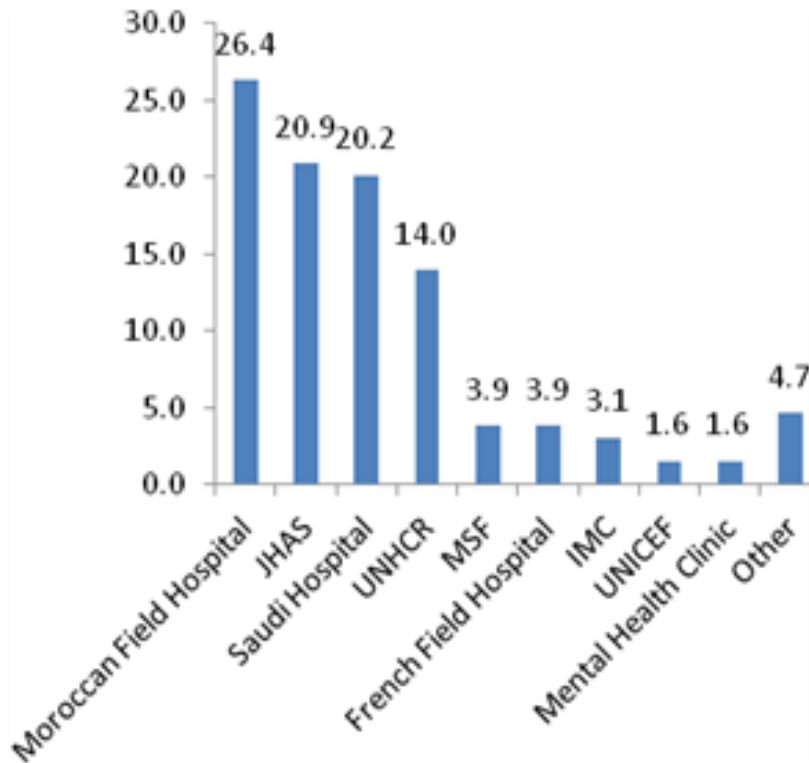
# MHPSS Services

- Only 13.3% of respondents reported **having received services** for their expressed MH problem since coming to Jordan.
- Qualitative data captured a need for **counseling or psychological support** services reported by 13% of respondents.

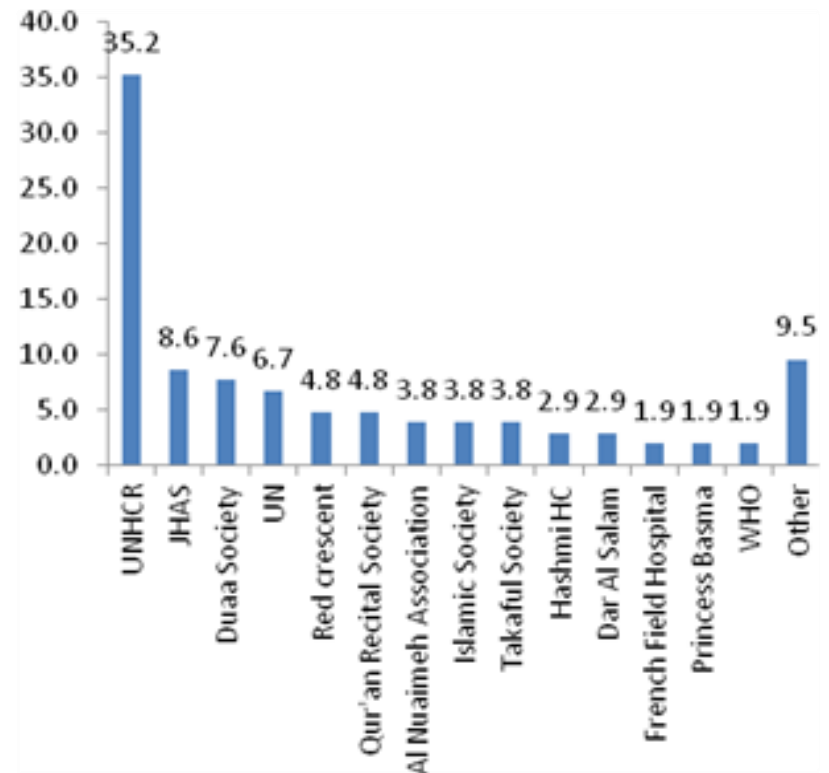


# MHPSS Services

**Reported Organizations Providing Mental Health Services to Syrians in Za'atari Camp**



**Reported Organizations Providing Mental Health Services to Syrians in Community**



# Recommendations

1. Advocate for MHPSS programming to address the significant problems identified including:
  - Feelings of distress, sadness, fear, anger, nervousness, disinterest, hopelessness
  - Difficulties with daily functioning and self-care
  - Worry and concern over situation and relatives in Syria
  - Social isolation
2. Promote early detection of MHPSS conditions (e.g. developing a screening tool and building capacity of health workers on screening and referral).



# Recommendations

3. Strengthen specialized MHPSS services and support outreach services.
4. Provide community awareness and educational sessions about MHPSS problems.
5. Ensure that necessary information, referral and contact details to access MHPSS services is available.

# Recommendations

6. Support community-based interventions that promote resilience, skill building, functioning and sense of productivity to enhance wellbeing.
7. Support the development of community, family and social support programs and interventions.

# Recommendations

9. In MHPSS programming, support interventions that:
  - promote adaptive coping strategies.
  - promote stress reduction and managing anger and frustration.
10. Support interventions to address MHPSS concerns in children, particularly nocturnal enuresis.
11. Incorporating MHPSS considerations in multi-sectoral planning and programming, by mainstreaming these considerations in the health, protection, education and other sectors.

*Thank You*