

## **Objectives and Methodology**

#### Objective of the study:

 To assess the mental health status of children and their caregivers in the West Bank, their knowledge on mental health and their attitude toward Mental Health and Psychosocial Support (MHPSS).

The data was collected in April 2022.

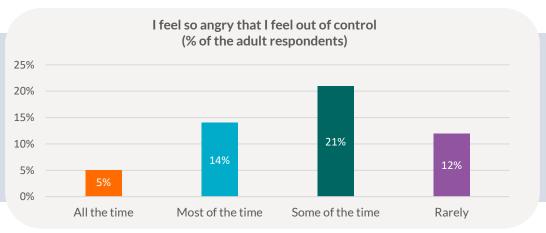
The study utilized a **mixed methods approach**, which included:

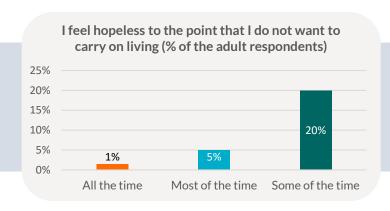
- Conducting a desktop review of existing literature on mental health interventions in the target areas.
- Engaging in five key informant interviews (KIIs) and four focus group discussions (FGDs) with village councils members and caregivers.
- Conducting a quantitative survey among 353 children (between the ages of 10-17) and 353 caregivers using a questionnaire adapted from the Alabama Parenting Questionnaire and other tools.
- Study Area: 34 villages located in the Jordan Valley, East Nablus, Tubas and South Hebron in Areas B and C.

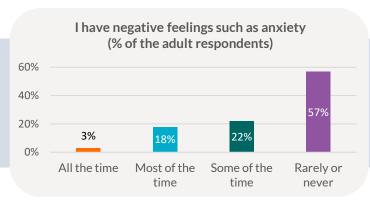
### **Mental Health Status**

Finding 1. A significant number of caregivers reported experiencing symptoms of mental health concerns.

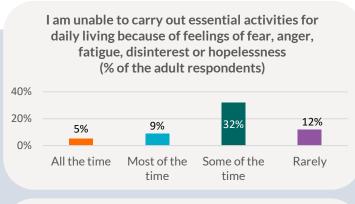
Among the caregivers, 29% felt like life was meaningless at least once during the two weeks prior to the survey.

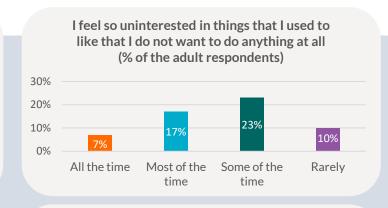


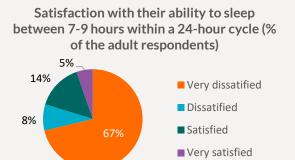


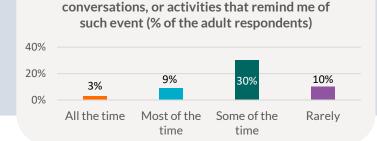


#### • Finding 2. These mental health concerns impact their daily lives.





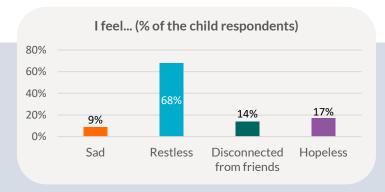


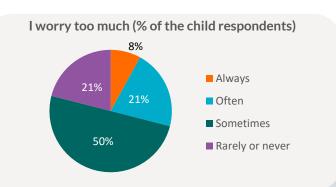


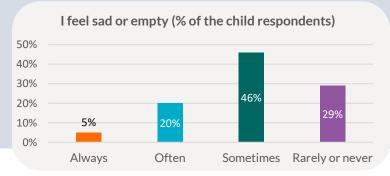
I feel so severely upset about an event from my

past that I try to avoid places, people,

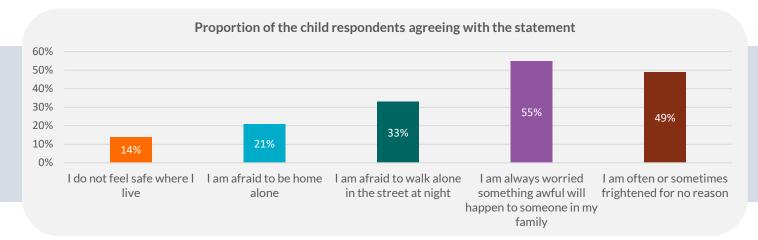
# • Finding 3. A significant number of children also reported experiencing symptoms of mental health concerns.



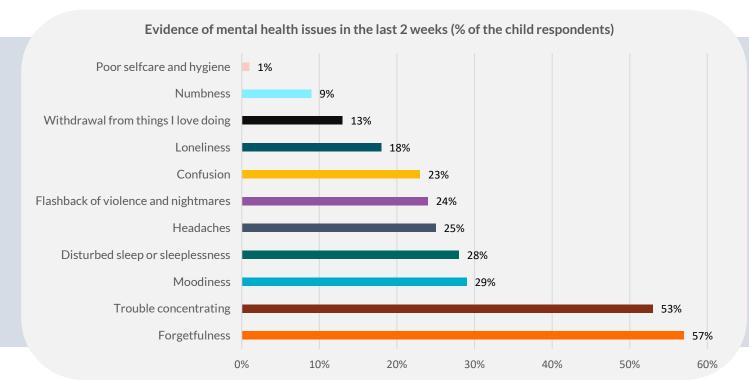




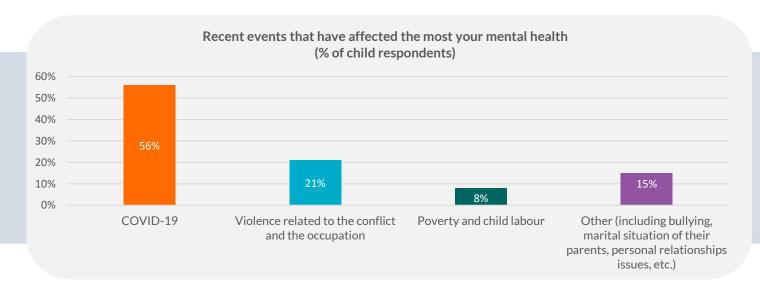
#### Finding 4. A significant number of children reported feeling afraid or frightened.



### Finding 5. As for the caregivers, these mental health concerns significantly affect their daily lives.



# ▶ Finding 6. The COVID-19 pandemic had a significant impact on the mental health of children.



### **Availability of Services and Usage**

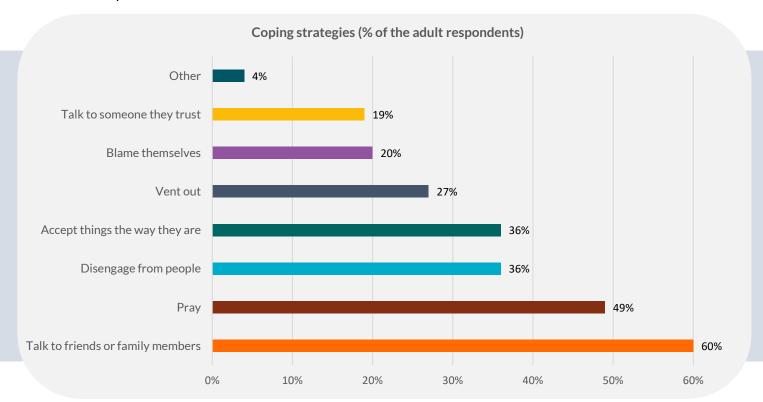
#### Finding 7. Limited availability of MHPSS services in the West Bank.

The desk review and the Key Informant Interviews confirmed that the provision of MHPSS services in the West Bank is inadequate to address the high burden affecting the community. Several reasons were mentioned, including:

- MHPSS providers are disproportionately distributed in urban areas, with rural areas mostly unserved.
- Overall, there is a shortage of MHPSS staff.
- The lack of MHPSS staff at all levels is exacerbated by the limited training capacities in the West Bank due to a scarcity of training specialists and inadequate training approaches.
- Funding gaps are preventing both the Ministry of Health and its partners from scaling up their services.
- There is only a limited range of services available, with gaps at both ends of the pyramid of MHPSS (especially at community level and advanced mental health services).
- A lack of coordination and collaboration among organizations contributes to both duplication of services and gaps.

#### • Finding 8. Despite the high burden, there is low utilization of MHPSS services.

Only 32% of the caregivers reporting to have a person with a mental health condition in their family sought help from a mental health professional.



When facing stress or trauma, a significant part of the adult respondents reported to keep to themselves and adopt negative coping strategies. The ones who sought help turned to family or friends or keep to themselves.

# • Finding 9. Due to the shame and stigma associated with seeking mental health services in their community, most caregivers were unwilling to do so.

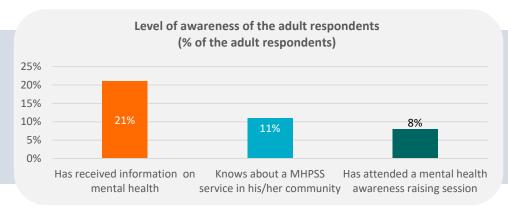
In the KIIs and FGDs, participants identified shame and stigma as the main cultural barriers to the utilization of MHPSS services, especially for men. Some respondents who said they would be willing to seek such services also acknowledged the existence of stigma and social beliefs against such services. In-depth interviews and focus group discussions showed a strong gender dynamic, with men rarely attending mental health awareness sessions and sometimes rebuking and shaming their wives for attending such sessions.

However, the respondents showed some surprisingly positive beliefs and perceptions regarding mental health issues:

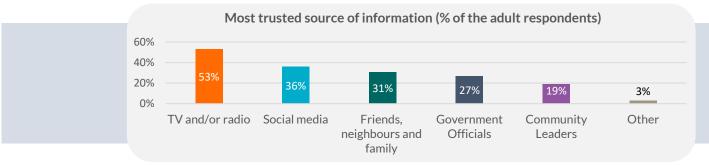
- 65% of the adults interviewed believed that mental health was treatable.
- 51% of them agreed or strongly agreed that people with mental health conditions can lead a normal life.

**○** Finding 10. A lack of understanding and knowledge about mental health reinforces negative attitudes toward mental health issues and services.

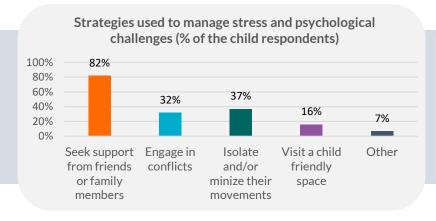
The in-depth interviews and focus group discussions revealed that caregivers in the West Bank generally have a low level of mental health awareness. They lack a comprehensive understanding of what mental health is and what it entails.

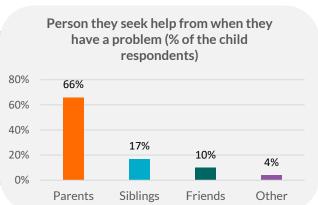


Finding 11. Television and radio appear to be the most effective channels for providing information on mental health



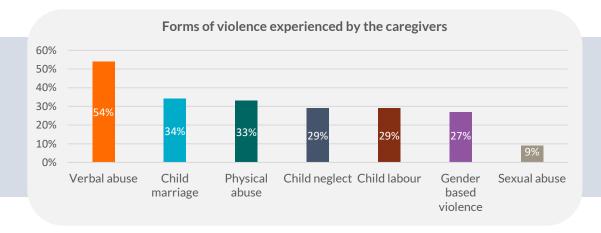
Finding 12. For psychosocial support, children primarily rely on their parents.





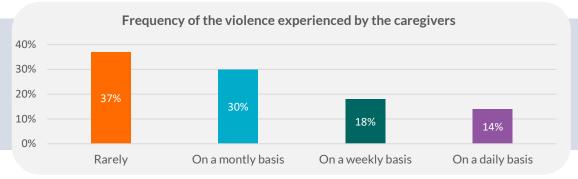
## **Prevalence of Violence**

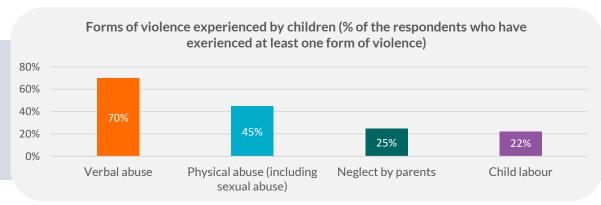
• Finding 13. The high prevalence of violence is likely contributing to the high burden of mental health issues.



70% of the caregivers interviewed have experienced at least one form of violence in their life.

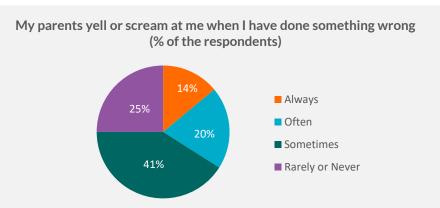
A third of the caregivers are affected by violence on a weekly or daily basis.





Among the children, 41% reported to have experienced at least one form of violence in their life.

A significant part of the verbal abuse found its origin in violent discipline practices.



#### Recommendations

### • Addressing stigma is crucial to increase service utilization.

In the Key Informant Interviews and Focus Group Discussions, participants identified shame and stigma as the main barrier to the utilization of MHPSS services. However, a significant proportion of adult respondents had a positive attitude toward mental health issues and MHPSS. The KIIs and FGDs confirmed that individually, the majority of the respondents would be willing to seek MHPSS if it were more socially accepted and supported. Several options should be explored to deal with the social pressure that prevents people in need of MHPSS from seeking services:

# Raise awareness and increase knowledge, starting with men

Men have a significant role in perpetuating negative attitudes and stigma around mental health, highlighting the need for Social Behaviour Change Communication interventions designed and planned specifically for men in the West Bank and using trusted channel such as Radio and TV.

## Empower people in need of support

Individuals who have a positive attitude towards MHPSS and need support should be empowered to seek help. Local stakeholders, such as health and education staff, who are trusted at the local level, can play a critical role in encouraging community members to seek support. However, to do so, they would need adequate training.

#### **Ensure confidentiality**

The KIIs and FGDs have identified that privacy and confidentiality of the services offered are critical determinants of whether residents will seek MHPSS services. Ensuring privacy and confidentiality allows people seeking help to avoid the stigma and shame that are associated with mental health issues.

#### Increasing access to sustainable and culturally adapted MHPSS services at the community level.

The study's findings suggest that increasing access to MHPSS at the community level in the West Bank will require sustainability and culturally adapted approaches. Based on these findings, several approaches should be explored, including:

#### Integration of MHPSS into existing local services:

Integrating MHPSS services into existing local services could be an effective way to achieve sustainability while increasing the availability of services without significantly increasing costs. Providing MHPSS through trusted services would also help reduce social pressure on individuals seeking support while contributing to normalizing MHPSS in the local community. To address these findings, World Vision has recently implemented two options:

- Providing MHPSS through Community Health Workers (CHWs) at health clinics or via home visits.
- Providing MHPSS in schools through teachers and school counsellors.

#### Strengthening social connections

Building and strengthening social connections within families and communities can provide emotional support, foster a sense of belonging, and promote resilience. Two potential approaches were identified:

- Community-based support, such as support groups.
- Provision of MHPSS through caregivers (see below).

An increased awareness of the importance of mental health and psychosocial wellbeing among communities would contribute to promote prevention and to reduce the burden on specialized care. Several approaches should be used such as a community-based and community-led approaches as well as campaigns through TV and Radio.

#### • Parents play a crucial role in helping their children cope with stress and trauma.

The findings of this study clearly demonstrate that caregivers play a critical role in helping their children cope with stress and trauma due to several reasons:

- Accessibility: Limited availability of MHPSS services and stigma create significant barriers for children to access formal services.
- Confidentiality and trust: Children feel more comfortable sharing their feelings and experiences with their parents, whom they trust, rather than with a stranger.
- Sustainability: Caregivers can continue to monitor the mental health of their children and provide support beyond the duration of the response.

Caregivers can provide support by listening to their children, validating their feelings, and offering comfort and reassurance. However, parents are often ill-equipped to provide this support due to their lack of knowledge about mental health and their own stress and mental health issues. Positive Parenting groups, through training, monitoring, and coaching, equip caregivers with basic tools to provide support to their children while addressing their own mental health needs and reducing negative discipline practices. This approach benefits the well-being of the entire family, improves parenting skills, and increases understanding of the child's mental health needs.

# World Vision

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender. World Vision started to work in Jerusalem, the West Bank and Gaza in 1975. Since then, World Vision has worked to nurture Palestinian children, improve their resilience and bring them hope. Combining development, relief and advocacy

programmes, World Vision ensures that children, especially the most vulnerable, are protected in their families and communities, and that they develop the skills and resilience they need for healthy lives. With 91 dedicated staff and a total annual budget of \$11 million for 2023, World Vision JWG has developed one of the largest community-based presence of any organisation operating in the West Bank. In 2021, our programmes benefited directly more than 233,000 people, including 169,000 children in 150 villages in the West Bank.

#### Contact

Lauren Taylor National Director lauren\_taylor@wvi.org

- wvi.org/jerusalem-west-bank-gaza
- **f** World Vision Jerusalem West Bank Gaza
- (ii) WV\_JWG