



## Short communication

# Mental health considerations of a humanitarian crisis: Identification of needs and delivery of services to Afghan child and adolescent refugees in Qatar

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## ABSTRACT

This paper summarizes a novel initiative by Qatar mental health services to support Afghan refugee children and adolescents. The project involved evaluating needs, establishing a dedicated team, and setting up a suitable needs-based service. After identifying the needs, a range of appropriate psychiatric, psychological, and allied health interventions was commenced. This unique program has been tremendously successful in providing quality care and has received an immensely positive response. We have demonstrated that a targeted, non-stigmatizing and collaborative mental health response can be highly effective in catering to the needs of individuals affected by a humanitarian crisis.

## 1. Background

The world is currently witnessing a humanitarian crisis in the form of Afghan families, unaccompanied children, and adolescents being evacuated from their native country. The United States of America has pledged to relocate thousands of Afghans previously affiliated with them. The International Rescue Committee estimates this number to be around 300,000 (Centre for global development, 2021). The global community bears a collective responsibility to help by supporting the resettlement of the Afghan refugees hit by this crisis. This plight is likely to have manifold implications such as financial, social, and health-related challenges (Kim and Kim, 2014; Schick et al., 2016).

The people of Afghanistan have endured several armed conflicts for decades, resulting in thousands of people losing their lives and property or relocating to other countries (Sarabi, 2006). A “refugee” is an individual who is unable or unwilling to return to their country of origin for a range of reasons that are well-documented in the United Nations Refugees Convention (UNHCR, 2010). Refugees understandably may experience significant adverse life events and disruption and, therefore, are at an increased risk of psychiatric morbidity (Søegaard et al., 2020).

Previous research involving refugees from Afghanistan and other countries has shown high levels of distress in these populations resulting from premigration adverse experiences, and multiple post-resettlement

factors. (Alemi et al., 2014; Porter and Haslam, 2005; Al-Nuaimi et al., 2018) Both PTSD and depression have been reported to be highly prevalent in refugees. A meta-analysis showed the prevalence of PTSD and depression to be 30.6% and 30.8%, respectively (Steel et al., 2009). Other studies have corroborated these findings (Gernaat et al., 2002; Gerritsen et al., 2006). Out of 310 children and adolescents surveyed in a Kabul community, a staggering 80% reported being sad, frightened, and unable to cope with life. Furthermore, forty percent said they had lost a parent (Gupta, 1997). Furthermore, it is recognized that stigma associated with mental illness and conventional psychiatric settings can interfere with the refugee population seeking care (Fazel et al., 2012). Engaging this population can therefore prove to be a significant challenge.

The state of Qatar has played a pivotal role in facilitating international efforts to evacuate displaced people from Afghanistan. The country has become a major transit point for evacuees and has temporarily hosted tens of thousands of them (mofa.gov.uk, 2021). This population includes children, women, men, and families. A significant number of unaccompanied individuals comprise children and adolescents.

Qatar has launched a commendable response to meet the wide range of needs of these affected individuals. The evacuees are being sheltered in modern and well-equipped accommodation, served high-quality

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prepared meals, and have access to state-of-the-art medical facilities. Mental health support has been at the forefront of the medical response to the needs of Afghan refugees. In this paper, we describe the destigmatizing and effective structure of the mental health response laid down to address the psychological needs of this vulnerable and at-risk population.

## 2. Response of mental health services

The state of Qatar mobilized, immediately upon the arrival of the first batch of Afghan child and adolescent refugees, several organizations affiliated with the government and non-government sectors to instigate a fitting and timely response to this significant humanitarian challenge. These included Hamad Medical Corporation, Primary healthcare corporation (the two main state-funded healthcare providers in the country), UNICEF, Qatar Social Work, and Qatar Charity. As part of the healthcare response, mental health services were engaged to address the psychological needs of the evacuees.

A dedicated multidisciplinary mental health task force, considered crucial to service delivery (Kozłowski and Ilgen, 2006), was set up to build a robust care pathway and provide collaborative and evidence-based care. This included psychiatrists, psychiatric nurses, psychologists, and occupational therapists mainly. To identify the specific needs of this particular group, several meetings and site visits were conducted. These meetings were attended by representatives of different organizations (names mentioned earlier), nominated as the main stakeholders by the state given their expertise in the area of interest, to ensure a coherent and collaborative approach. During our site visits, we engaged several children and young people to understand the demographics better, specifically the types of language spoken and cultural considerations. Around one hundred and fifty children and young people had no relatives or guardians accompanying them and spoke either Pashto or Dari language.

A document outlining the needs assessment of this population was developed by the lead mental health clinicians nominated for this project. This included a recommendation for using an initial brief screening tool for all new arrivals to ascertain any previous psychiatric, medical, and psychiatric history. Since all individuals arriving in Qatar were screened for COVID-19, we suggested this tool be administered at the same time.

## 3. Specific mental health needs

The following mental health care needs were identified in this specific population:

### 3.1. Management of current or previously established mental illness

It was anticipated that a small proportion of this population, based on global prevalence rates, would have active symptoms from an emerging or previously diagnosed condition. We identified that the care needs of this group may range from providing a repeat prescription to carrying out a comprehensive assessment and management of the mental state.

### 3.2. Identification of at-risk individuals

Individuals with significant, current psychological needs were identified as being at risk of developing mental health complications, if left untreated. Several young children and adolescents were found to have difficulties requiring support from the local mental health services.

### 3.3. Safeguarding of children and young people

The need for effective safeguarding of children and young people, particularly the unaccompanied group, was identified at the outset. To

ensure the welfare of this vulnerable population, adequate supervision was recognized as an essential component of care.

### 3.4. Activity scheduling and creating a structured routine

The need to engage and occupy these young children and adolescents through meaningful and enjoyable activities and a structured routine was also identified. The rationale for the identification of this specific need was to avoid social isolation and boredom.

### 3.5. Supporting the frontline healthcare staff

Dealing with people who have experienced trauma can be challenging both personally and professionally. We determined that it was crucial to provide adequate support to the frontline healthcare staff in terms of their well-being as well as providing education around the management of trauma-affected individuals.

## 4. Project implementation

A comprehensive care pathway was developed to ensure a seamless delivery of services. A service coordinator (a clinical nurse specialist with previous experience in managing individuals affected by trauma) was identified to serve as a focal point on the premises. In addition, multidisciplinary staff from the local child and adolescent services was assigned to the core team. This included a consultant child and adolescent psychiatrist, a clinical nurse specialist, a head nurse, clinical psychologists, and occupational therapists.

A clinic with three consultation rooms, an observation room, and an activity space was allocated specifically for mental health services. The process of referral would commence with a child or young person being referred by the medical staff or support workers at the site to the on-site service coordinator. The referral would subsequently be triaged by the CAMHS team and given an outcome. When accepted, the referral would then be allocated to the appropriate discipline within the MDT depending on individual needs. The clinical services provided on the premises included face-to-face generic mental health assessments by psychiatrists and psychiatric nurses, individual and group therapy sessions with clinical psychologists, and group occupational therapy. Psychiatric consultations were held as and when necessary and included history taking, mental state examination, risk assessment, and review of medications. On rare occasions, individuals needing acute hospital care were transferred to the local emergency department for further management.

Due to the uncertainty around the length of stay of these individuals, psychological interventions such as brief supportive psychotherapy and basic group intervention were prioritized over therapies requiring longer-term commitment e.g. structured trauma-focused cognitive behavioral therapy, eye movement desensitization and reprocessing. In addition, a staff well-being group was set up to provide psychological support mainly to the volunteers from the participating organizations. This well-attended group was run by an experienced clinical psychologist and was held 1–2 times a week. A variety of activities and exercises were also offered as part of occupational therapy for these children and adolescents. These included, among others, sensory play, visual perceptual activities, and therapeutic play activities.

## 5. Impact and feedback

The project has had a substantial influence in terms of identification of needs, assessment and treatment of children and young people with mental health difficulties and offering support to the community and staff. In addition to all the children and young people receiving group therapy, around 30 individuals were referred for individual intervention. These patients were either referred to us by supporting staff or sought help by themselves. The project has been welcomed and

appreciated by both the patients and the supporting organizations. The number of people seeking support has steadily risen over the weeks and our services have consolidated further to meet their needs effectively.

## 6. Conclusions

- Refugees from war-stricken regions may have significant psychological needs.
- A targeted and focused mental health service response has the potential to identify and manage such needs effectively.
- Providing a non-stigmatizing and supportive environment encourages people to seek help without hesitation.
- A team approach with a multidisciplinary constitution is most effective, particularly when adopted in collaboration with organizations having previous experience in managing humanitarian crises.

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## CRedit authorship contribution statement

All authors were involved in the conception of the project. Abdul Waheed Khan and Yasser Saeed Khan wrote the first draft of the manuscript and shall be considered as joint first authors. All authors reviewed and approved the final draft of the manuscript.

## Declaration of interest

None.

## Data Availability

Data availability does not apply to this article as no new data were created or analyzed in this study.

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