COMMUNITY-BASED AND INTEGRATED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN COX'S BAZAR (CIMHPSS) PROJECT

Survey on the Knowledge, Attitudes, and Perceptions on Mental Health and Psychological Issues among Adolescents & Youth in Rohingya Refugee Camps and Host Communities

BACKGROUND

Amidst the protracted Rohingya refugee crisis, the mental health and well-being of both refugees and host community members, especially adolescents and youth, remain a pressing concern. Factors like violence, prolonged displacement, limited resources, and a lack of access to quality mental health and psychosocial support (MHPSS) services have profoundly impacted their wellbeing. The transition from adolescence to adulthood also adds another layer of challenges for young people, amplifying the impact of external factors on their mental well-being.

Against this backdrop, it is crucial to improve the availability, accessibility and quality of MHPSS services while tackling the stigma and lack of awareness surrounding mental health issues. The **Survey on the Knowledge, Attitudes and Perceptions on Mental Health and Psychological Issues among Adolescents & Youth in Rohingya Refugee Camps and Host Communities** (MHPSS Survey) contributes to the endeavor by uncovering insights on the the mental health needs and challenges faced by adolescents and youth in both the refugee and host communities. The study provides evidence to inform and advocate for adolescent-responsive MHPSS interventions and support systems to serve these vulnerable populations.

The MHPSS Survey is an initiative under the *Community-Based and Integrated Mental Health and Psychosocial Support Services in Cox's Bazar* project implemented by UNFPA and its partners with support from the Swiss Agency for Development and Cooperation (SDC). The MHPSS Survey was conducted by SANEM under the technical guidance of UNFPA Bangladesh.

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ABOUT THE STUDY

The MHPSS Survey explores the mental health and psychological challenges faced by adolescents and youth in Rohingya refugee camps and host communities, including their overall knowledge, attitudes and perceptions regarding mental health issues and the support available to overcome them within their communities. The information gleaned from this study is critical in designing and implementing MHPSS interventions that are effective, relevant, adolescent and youth-responsive, and culturally appropriate.

Beyond information and insights on young people's knowledge, attitudes and perceptions, this Survey also assessed the the mental health and psychological conditions of the respondents through a battery of internationally recognized questionnaires, including the Perceived Stress Scale; the Child Post-Traumatic Stress Disorder (PTSD) Symptom Scale, and the Beck Youth Inventory to evaluate depression, anxiety, anger, disruptive behavior, and self-concept.[2]

The mixed-method study incorporated a survey encompassing 1,200 participants (800 from the Rohingya community and 400 from the host community) aged 10 to 24 years old and with effort to include people with intersectional vulnerabilities (e.g., disability, diverse gender identities, etc.); 12 key informant interviews with community and religious leaders, service providers, and adolescents from Rohingya camps (6) and host communities (6); 3 FGDs (2 in Rohingya camps and 1 in host community) with young people and their caregivers; and extensive desk research. The data for this survey was collected in 2023.

KEY FINDINGS

Knowledge, Attitudes & Perceptions About Mental Health

Experience with mental health issues

- Two in every five young people from both camps (42%) and host communities (41%) reported meeting someone with mental health issues that are enough to pose challenges to function in daily life.
- 8% of young people in camps and 6% in host communities believe they have mental issues, while 6% in camps and 5% in host communities act as caregivers to someone with mental health issues.

Knowledge of Mental Health Issues

- When presented with an objective test that assessed their knowledge of mental health issues, males in both communities (35% in camps and 36% in host communities) exhibited better mental health knowledge than their female counterparts (31% in camps and 26% in host communities). While a relatively equal proportion of males in both communities exhibit good knowledge of mental health issues, a slightly larger proportion of females in camps have good knowledge compared to in host communities. There is also a significant knowledge gap between males and females in host communities, which is not as pronounced in the Rohingya community.

In host communities, knowledge of mental health issues increases as education level increases. In both communities, knowledge of mental health issues also increases as household income level increases.

Perceived Causes of Mental Health Issues

- Young people from both camps (84%) and host communities (86%) believe that mental illness is caused by substance abuse, particularly drugs and alcohol (89% in camps and 73% in host communities). A smaller proportion believe it is caused by external stressors (70% in camps and 71% in host communities) or genetic inheritance (21% in camps and 21% in host communities).
- In terms of external stressors, young people believe that displacement (82% in camps and 73% in host communities), unemployment (83% and 77%, respectively), family problems (89% and 82%, respectively), and camp conditions (83% in camps) can cause mental illness.
- A significant proportion from both communities believe that displacement can cause mental illness (85% in camps and 75% in host communities).
- More than half of the surveyed young people from both camps (58%) and host communities (57%) believe that mental illness is caused by personal weakness. One in every five young people in camps (24%) and one in every ten in host communities (14%) believe that mental illness is god's punishment.

Perceptions about People With Mental Health Issues

- Females in both communities (23% in camps and 26% in host communities) are also more likely to hold negative perceptions (e.g., beliefs about the capabilities or status) than their male counterparts (18% for both communities) about people with mental health issues, though female young people in host communities have the highest proportion with positive perceptions.
- Young people who have had previous interactions with people with mental health issues are more likely to hold positive perceptions toward them (16% in camps and 18% in host communities) compared to people with no previous interaction (6% in camps and 5% in host communities).
- 36% of young people in camps and 32% in host communities agree that people with mental health problems are largely to blame for their own conditions.
- 54% in camps and 47% in host communities believe that you can tell that a person has mental health issues just by their physical appearance.
- One in every five young people in camps (24%) believe that people with mental health issues are “crazy”, while nearly half (44%) believe that people with mental health issues are usually dangerous. These perceptions are more positive in host communities where only 16% believe that people with mental health issues are “crazy” and 35% believe that people with mental health issues are usually dangerous.

> "People suffering from mental illness are often observed in a state of bewilderment, exhibiting isolating behaviour by avoiding conversations, wandering without apparent purpose, self-inflicting harm, and occasionally manifesting aggression, including physical harm towards others."
>
> *- FGD participant from the host community*

Attitudes about People With Mental Health Issues

- While the proportion of young people in camps and host communities holding negative attitudes (e.g., feelings toward allowing decision-making, and establishing interactions and relationships) toward people with mental health issues are relatively similar, a larger proportion of young people in host communities (9% of males and 8% of females) hold positive attitudes compared to their counterparts in camps (7% of males and 4% of females).
- Young people who have had previous interactions with people with mental health issues are more likely to hold positive attitudes toward them (8% in camps and 11% in host communities with experience compared to 4% in camps and 7% in host communities without experience), while those who have had no interaction hold more negative attitudes compared to people with no previous interaction (37% in camps and 37% in host communities without experience compared to 17% in camps and 12% in host communities with experience).

- 28% of young people in camps and 22% in host communities would be ashamed if people knew that someone from their family had been diagnosed with a mental illness.
- Two in every five young people in both communities (43% in camps and 40% in host communities) believe that people with mental health issues should not be allowed to make even routine decisions, but 73% in camps and 72% in host communities believe that people with mental illnesses should have the same rights as anyone. However, 34% in camps and 33% in host communities believe that people with mental illness should be prevented from having children.
- 16% of young people in camps and 13% in host communities think that they should avoid all contact with people with mental illnesses, but 57% in camps and 63% in host communities believe that they could maintain a friendship or even marry (26% in camps and 27% in host communities) someone with a mental illness.

Perceived Cures for Mental Health Issues

- Four in every five young people in both communities (83% in camps and 85% in host communities) believe that mental illness can be cured by receiving mental health services, and 76% of respondents in camps and 81% in host communities believe that only mental health professionals should treat mental illnesses.
- The vast majority of those surveyed believe that sports can cure or alleviate mental illness (96% in camps and 95% in host communities), while one in every three young people in camps (40%) and in host communities (36%) believe that marriage can cure mental illnesses.

"It would be better to go to the doctor. If someone has an issue affected by Jinn (supernatural creatures), that person must go to Huzur (traditional healer) first but they can also go to a doctor."

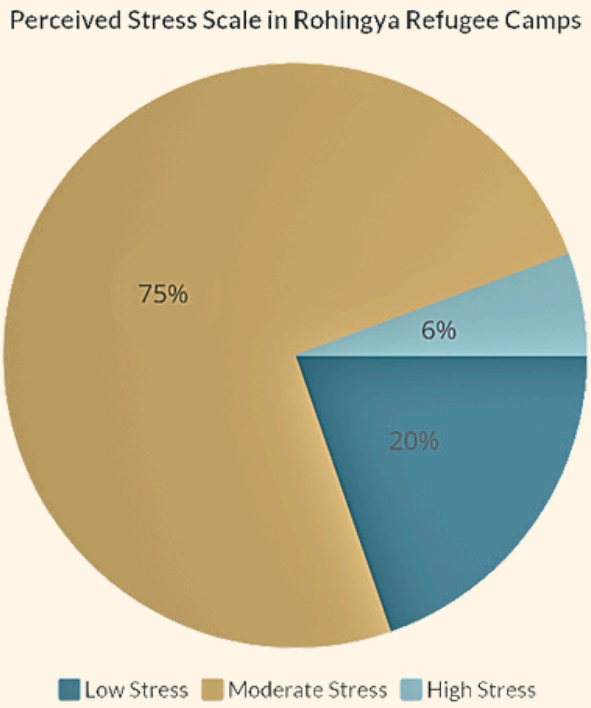
- FGD participant from camps on the preferred support for mental health issues

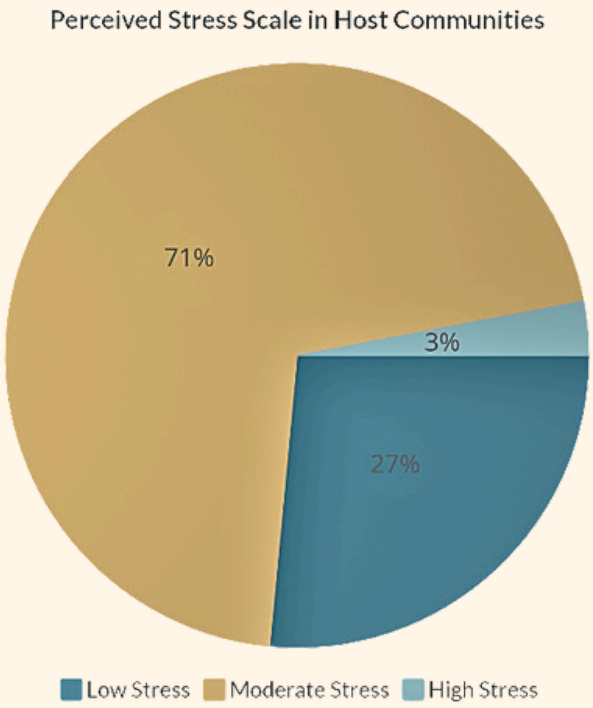
KEY FINDINGS

Mental Health and Psychological Conditions of Young People

Perceived Stress Scale[1]

A self-reported questionnaire designed to measure psychological stress, especially in unpredictable, out-of-control or overwhelming situations.

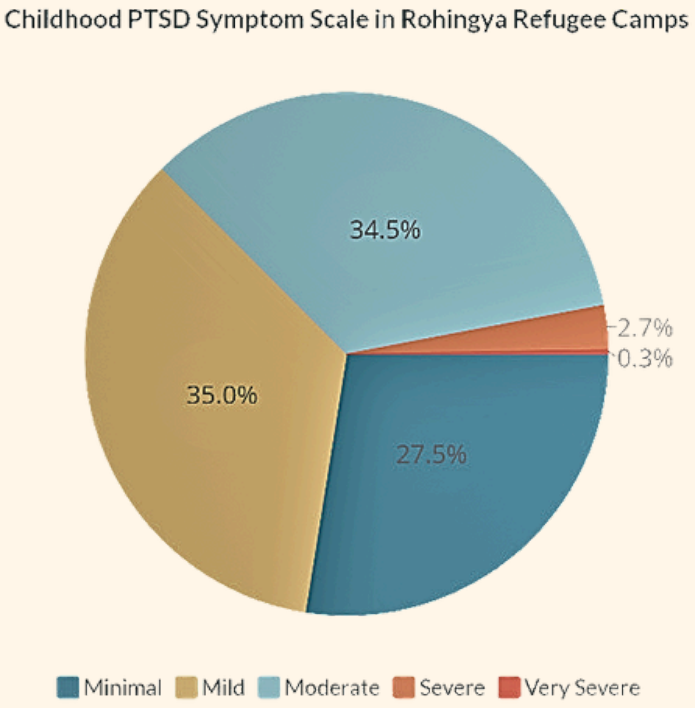


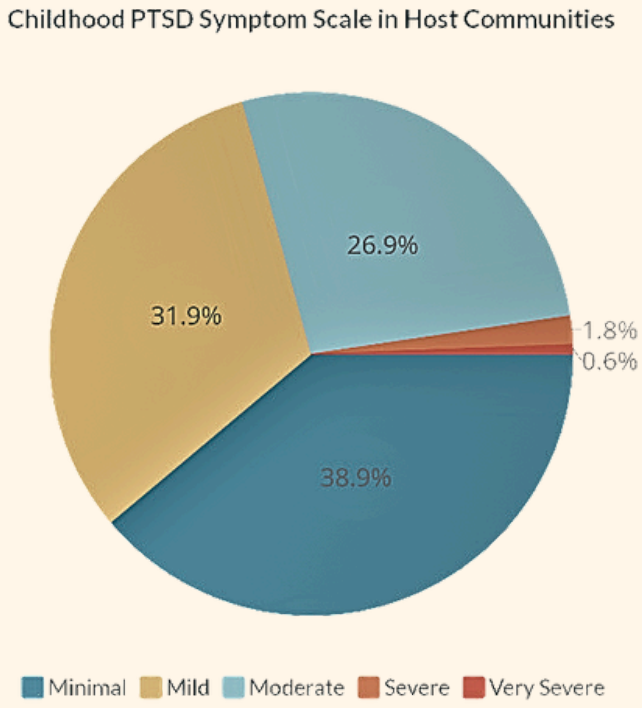


Higher levels of perceived stress (high stress and moderate stress) are reported among young people in Rohingya camps (80%) compared to host communities (74%). On average, a larger proportion of female (83% in camps and 77% in host communities) and gender diverse (100% in both) respondents in both camps and host communities report higher levels of stress compared to their male counterparts (77% and 70%, respectively). A larger proportion of married participants (89% in camps and 85% in host communities) report moderate and high perceived stress compared to single counterparts (77% and 70%, respectively), while all respondents who are divorced, widowed, or separated reported moderate to high stress.

Child Post-Traumatic Stress Disorder Symptom (CPSS) Scale[2]

A mental health assessment tool to measure post-traumatic stress disorder (PTSD) symptoms in youth who have experienced traumatic events.





Over a third of young people in camps have moderate to very severe child PTSD symptoms (37%), while 29% of young people in host communities exhibit the same. A larger proportion of male respondents in both communities exhibit mild child PTSD symptoms (40% in camps and 38% in host communities), while a larger proportion of female respondents exhibit moderate to severe child PTSD symptoms (43% and 35%, respectively).

While there were no observed patterns correlating childhood PTSD with education levels, the proportion of young people in both communities who exhibit moderate, severe, and very severe levels of childhood PTSD symptoms decrease as the household income increases. A larger proportion of married respondents also exhibit at least moderate levels of childhood PTSD symptoms (47% in camps and 33% in host communities) compared to their single counterparts (34% in camps and 26% in host communities).

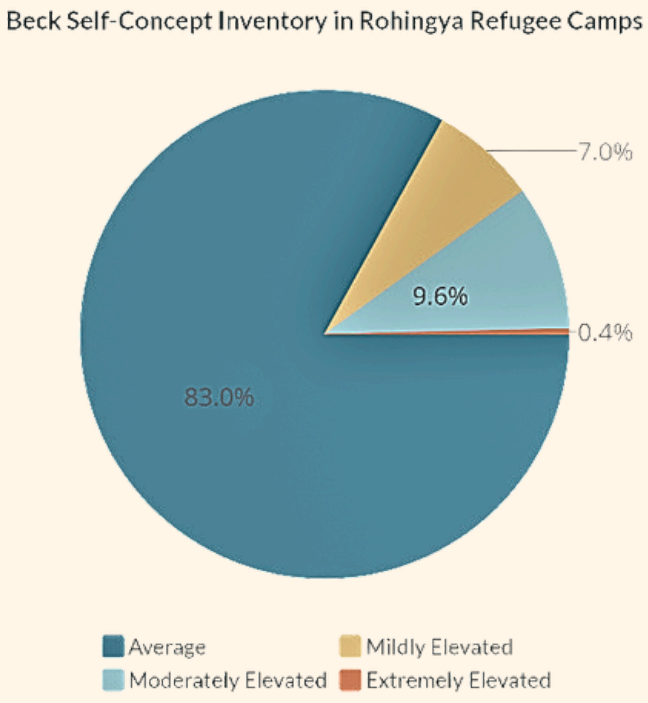
Beck Youth Inventory[3]

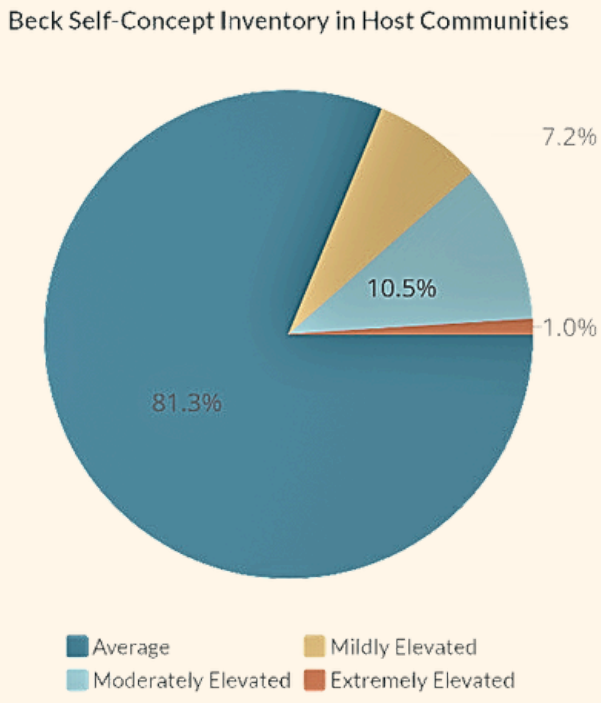
A comprehensive tool to assess various aspects of mental health, including depression, anxiety, anger, disruptive behavior and self-concept through a questionnaire on thoughts, feelings and behaviors associated with emotional and social impairment in youth.

Female youth (30% in camps and 36% in host communities) generally exhibit higher levels of mildly to extremely elevated depression compared to men in both communities (16% and 14%, respectively). Rohingya men face higher extremely elevated depression levels (3%) than their host community counterparts (0.5%), contrasting with lower extremely elevated depression levels among Rohingya women (0.5%) compared to host community women (1%). Male respondents (15% in camps and 18% in host communities) in both communities exhibit higher levels (moderately to extremely elevated) of self-concept compared to female counterparts (5% for both communities). Anxiety, anger and disruptive behavior do not show strong gender-specific trends.

In terms of education, higher levels correlate with reduced depression, anxiety and anger among both Rohingya and host community respondents. Conversely, income levels correlate inversely with depression, anxiety, anger, and disruptive behavior in both communities, with higher income generally associated with lower levels of these indicators. Higher income among Rohingya respondents is linked to increased self-concept, whereas in the host community, the relationship is less pronounced. However, the link between education and income levels with these different indicators are less consistent compared to factors like gender and whether the respondent is part of the refugee community or the host community.

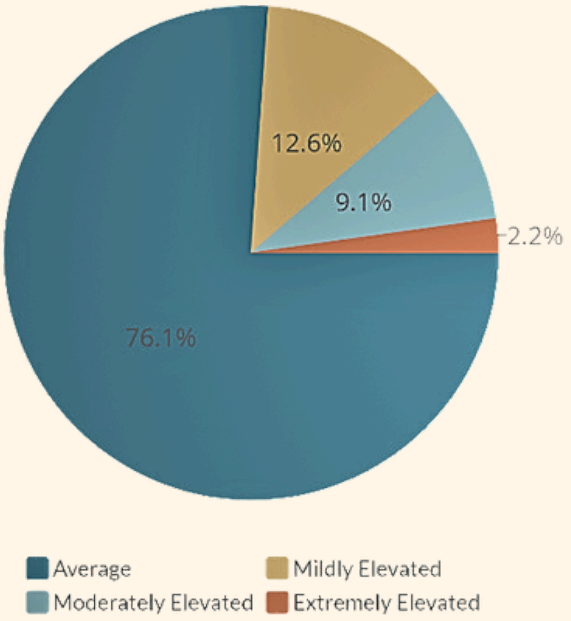
Self-Concept Inventory taps cognitions of competence, potency and positive self-worth.



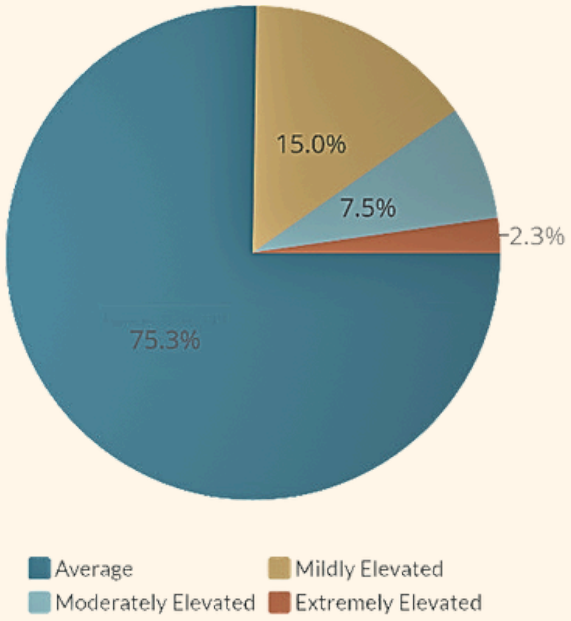


Depression Inventory looks into negative thoughts about self, life and future, feelings of sadness and guilt, and sleep disturbance.

Beck Depression Inventory in Rohingya Refugee Camps

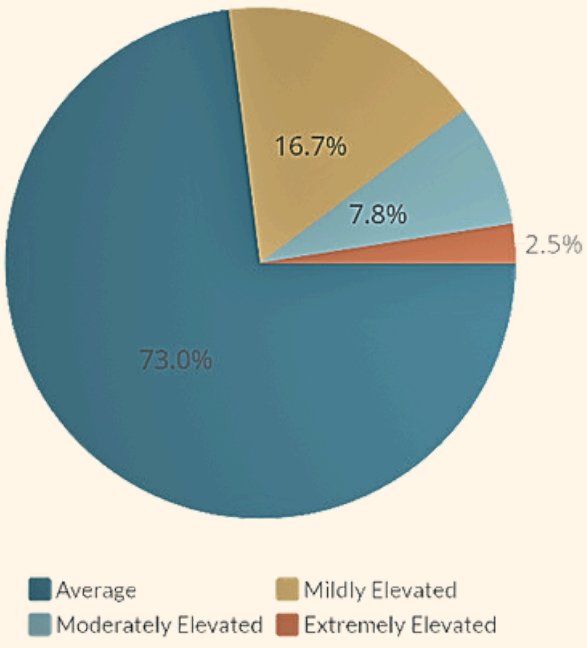


Beck Depression Inventory in Host Communities

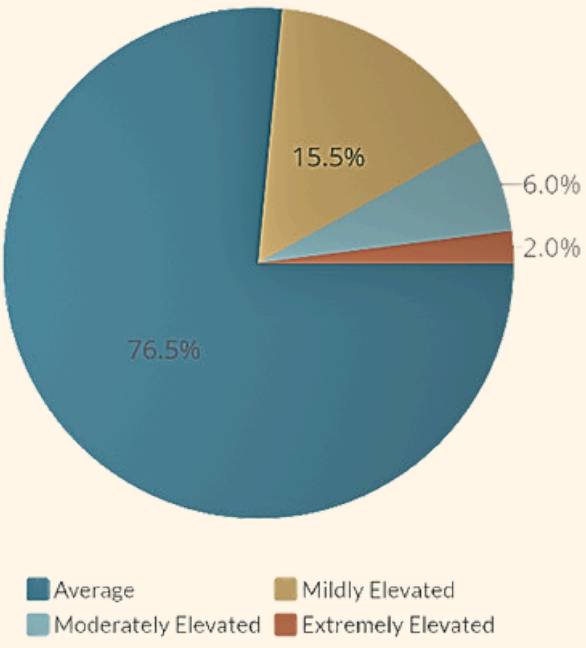


Anxiety Inventory reflects worries about school performance, the future, negative reactions of others, and other symptoms of anxiety.

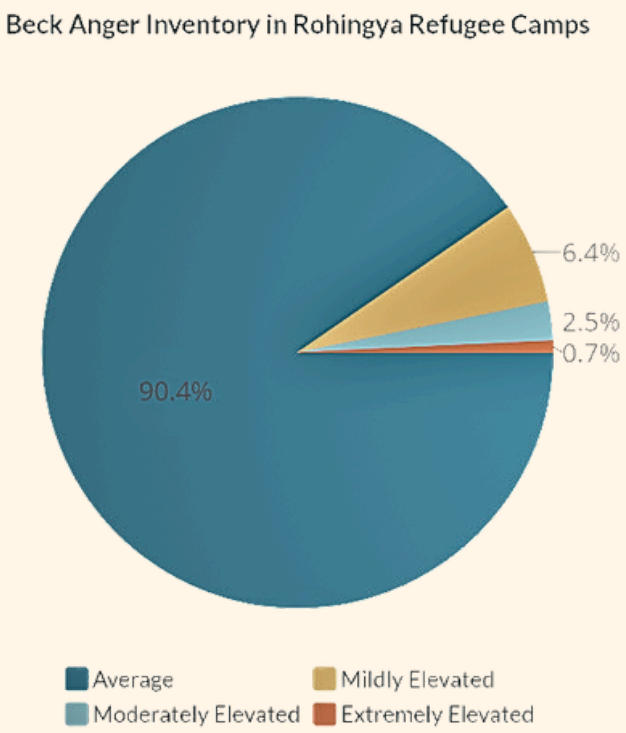
Beck Anxiety Inventory in Rohingya Refugee Camps

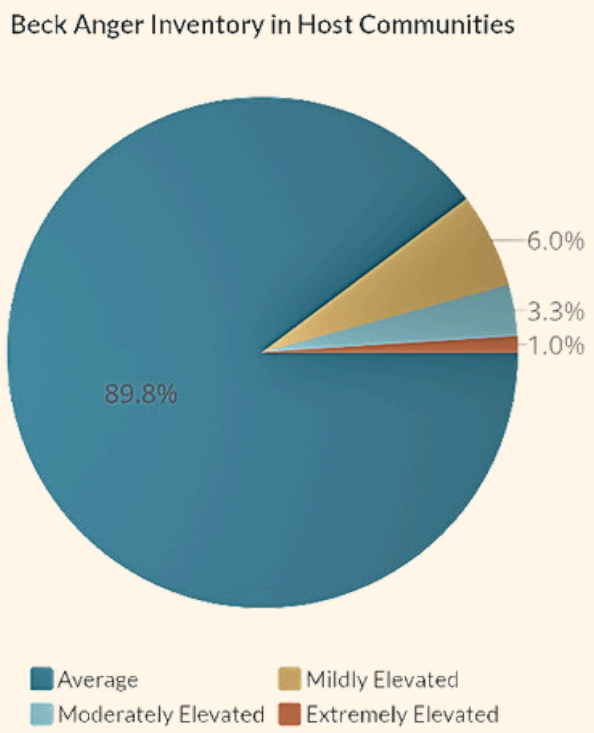


Beck Anxiety Inventory in Host Communities

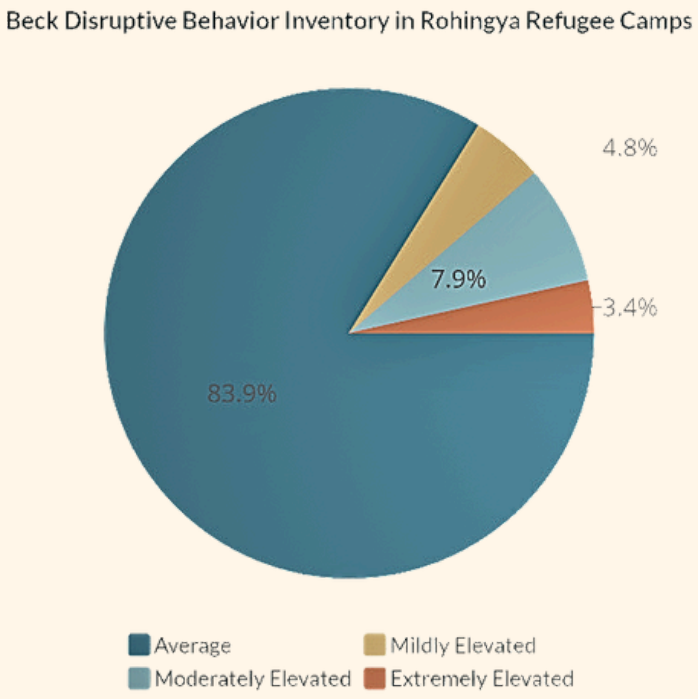


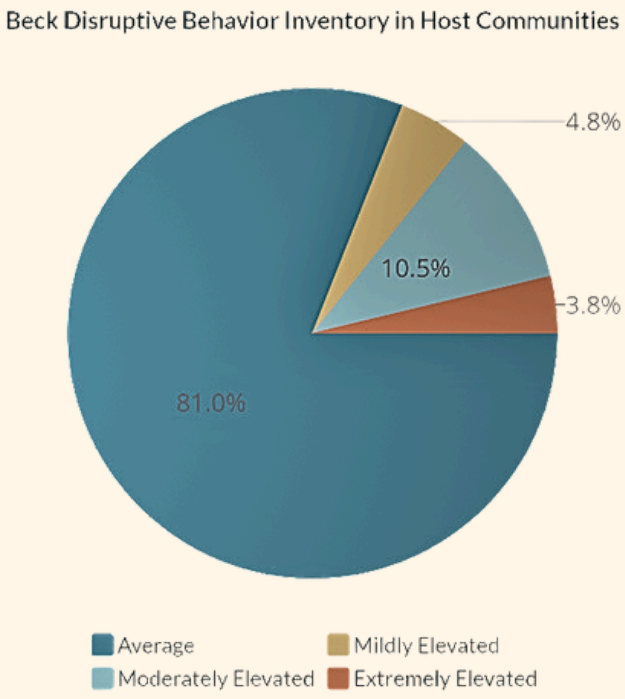
Anger Inventory evaluates thoughts of being treated unfairly by others, and feelings of anger and hatred.





Disruptive Behavior Inventory identifies thoughts and behaviors associated with conduct disorder and oppositional defiant disorder.





In the qualitative component of the study, community leaders in the camps highlight a high prevalence of mental health issues especially among children, adolescents, and women. Behavioral changes such as speech difficulties and deviant behavior are becoming more common among young people, often worsened by family loss or financial strain. Significant stressors like child abductions, financial difficulties, security concerns, and violence contribute significantly to mental distress in Rohingya camps, fostering an atmosphere of fear and uncertainty, particularly around repatriation. Limited access to education, employment, healthcare, and experiences of discrimination further compound this distress. While there is community support through religious rituals and other cultural practices, resources are limited to make significant and long-lasting impacts.

KEY FINDINGS

Knowledge, Attitudes and Perceptions about MHPSS Services

Attitudes toward MHPSS

- Four in every five young people (82% in camps and 83% in host communities) would seek professional support in case of serious emotional problems. However, two in every five (40% in camps 33%) would feel embarrassed if their friends found out that they were speaking to a professional.
- 90% of young people in camps and in host communities believe that caregivers should upskill to support young people's mental health better. Peer support and crisis counseling are also seen as helpful treatments (92% in camps and 89% in host communities) while awareness about substance abuse and self-harm is seen as an effective risk reduction strategy (89% in camps and 90% in host communities).
- Young people believe that community engagement can be effective in increasing demand for MHPSS and reducing stigma around mental health in the community (90% in camps and 88% in host communities).

Knowledge about MHPSS Services

There is a significant gap between the level of knowledge of MHPSS services among young people in camps compared to young people in host communities, as seen in the table below.

		Rohingya Camps	Host Community
Do you know where to get mental health support?	Yes	52%	27%
	No	48%	73%
Do you know about MHPSS services (broadly)?	Yes	37%	26%
	No	63%	74%
How familiar are you with MHPSS services in your community	A good deal	21%	5%
	A little	44%	41%
	Not at all	35%	54%

Psychosocial Support Services

When asked about activities that improve their mental health and psychosocial wellbeing, creative outlets and sports are generally seen as effective, with arts and crafts like origami and painting (90% in camps and 91% in host communities), traditional self-improvement activities like medication and yoga (93% in camps and 90% in host communities), and awareness-raising campaigns and seminars (91% in camps and 90% in host communities) seen as the most effective. Other helpful activities include interactive performance art like stage drama and dance; oratory performance like storytelling and singing; acquiring creative skills like musical instruments and dance; and athletic activities.

RECOMMENDATIONS

- A holistic approach is needed that addresses both the socioeconomic needs and other external factors that negatively impact the mental health of young people while also enhancing the access, availability and quality of MHPSS services.
- Ensure equitable access to mental health services by prioritizing awareness and support initiatives in both the Rohingya and host communities, while also addressing the stigma surrounding mental health in both communities.
- Implement culturally relevant programs that leverage the power of arts, creativity, sports, and self-improvement alongside awareness campaigns to improve mental well-being in both communities.
- Integrate mental health education, emphasizing stress management and resilience, into school curricula, life skills education programs, and adult learning programs for both young people and their caregivers.
- Continuously monitor and evaluate the effectiveness of mental health programs, adapting strategies to meet evolving community needs.

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