Assessment of

MHPSS Needs For adults in Idlib Rebuilding Lives in NW Syria

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mehad

Emergency • Health • Development

1. Background

Background

1.1 Context

To this date, Syria is experiencing more than 12 years of ongoing war-torn conflict. This conflict has been described as one of the most destructive humanitarian crises in the modern era. As a result of the conflict, there are up to a half a million people killed and more than half of the Syrian population has been displaced, creating the largest refugee crisis since the Second World War. The Syrian conflict, a product of ongoing internal armed political conflict, is leading to the suffering of many individuals

In addition to 12 years of conflict, the earthquake that took place on February 6 only added to the layers of suffering of Syrian communities. We know that natural disasters are severely impacting events that overwhelm the coping resources of a local community. Reports by OCHA on March 16 show more than 6,000 deaths, 12,000 injuries, and the damage of 10,000 buildings. Another recent report by Action for Humanity (2023) indicated that 9 out of 10 Internally Displaced People (IDP), in addition to being displaced by the Syrian conflict, were displaced again as a result of the earthquake. It goes without saying that the compound effects of a country in crisis, alongside the aftermath of the earthquake, are resulting in the mass disruption for the lives of many victims living in North-West Syria.

Also, the socioeconomic situation in Northwest Syria is precarious due to the protracted conflict. Basic services such as healthcare, education, and infrastructure have been severely affected. The economy has also suffered, with limited job opportunities and income-generating activities. Inflation has added to the economic challenges, making it increasingly difficult for residents to afford essential goods and services. Humanitarian organizations are working to provide aid and support to the local population, but the overall socioeconomic conditions remain challenging.

1.2 Purpose of Assessment

Recognizing the multifaceted psychological and social challenges faced by Syrians at various levels, from individuals and families to communities and society as a whole, underscores the urgency of this assessment. The conflict has already had a profound negative impact on mental health, with individuals experiencing trauma, displacement, family separation, interpersonal tension, and loss of livelihoods. The earthquake's aftermath has only further exacerbated mental health issues, with symptoms such as severe stress and trauma becoming increasingly prevalent among affected populations.

In this context, the assessment seeks to comprehensively understand the Mental Health and Psychosocial Support (MHPSS) needs of the affected population, including all adults in North-West Syria, encompassing both Host community members and Internally Displaced Persons (IDPs). It aims to provide valuable insights into designing and implementing effective, contextually relevant, and culturally sensitive MHPSS interventions. By addressing the complex interplay of crisis-related and earthquake-induced MHPSS outcomes, this assessment aims to pave the way for tailored and targeted interventions that can help adult individuals and communities cope, heal, and rebuild their lives amidst the ongoing crises in Syria.

1.3 Assessment Objectives

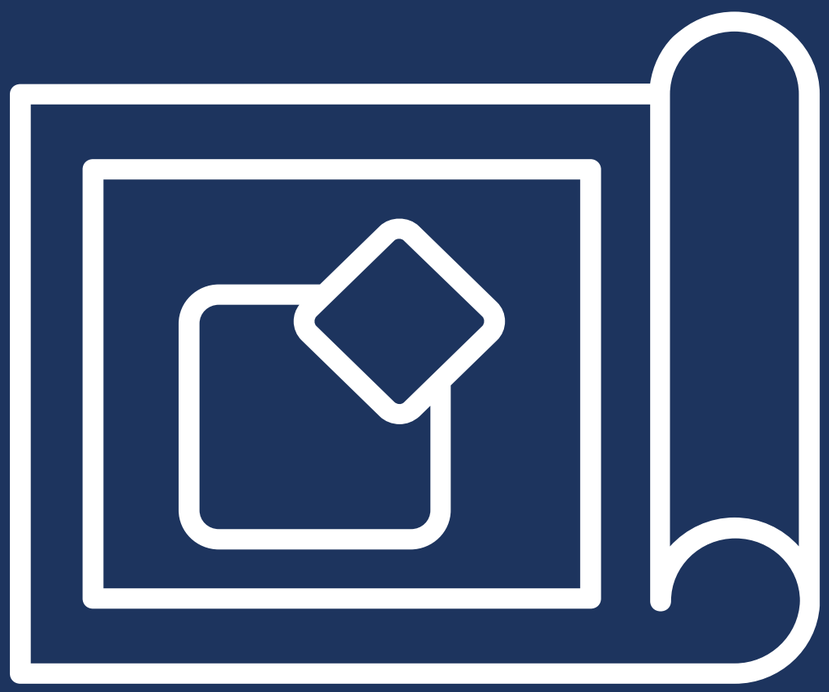
This comprehensive assessment was conducted to gather information necessary for planning and delivering MHPSS to the Syrian population living in Idlib. Carried out by Mehad (Ex-UOSSM France), the assessment consisted of quantitative and qualitative components supported by recommendations from the Health Cluster MH-PSS Technical Working Group (TWG) MHPSS TWG.

The objectives of this assessment are listed below.

1. Identify MHPSS needs within target population.
2. Identify main MHPSS services and gaps.
3. Explore target population's perceptions about the availability, accessibility, and expressed need for MHPSS services.
4. Provide recommendations, based on findings, for an approach to integrating MHPSS services that address MHPSS needs.

Findings based on this needs assessment will contribute to informing MHPSS actors with evidence on how to address mental health and psychosocial issues for the population in Idlib. Ultimately, a better understanding of the MHPSS needs, resources and gaps, as it relates to the target population's perception about MHPSS services, will support the development of relevant MHPSS programs.

2. Methodology



2.1 Methodology

As part of this assessment, several data collection techniques were used, including desk reviews, Key Informant Interviews (KIIs), and Surveys. Specific tools were used for this assessment as referenced by the World Health Organization (WHO) and the Office of the United Nations High Commissioner for Refugees (UNHCR) (2012), "Assessment of Needs and Mental Health Resources and Psychosocial Support: Toolkit for Humanitarian Situations". Specifically speaking, tools 2, 7, & 10, & 11 were used. All sections were preceded by informed consents, demographic information, were adapted to the North-West Syrian context, and translated into Arabic. The below table indicates the different tools used as it relates to achieving the set objectives for this MHPSS Needs Assessment.

Objective	Tool Adapted from "Assessment of Needs and Mental Health Resources and Psychosocial Support: Toolkit for Humanitarian Situations"	Methodology
1. Identify MHPSS needs within target population	Tool 2. WHO -UNHCR Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASSS) (field-test version)	Community household survey
2. Identify main MHPSS services and gaps	Tool 7: Template to assess mental health system formal resources in humanitarian settings	Desk review
3. Explore target population's perceptions about MHPSS problems and coping	Tool 10: Participatory assessment: perceptions by general community	Survey
	Tool 11: Participatory assessment: perceptions by community members with in depth knowledge of the community Qualitative/Semi Structured/KIIs	KIIs
4. Provide recommendations, based on findings, for an approach to integrating MHPSS services that address MHPSS needs	Synthesis of information found from above tools	All of the above

2.1.a Qualitative Component

Semi-structured interviews were conducted to understand and learn about local perspectives on problems and coping. General community members were interviewed, as well as Key Informants, to provide an in-depth understanding to provide information for MHPSS responses relative to the population's needs. The outline of interview questions were determined as selected by tools referenced in the World Health Organization (WHO) and the Office of the United Nations High Commissioner for Refugees (UNHCR) (2012), "Assessment of Needs and Mental Health Resources and Psychosocial Support: Toolkit for Humanitarian Situations".

Specifically speaking, tool 10 "Participatory assessment: perceptions by general community members', & tool 11 "Participatory assessment: Perceptions by community members with in-depth knowledge of the community" were utilized. All qualitative data from the Key Informant Interviews (KIIs) and surveys were subject to content analysis; results were coded thematically and analyzed for meaning, and presented in a separate report for triangulation purposes. Specifically speaking, data analysis will follow a thematic analysis approach. Researchers first familiarize themselves with the transcripts
from the interviews and create a coding tree based on the topic guide framework. After coding the transcripts, researchers will meet on several occasions to discuss emerging themes by codes and sub-codes and prepare narrative summaries of main accounts.

The thematic analysis will follow the following steps:

Step 1 - Familiarisation. The transcripts were read to get 'familiar' with the data, taking notes of any important themes.

Step 2 - Developing a thematic/coding framework. A framework will be generated, this was based on the topic guide, sorting data based on original aims and objectives and any inductive themes identified during step 1.

Step 3 - Indexing/coding data. The thematic/coding framework was applied to all the data manually for better visualization.

Step 4 - Charting. Data will be lifted from its original context based on its allocation to the coding/thematic framework and placed in one group.

Step 5 - Mapping. The final stage of the process was to interpret and map the range of polarities and similarities within the data.

2.1.b Target population and recruitment of participants

For Tool 11, we used a convenient and purposeful sampling approach to recruit participants from different categories with enough variability to capture different perspectives. We targeted 8 Key Informant Interviews (KII) and the semi-structured interviews will be conducted in Arabic or English, face-to-face (during the field data collection in Gaziantep) or remotely, depending on the preference and location of the interviewees. An informed consent will be obtained from all participants after the introduction of the study details as detailed in Appendix 1 and Appendix

All interviews were audio recorded and subsequently transcribed (and translated if needed). The interview topic guide explored the MHPSS perceptions by community members with in-depth knowledge of the community. The below table indicates the categories of community members interviewed.

Participant Category	Number of Participant
MHPSS Coordinator / Manager from local NGO	1 participants
Representatives of Donors	1 participants
MHPSS providers	3 participants
MHPSS Advocates	1 participants
Community Leaders	2 participants

2.1.c Quantitative Component

In order to identify the scale of mental health problems in Idlib, community household surveys were conducted. The purpose of the survey is not to assess the rate of mental disorders, but to describe the extent to which specific mental health problems are an issue. In addition, a desk review was conducted to identify main MHPSS service and resource gaps. Secondary data from the 4Ws Intervention Mapping Exercise, conducted by WHO on April 5, 2023, indicated the different types of MHPPS interventions and activities recorded across NW Syria in Idlib. The outline of survey questions and desk review were determined as selected by tools referenced in the World Health Organization (WHO) and the Office of the United Nations High Commissioner for Refugees (UNHCR) (2012), "Assessment of Needs and Mental Health Resources and Psychosocial Support: Toolkit for Humanitarian Situations". Specifically speaking, tool 2 "WHO-UNHCR Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASSS) (field-test version)."

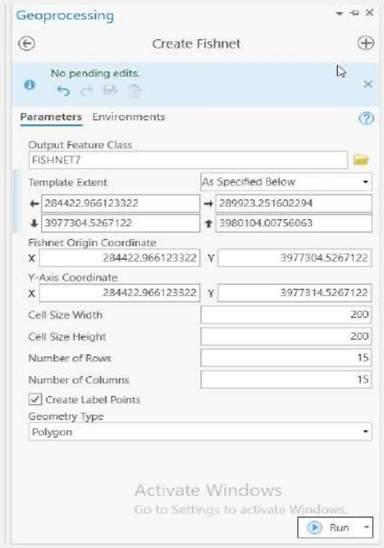
2.1.e Target Population and Sample Selection

To quote MH-PSS TWG experts in the field, "Mental health is underserved everywhere In NW". Therefore the need for focused efforts is necessary to provide effective and efficient relief to communities in need. For this paper, the geographical area addressed focuses on the governorate of Idlib. Specifically speaking it examines the districts of Harim, Idlib, Ariha, and Jisr Al Shughur. The district of Al Ma'ra was excluded due to lack of access being under the Syrian regime. Prior to the earthquake, the population size of these four sub-districts combined was estimated around 2,809,127 people. It is safe to say that post earthquake, the number of IDPs increased. To support this notion, Action for Humanity (2023) indicated that 9 out of 10 Internally Displaced People (IDP), in addition to being displaced by the Syrian conflict, were displaced again as a result of the earthquake. However, for the purpose of this assessment, the latest reports from the Humanitarian Needs Assessment Programme (HNAP) (2021-2022) is used to determine the population makeup, indicated in the table below. Considering the expected increase in IDPs in NW Syria post the February 2023 earthquake, we considered returnees as part of IDPs.

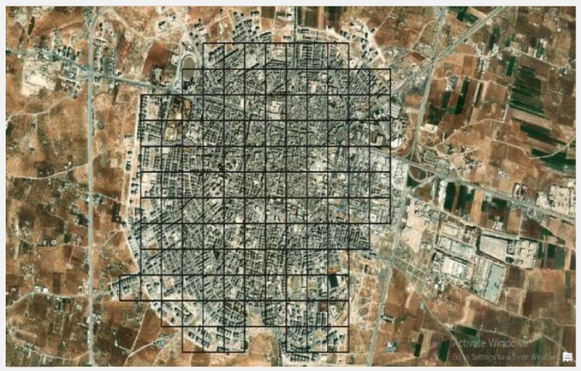
District	Total population	IDPs (%) of total population	Host (%) of total population	Sample size	IDPs (%) of total sample size	IDPs sample size	Host (%) of total sample size	Host sample size
Harim	**1,593,152**	**76%**	**24%**	**385**	**76%**	**291**	**24%**	**94**
Ariha	**185,745**	**24%**	**76%**	**384**	**24%**	**94**	**76%**	**290**
Idleb	**716,163**	**60%**	**40%**	**384**	**60%**	**230**	**40%**	**154**
Jisr-Al-Shugur	**311,417**	**44%**	**56%**	**384**	**44%**	**169**	**56%**	**215**
Total				**1537**		**784**		**753**

This study will follow a quantitative research design, using a community-based survey targeting the adult population of Northwest Syria which is highlighted in the map below. A two stage- cluster sampling was done through dividing the population into clusters, in our case, districts of Harim, Idlib, Ariha, and Jisr Al Shughur in the governorate of Idlib in NWS. Within each cluster, a random sample is then drawn to get a final sample of the population. Using 95% confidence level, margin of error 5%, and the population proportion is 50%, the total sample size is 1,537 distributed in the Idlib districts as illustrated by the steps below.

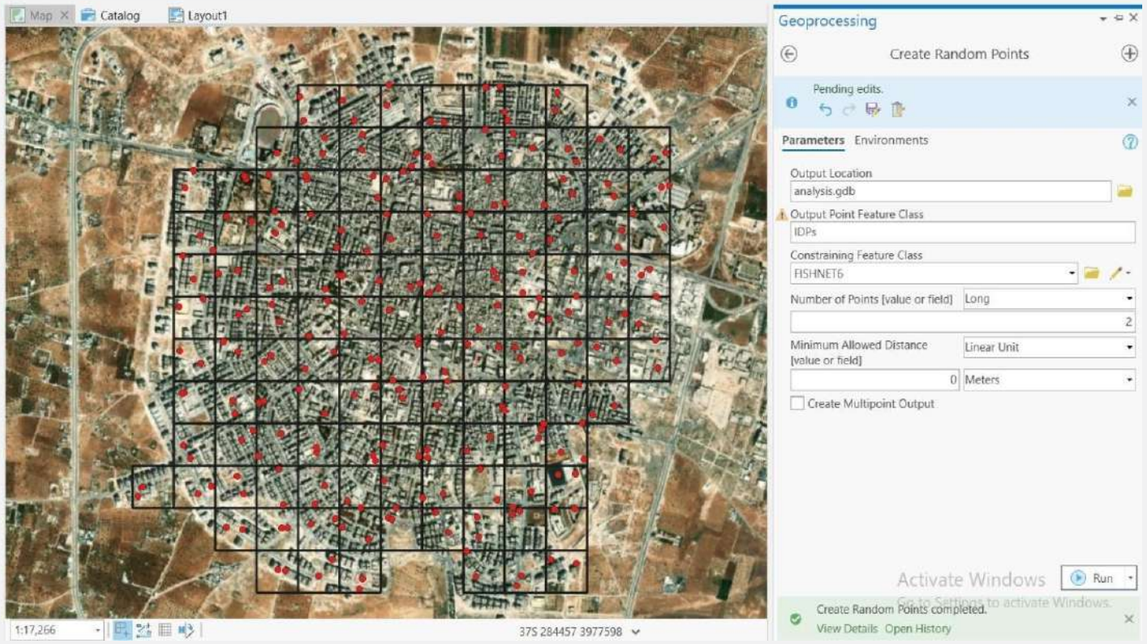
1. With GIS mapping, random coordinates were generated as targets for each survey. Using the Create Fishnet tool, we created a grid of squares covering the entire area of each city. In each grid, square dimensions were assigned to 200 by 200 meters. This dimension ensures that buildings are located within the square. It could have been 100 * 100 meters, but we need to use a reliable grid dimension for other cities as well. Images below indicate the process of creating the grid over the city of Idlib.



2. After creating the grid, squares located on the edges of the city, where the percentage of houses is very low, were excluded. This process of exclusion is repeated for other cities or villages in different areas of the original grid. Followed by this, the number of squares generated in each assigned grid is counted. For example, in the city of Idlib, the total number of squares is 130.



3. Followed by this, we assigned the number of target locations based on our sample size for each targeted district. The sample size was derived from the above population distribution table. For example, the required number of IDP samples in the Idlib district is 230 and 154 for host samples. With this information we calculated how many random points are needed to be generated in each square. To illustrate, in Idlib, 230 (IDP samples) are divided by 130 (total number of squares) = 1.8. Therefore we rounded up and choose 2 random IDP points in each square. Moving on forward, the number of random points for hosts in Idlib district is calculated; 154 (Host samples) divided by 130 (total number of squares) = 1.2, so we rounded down and chose 1 random host point in each square. Finally, using the Create Random Points tool, we generated the number of random points within each square according to the calculations inputs above.



2.2 Data Collection Process

Data was carried out from July 30, 2023 to August 30, 2023 in Idlib. The team collecting information consisted of a team of 25 local surveyors. All individuals collecting information had a deep understanding of local customs to address cultural sensitivities throughout the interview process. All data were electronically collected and stored using KoboToolbox. They organized appointments as needed, centralized the collected surveys and forwarded them to Mehad's Mental Health and Psychosocial Program Manager and Research Analyst to analyze data collected.

2.3 Ethical considerations

Four components were emphasized as ethical considerations when completing surveys with participants; cultural sensitivity, informed and voluntary participation, privacy, confidentiality and the best interest of the interviewee. The research team will be matched to the context as far as possible, to ensure that cultural sensitivities are taken into account and that the approach remains in line with local norms and values. Attached to each survey was a consent form that was read to participants upon which they agreed upon. Consent was digitally documented through the electronic surveys. For interviews that required audio recording, consent was agreed at the beginning of the session, with an approval to record included in the interview. In addition, a Participant Information Sheet was given to each of the KII participants for their review to ensure that they had all the relevant info needed to actually give consent. They were also given the chance to ask any questions they may have prior to participation.

Continents of the consent form began with an indication of the interviewees name and the purpose of the interview representing Mehad. This was followed by an indication that participant's participation was voluntary and they could withdraw at any moment. Data will be anonymised and stored safely. Only the main data collectors, researchers and supervisors will have access to the stored data. No exact locations or geographical identifiers will be included to ensure full safety and privacy of participants. Data collection will be stopped if the participant becomes distressed. Participating or not participating will not have any effect on the participant. To ensure the best interest of participants, alongside consent, particpant's contact information was gathered at the end of each survey, based on consent, to create a database of referrals for MHPSS services in the region. The study protocol was reviewed by the Idlib health directorate for ethical approval.

2.4 QA of data collection

The topic guide may be misinterpreted or misunderstood by the research team members and/or the participants. To mitigate this, the guide will be piloted, and an iterative approach is taken whereby amendments are made upon piloting. Training will also be provided to the rest of the team involved in the data collection, to ensure they are familiar and comfortable with the questions being asked, and different potential scenarios covered to mitigate for any unexpected events.To reduce bias during data collection and analysis, the process will be monitored. A random sample of interviews will be reviewed by a team leader to ensure the process is being carried out according to the protocol.

The same will be done during the analysis stage, where different team members would cross check with one another to ensure data validity and reliability. Respondent validation will be used whereby the data collectors double-check they understood the participants responses, reducing interpretative bias. This could be done by several techniques such as paraphrasing the respondent's response to check the data collector understood the answer correctly, asking the participants if the question was clear, and re-assuring the participants that they can take their time in responding to questions. This is especially relevant for questions requiring recalling of events or numbers which happened in the past. Finally, tools requiring translation will be back-translated to ensure the tool for data collection is understandable and accurate in the local language.

3. Result

Result

The results section of this Mental Health and Psychosocial Support (MHPSS) Needs Assessment presents a comprehensive analysis of the data collected during the assessment process. This assessment aimed to gain insight into the mental health and psychosocial well-being of the target population, identify existing challenges, and assess the specific needs and preferences of individuals and communities in the context under study. The results presented herein are crucial for informing evidence-based interventions and strategies aimed at enhancing MHPSS services and support for the affected population.

3.1 Quantitative Assessment

Interviews were carried out with the leaders of households utilizing the questionnaires found in Annex 1 (Tools 2 and 10). Below, we present the key findings that detail the characteristics of the interviewees and their family members within the household, along with a summary of the assessment questionnaire's results. The quantitative assessment relies on survey data obtained from 1,537 adult Syrians residing in the Idlib governorate, with a specific focus on the districts of Harim, Idlib, Ariha, and Jisr-Ash-Shughur

3.1.a Socio-Demographic Profile

The socio-demographic profile is summarized in the paragraph below and further detailed in Table 1. Gender distribution, residency status, age, and education were gathered as key demographic variables, providing a comprehensive view of the study's participants.

Gender Distribution:

First, the gender distribution was examined across the four different districts. In the district of Idlib, 60.42% of the surveyed individuals identified as male, and the remaining 39.58% were female. Harim had a slightly higher percentage of male respondents at 63.9%, with females comprising 36.1% of the respondents. Ariha saw 66.93% of respondents identifying as male, while 33.07% were female. Finally, Jisr-Ash-Shughur had the highest proportion of male respondents at 68.75%, and females made up 31.25% of the respondents. Across the whole survey, males accounted for 65% of the overall sample and females made up the remaining 35%.

Residency status:

As it relates to residency status, in the district of Idlib, 61.98% of respondents identified as Internally Displaced Persons (IDPs), while 38.02% were from the Host Community (HC). Harim exhibited a notable predominance of IDPs, with 71.43% of respondents falling into this category, and 28.57% identified as HC members. Ariha had a lower percentage of IDPs at 28.91%, with the majority, 71.09%, being from the HC. Jisr-Ash-Shughur showed 32.03% of respondents as IDPs and a substantial 67.97% as HC members. Considering the total sample across all districts, 48.6% were IDPs, while 51.4% were from the HC.

These findings provide a comprehensive overview of residency status in each district, showcasing distinct patterns in the distribution of Internally Displaced Persons (IDPs) and Host Community (HC) members. It's worth highlighting that the study achieved a high level of statistical significance, specifically a 95% confidence level, in three of the surveyed districts: Idlib, Harim, and Ariha. In these districts, the data can be considered highly reliable and statistically significant, reflecting the residency status and enhancing the credibility of the study's results in those districts. However, it's important to note that Jisr-Ash-Shughur was the only district that did not reflect a 95% confidence level of statistical significance. These insights are essential for understanding the demographic composition of each district and can offer valuable insights into the unique dynamics and potential implications for the study in different geographic areas.

Age Distribution:

The data provides an age distribution across different districts and the total sample. In the district of Idlib, the highest percentage of respondents falls within the age group of 30-39 years 30.99%, followed by those aged 20-29 years 27.86%. In Harim, the largest proportion is also in the 30-39 years age group (30.39%), with the 20-29 years age group at 15.58%. Ariha's respondents similarly show a significant presence in the 30-39 years category 26.82% and the 20-29 years category (30.47%). In Jisr-Ash-Shughur, the 20-29 years age group stands out with 21.88% of respondents, followed by the 30-39 years age group at 25.26%. The total sample data indicates that the 30-39 years age group is the most represented 28.37%, followed by the 20-29 years age group 23.94%. Additionally, the 40-49 years age group represents 24.59% of the total, the 50-59 years age group represents 13.66%, and the 60+ years age group represents 6.31%.

When considering all districts, these findings offer insights into the age demographics, with the highest percentage of respondents falling within the 30-39 years age group, followed by the 20-29 years age group, and also provide a comprehensive overview of the age distribution in the study.

Education Level:

The provided data furnishes a comprehensive breakdown of education levels among respondents in the districts of Idlib, Harim, Ariha, and Jisr-Ash-Shughur, as well as the overall sample. In the district of Idlib, the most prominent education category is Basic Education, with 40.07% of respondents falling into this group. High School Diploma holders account for 22.98% in Idlib, while Illiteracy stands at 18.21%. The Diploma or Educational Institution category is represented by 7.03% of respondents, with University Education at 11.01%. The Higher Education (Postgraduate Studies) category remains the least represented at 0.09%.

In Harim, Basic Education is also the most significant category, comprising 41.37% of respondents, while High School Diploma holders represent 23.26%. Illiteracy stands at 20.83%, with the Diploma or Educational Institution category at 8.51%. University Education is reported at 14.93%, and Higher Education (Postgraduate Studies) at 0.35%. In Ariha, Basic Education accounts for 36.60%, High School Diploma for 24.37%, and Illiteracy for 22.03%. The Diploma or Educational Institution category is represented by 6.50% of respondents, while University Education is at 8.59%. Higher Education (Postgraduate Studies) remains the least represented at 0.26%. In Jisr-Ash-Shughur, Basic Education stands at 30.47%, High School Diploma at 21.88%, and Illiteracy at 18.82%. The Diploma or Educational Institution category is reported at 7.11%, University Education at 13.36%, and Higher Education (Postgraduate Studies) at 0.35%. Overall, these findings provide a comprehensive view of education levels in each district and contribute to a detailed understanding of the educational profiles of respondents in the study's different geographic areas.

Table 1: Distribution of Socio-Demographic Variables of Participants

Variable	Idlib	Harim	Ariha	Jisr-Ash-Shughur	Total	
	%	%	%	%	N	%
Gender						
Male	60.42	63.9	66.93	68.75	999	65
Female	39.58	36.1	33.07	31.25	538	35
Residency Status						
IDPs	61.98	71.43	28.91	32.03	747	48.6
HC	38.02	28.57	71.09	67.97	790	51.4
Age Distribution						
18-19 years	3.13	2.60	4.43	2.34	48	3.12
20-29 years	27.86	15.58	30.47	21.88	67.97	23.94
30-39 years	30.99	30.39	26.82	25.26	67.97	28.37
40-49 years	24.22	27.27	20.83	26.04	67.97	24.59
50-59 years	9.64	17.66	12.50	14.84	67.97	13.66
60+ years	4.17	6.49	4.95	9.64	97	6.31
Education Level						
Illiteracy	18.82	20.83	22.03	18.21	307	19.97
Basic Education	40.07	32.12	41.37	36.60	577	37.54
High School Diploma	22.98	23.26	21.25	24.37	353	22.97
Diploma or Educational Institution	7.03	8.51	6.50	7.11	112	7.29
University Education	11.01	14.93	8.59	13.36	184	11.97
Higher Education (Postgraduate Studies)	0.09	0.35	0.26	0.35	4	0.26

3.1.b Mental Health and Psychosocial Symptoms

Tool 2, provided by the WHO/UNHCR toolkit was used to measure and talk about the presence of mental health symptoms and problems with daily functioning amongst participants. Results from these surveys inquired about symptoms that included fear, anger, disinterest, hopelessness, sadness, and inability to perform daily activities. The answers about these symptoms were studied, and the percentages were calculated based on how much they were present over the past 2 weeks. Specific attention was given to responses when participants said they experienced certain symptoms "most of the time" and "always".

Idlib:

In the context of Idlib, individuals reported the prevalence of Mental Health and Psychosocial Support (MHPSS) symptoms over the last two weeks, categorized as "Most of the Time," "Always," and the combined total. The symptoms are reported as follows:

Tool 2, provided by the WHO/UNHCR toolkit was used to measure and talk about the presence of mental health symptoms and problems with daily functioning amongst participants. Results from these surveys inquired about symptoms that included fear, anger, disinterest, hopelessness, sadness, and inability to perform daily activities. The answers about these symptoms were studied, and the percentages were calculated based on how much they were present over the past 2 weeks. Specific attention was given to responses when participants said they experienced certain symptoms “most of the time“ and “always“.

Furthermore, for the symptom "Felt so sad about the emergency/disaster/war or other event in your life that they try to avoid places or persons," 6.51% experienced it "Most of the Time," and 3.39% experienced it "Always." A combined total of 9.99% reported experiencing this symptom "Most of the Time & Always.". Lastly, individuals unable to perform basic activities due to these feelings were reported as 9.11% "Most of the Time" and 0.52% "Always," with a combined total of 9.63% experiencing this symptom "Most of the Time & Always." These findings, visualized in the updated table, provide a comprehensive overview of the distribution of MHPSS symptoms in Idlib, highlighting the varying degrees to which individuals reported experiencing these MHPSS symptoms.

Table 2: Percent Distribution for MHPSS Symptoms with Adults in Idlib

MHPSS Symptoms over the last 2 weeks	Prevalence Rating of Symptom		
	Most of the Time	Always	Most of the Time & Always
Felt so scared that nothing could calm them down	9.11%	3.65%	12.76%
Felt so angry that they felt out of control	9.64%	2.34%	11.98%
Felt indifferent about the things they used to love that they didn't want to do anything	9.38%	2.08%	11.42%
Felt so hopeless that they didn't want to go on with life	5.99%	2.34%	8.33%
Felt so sad about the emergency/disaster war or other event in your life that they try to avoid places or persons	6.51%	3.39%	9.99%
Been unable to perform a basic activities due to these feelings	9.11%	0.52%	9.63%

Harim:

In the context of Harim, individuals reported the prevalence of Mental Health and Psychosocial Support (MHPSS) symptoms over the last two weeks, categorized as "Most of the Time," "Always," and the combined total. The symptoms are reported as follows:

For the symptom "Felt so scared that nothing could calm them down," 22.60% experienced it "Most of the Time," and 10.91% experienced it "Always." A combined total of 33.50% reported experiencing this symptom "Most of the Time & Always.". Similarly, for the symptom "Felt so angry that they felt out of control," 14.29% reported it "Most of the Time," and 9.61% reported it "Always." A combined total of 23.90% experienced this symptom "Most of the Time & Always.". Another symptom, "Felt indifferent about the things they used to love that they didn't want to do anything," was reported by 17.92% "Most of the Time" and 13.77% "Always," with a combined total of 31.69% experiencing it "Most of the Time & Always.". In the case of feeling "so hopeless that they didn't want to go on with life," 11.43% experienced it "Most of the Time," and 11.69% experienced it "Always."

A combined total of 23.12% reported experiencing this symptom "Most of the Time & Always.". Furthermore, for the symptom "Felt so sad about the emergency/disaster/war or other event in your life that they try to avoid places or persons," 5.19% experienced it "Most of the Time," and 4.42% experienced it "Always." A combined total of 9.61% reported experiencing this symptom "Most of the Time & Always.". Lastly, individuals unable to perform basic activities due to these feelings were reported as 11.17% "Most of the Time" and 4.68% "Always," with a combined total of 15.85% experiencing this symptom "Most of the Time & Always." These findings, visualized in table 3, provide a comprehensive overview of the distribution of MHPSS symptoms in Ariha, highlighting the varying degrees to which individuals reported experiencing these MHPSS symptoms.

Table 2: Percent Distribution for MHPSS Symptoms with Adults in Idlib

MHPSS Symptoms over the last 2 weeks	Prevalence Rating of Symptom		
	Most of the Time	Always	Most of the Time & Always
Felt so scared that nothing could calm them down	22.60%	10.91%	33.50%
Felt so angry that they felt out of control	14.29%	9.61%	23.90%
Felt indifferent about the things they used to love that they didn't want to do anything	17.92%	13.77%	31.69%
Felt so hopeless that they didn't want to go on with life	11.43%	11.69%	23.12%
Felt so sad about the emergency/disaster war or other event in your life that they try to avoid places or persons	5.19%	4.42%	9.61%
Been unable to perform a basic activities due to these feelings	11.17%	4.68%	15.85%

Ariha:

In the context of Ariha, individuals reported the prevalence of Mental Health and Psychosocial Support (MHPSS) symptoms over the last two weeks, categorized as "Most of the Time," "Always," and the combined total. The symptoms are reported as follows:

For the symptom "Felt so scared that nothing could calm them down," 11.98% experienced it "Most of the Time," and 5.99% experienced it "Always." A combined total of 20.31% reported experiencing this symptom "Most of the Time & Always.". Similarly, for the symptom "Felt so angry that they felt out of control," 12.24% reported it "Most of the Time," and 1.04% reported it "Always." A combined total of 13.08% experienced this symptom "Most of the Time & Always." Another symptom, "Felt indifferent about the things they used to love that they didn't want to do anything," was reported by 19.27% "Most of the Time" and 3.39% "Always," with a combined total of 22.66% experiencing it "Most of the Time & Always.". In the case of feeling "so hopeless that they didn't want to go on with life," 9.64% experienced it "Most of the Time," and 2.60% experienced it "Always." A combined total of 12.24% reported experiencing this symptom "Most of the Time & Always.". Furthermore, for the symptom "Felt so sad about the emergency/disaster/war or other event in your life that they try to avoid places or persons," 10.94% experienced it "Most of the Time," and 1.30% experienced it "Always." A combined total of 12.24% reported experiencing this symptom "Most of the Time & Always.".

Lastly, individuals unable to perform basic activities due to these feelings were reported as 5.73% "Most of the Time" and 1.04% "Always," with a combined total of 6.77% experiencing this symptom "Most of the Time & Always." These findings, visualized in table 4, provide a comprehensive overview of the distribution of MHPSS symptoms in Ariha, highlighting the varying degrees to which individuals reported experiencing these MHPSS symptoms.

Table 4: Percent Distribution for MHPSS Symptoms with Adults in Ariha

MHPSS Symptoms over the last 2 weeks	Prevalence Rating of Symptom		
	Most of the Time	Always	Most of the Time & Always
Felt so scared that nothing could calm them down	11.98%	5.99%	20.31%
Felt so angry that they felt out of control	12.24%	1.04%	13.08%
Felt indifferent about the things they used to love that they didn't want to do anything	19.27%	3.39%	22.66%
Felt so hopeless that they didn't want to go on with life	9.64%	2.60%	12.24%
Felt so sad about the emergency/disaster war or other event in your life that they try to avoid places or persons	10.94%	1.30%	12.24%
Been unable to perform a basic activities due to these feelings	5.73%	1.04%	6.77%

Jisr-Ash-Shughur:

In the context of Jisr ash-Shughur, individuals reported the prevalence of Mental Health and Psychosocial Support (MHPSS) symptoms over the last two weeks, categorized as "Most of the Time," "Always," and the combined total. The symptoms are reported as follows:

For the symptom "Felt so scared that nothing could calm them down," 19.01% experienced it "Most of the Time," and 15.36% experienced it "Always." A combined total of 34.47% reported experiencing this symptom "Most of the Time & Always.". Similarly, for the symptom "Felt so angry that they felt out of control," 18.49% reported it "Most of the Time," and 17.97% reported it "Always." A combined total of 36.46% experienced this symptom "Most of the Time & Always.". Another symptom, "Felt indifferent about the things they used to love that they didn't want to do anything," was reported by 24.48% "Most of the Time" and 20.05% "Always," with a combined total of 44.53% experiencing it "Most of the Time & Always.". In the case of feeling "so hopeless that they didn't want to go on with life," 13.08% experienced it "Most of the Time," and 9.11% experienced it "Always." A combined total of 22.91% reported experiencing this symptom "Most of the Time & Always."

Furthermore, for the symptom "Felt so sad about the emergency/disaster/war or other event in your life that they try to avoid places or persons," 23.70% experienced it "Most of the Time," and 16.41% experienced it "Always." A combined total of 40.11% reported experiencing this symptom "Most of the Time & Always.". Lastly, individuals unable to perform basic activities due to these feelings were reported as 25.78% "Most of the Time" and 12.56% "Always," with a combined total of 38.54% experiencing this symptom "Most of the Time & Always.". These findings, visualized in table 5, provide a comprehensive overview of the distribution of MHPSS symptoms in Jisr-Ash-Shughur, highlighting the varying degrees to which individuals reported experiencing these MHPSS symptoms.

Table 5: Percent Distribution for MHPSS Symptoms with Adults in Jisr-Ash-Shughur

MHPSS Symptoms over the last 2 weeks	Prevalence Rating of Symptom		
	Most of the Time	Always	Most of the Time & Always
Felt so scared that nothing could calm them down	19.01 %	15.36 %	34.37 %
Felt so angry that they felt out of control	18.49 %	17.97 %	36.46 %
Felt indifferent about the things they used to love that they didn't want to do anything	24.48 %	20.05 %	44.53 %
Felt so hopeless that they didn't want to go on with life	13.80 %	9.11 %	22.91 %
Felt so sad about the emergency/disaster war or other event in your life that they try to avoid places or persons	23.70 %	16.41 %	40.11 %
Been unable to perform a basic activities due to these feelings	25.78 %	12.76 %	38.54 %

3.1.c MHPSS Service and Resource Gap; 4Ws Desk Review

Who and When:

The 4 W's identified a total of 32 organizations as focal points and of the MHPSS TWG in the governorate of Idlib. As of September 19, 2023, the latest report of the MHPSS TWG's "MHPSS Earthquake Response Services and Referral Focal Points for NWS 2023" reflected figures last updated on June 14, 2023, with services being recorded since February 3, 2023.

Where:

The mapping of 100,781 recorded number of people reached by MHPSS services in the governorate of Idlibis distributed across four districts: Idlib, Harim, Ariha, and Jisr Al Shughur. The data collected indicates a high concentration of MHPSS services in Harim, followed by Idlib. On the other hand Ariha and Jisr Al Shughur showed minimal activity.

The below table illustrates the concentration of activities recorded to people across each district. According to the WHO, it is assumed that 22.1% of crisis affected populations have a prevalence rate for mental health conditions. Considering this prevalence rate, we can calculate the service gap of MHPSS based on the total number of people reached by activities in the 4Ws. Consequently, we notice some significant gaps in the provision of Mental Health and Psychosocial Support (MHPSS) services. In Idlib, 5.20% of the population are reached with MHPSS activities, leaving a substantial 16.9% service gap. Harim, with 3.93% of the population, has an 18.17% gap. Ariha, at 1.62%, faces a 20.48% gap, while Jisr Al Shughur, with 2.23% accessing services, has a 19.87% gap. The below table illustrates the findings of the mentioned figures.

Table 6: % of population reached by MHPSS activity across each district and service gap

Distrikt	Total Population	Total # of MHPSS activitiesreached per district	% of population reached by MHPSS activity = n	Service Gap (22.1%-n)	Gap of people needed to be Reached by MHPSS activity
Idlib	716,163	37,262	5.20%	16.9%	121,032
Harim	1,593,152	62,678	3.93%	18.17%	289,476
Ariha	185,745	3,001	1.62%	20.48%	38,041
Jisr-Ash-Shughur	311,417	6,939	2.23%	19.87%	61,879

Where:

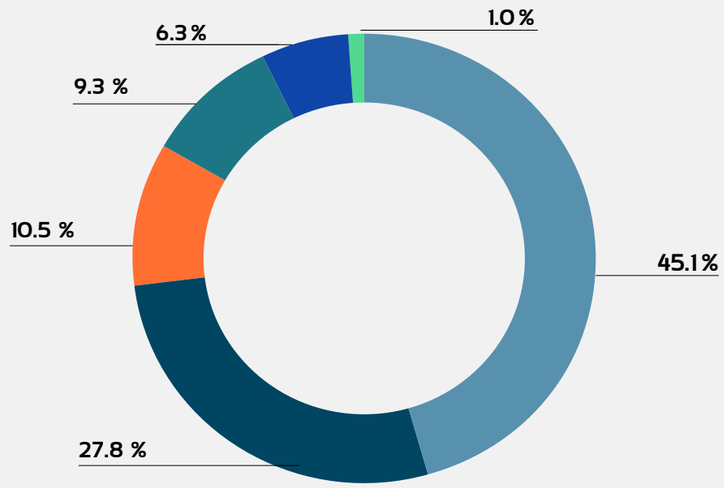
The table below provides an overview of the distribution of Mental Health and Psychosocial Support (MHPSS) services in Idlib, with a breakdown of various types of activities, and the percentage of activity representation. By examining the distribution of MHPSS activities, we gain valuable insights into the areas that require increased attention and resources to better meet the mental health needs of affected communities.

Type of Activity Recorded: What	Distribution of Services Recorded by Activity							
	Idlib		Harim		Ariha		Jisr-Ash-Shughur	
	n	%	n	%	n	%	n	%
Children Family Spaces Activities	5,056	13.57%	4,043	6.45%	0	0.00%	323	4.07%
Interactive Social Media Awareness Raising Sessions	527	1.41%	1,401	2.24%	0	0.00%	40	0.50%
Awareness Raising Group Sessions	12,173	32.67%	21,601	34.46%	1,102	36.88%	2,758	34.73%
Inpatient Mental Health Services	713	1.91%	1,918	3.06%	199	6.63%	701	8.83%
MhGAP consultations	744	2.00%	3,069	4.90%	352	11.73%	421	5.30%
MHPSS Detect and Refer	1,502	4.03%	3,607	5.75%	159	5.30%	504	6.34%
MHPSS Helplines	187	0.50%	315	0.50%	0	0.00%	35	0.44%
Peer Support Groups	913	2.45%	996	1.59%	130	4.33%	105	1.32%
Psychiatric Care (Outpatient)	1,328	3.56%	1,487	2.37%	11	0.37%	133	1.68%
Psychological First Aid (PFA)	13,616	36.54%	23,384	37.31%	1,048	34.92%	1,848	23.27%
Self-Care Sessions	324	0.87%	607	0.97%	0	0%	36	0.45%
Training	179	0.48%	250	0.40%	0	0%	35	0.44%
Total	**37,262**	**100%**	**62,678**	**100%**	**3,001**	**100%**	**6,939**	**100%**

3.1.d Top Ranking MHPSS Problems

The recurring challenges within the realm of Mental Health and Psychosocial Support Services (MHPSS) are highlighted through the insights gained from Tool 10 of the WHO/UNHCR toolkit. The responses gathered from these surveys indicated the prevalent themes that consistently emerge as critical MHPSS problems faced by adults in Idlib. MHPSS problems were grouped into the recurring themes as indicated in the figure below. Specifically speaking, mental and emotional well-being concerns, socio-economic challenges, social and family stressors, health and well-being concerns, and environmental challenges were the most recurrent MHPSS problems identified by survey participants.

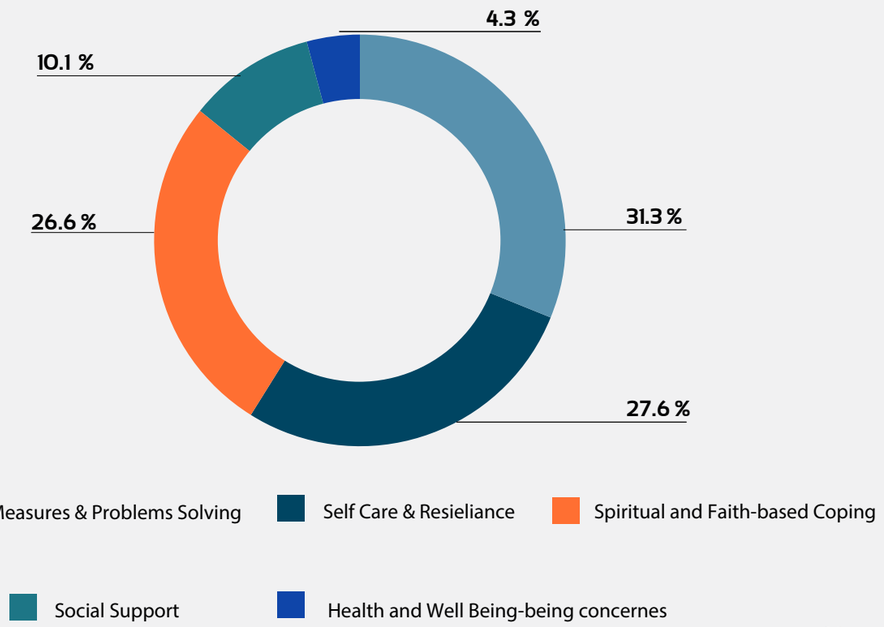
The data collected reveals a breakdown of these concerns within the surveyed population. Notably, the highest percentage of individuals, approximately 45.09%, identified issues related to Mental and Emotional Well-being as their primary concern. This underscores the critical need for addressing mental health issues within this group, given its significant prevalence. Socio-Economic Challenges closely followed, with around 27.78% of respondents highlighting economic and social difficulties as a major concern. Environmental Challenges were raised by around 10.47% of the surveyed population. Social and Family Stressors were reported by about 9.30% of individuals. In addition, Health and Well-being Concerns were voiced by approximately 6.31% of respondents. Lastly, 1.04% of respondents indicated that they had None Assigned MHPSS problems.



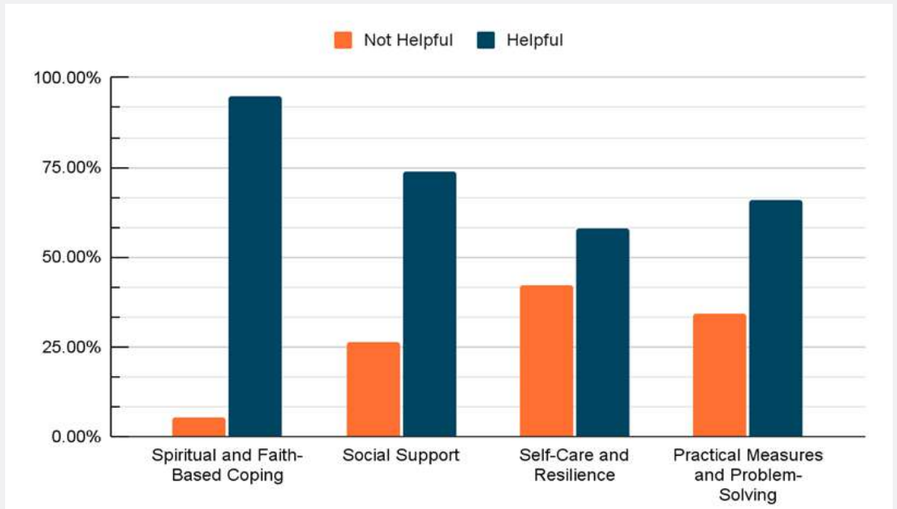
3.1.e Top MHPSS Coping Strategies

The recurring coping mechanisms in the face of Mental Health and Psychosocial Support Problems (MHPSS) are highlighted through the insights gained from Tool 10 of the WHO/UNHCR toolkit. The responses gathered from these surveys indicated the prevalent themes that consistently emerge as critical MHPSS problems faced by adults in Idlib. MHPSS coping strategies were grouped into the recurring themes as indicated in the figure below. This tool sheds light on the various coping mechanisms that individuals employ when facing mental health challenges or psychosocial stressors. These mechanisms encompass a range of strategies, and respondents indicated that spiritual and faith-based coping, social support, self-care and resilience and practical measures and problem-solving techniques were the most common coping mechanisms in the face of MHPSS problems. Collectively, these coping mechanisms, as identified in Tool 10, serve as invaluable resources in the domain of MHPSS, contributing to individuals' ability to navigate mental health and psychosocial difficulties effectively while enhancing their overall resilience and well-being.

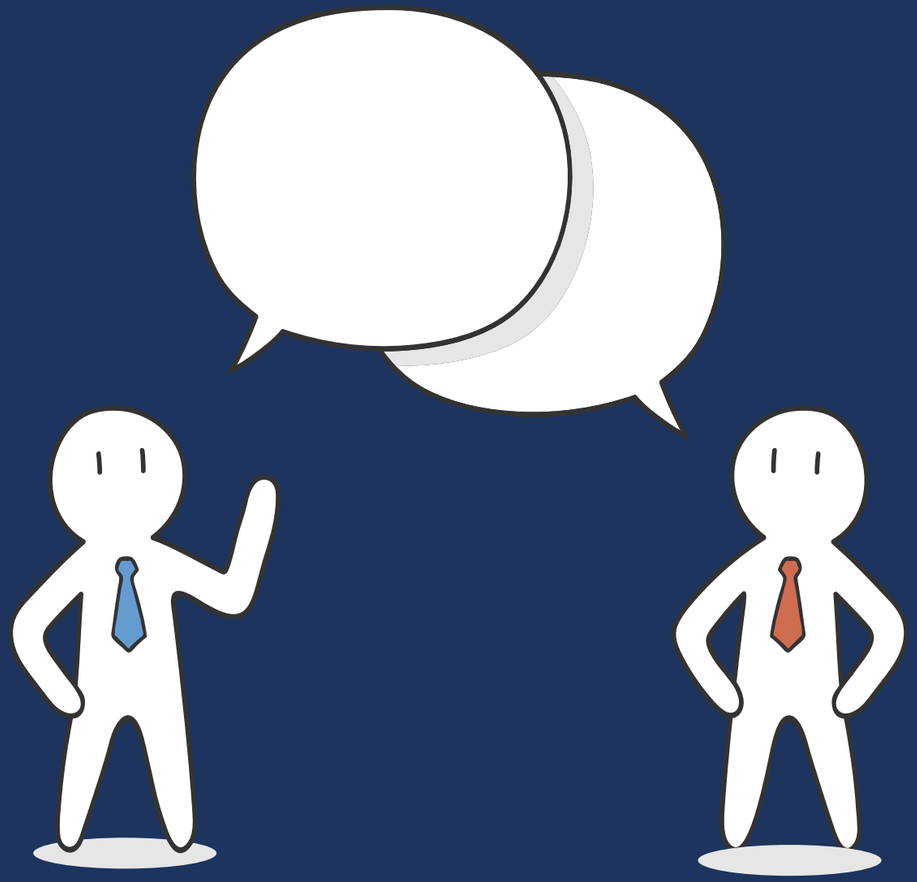
According to the survey results, nearly one third of participants, comprising 31.3%, engaged in practical measures and problem-solving strategies to address their Mental Health and Psychosocial Support (MHPSS) challenges directly. Additionally, 27.6% of participants emphasized self-care and resilience-building as a coping mechanism. Furthermore, the survey indicated that a significant 26.6% of respondents turned to spiritual and faith-based coping mechanisms to find comfort and meaning in their experiences. A smaller percentage of participants, accounting for 10.1%, reported relying on social support, underscoring the significance of interpersonal connections and seeking help from friends, family, or support networks in managing MHPSS challenges. Lastly, 4.3% of respondents indicated that coping mechanisms were not applicable to their situation, representing a minority of participants who may have unique circumstances or strategies regarding coping strategies.



The provided data reveals participants' responses regarding various coping mechanisms and their perceived helpfulness. Out of all participants that utilized spiritual and faith-based coping mechanisms, 94.85% of them reported that they perceived it as helpful. Social support was also considered valuable, with 73.83% of participants finding it helpful in managing their mental health and psychosocial challenges. Practical measures and problem-solving strategies received positive feedback, as 65.73% of respondents reported they found them helpful. Self-care and resilience-building, while still considered helpful by a majority at 57.85%, had a relatively higher percentage (42.15%) of participants who did not find it effective. These findings, highlighted in the figure below, underscore the importance of recognizing and accommodating diverse coping mechanisms in mental health and psychosocial support programs, as individuals have varying preferences for addressing their mental health needs.



4. Discussion



Discussion

4 .Key Findings & Recommendations

The purpose of this assessment seeks to comprehensively understand the Mental Health and Psychosocial Support (MHPSS) needs of the affected population, including all adults in North-West Syria, encompassing both Host community members and Internally Displaced Persons (IDPs). The below table indicates the main key findings and recommendations to support adults in North-West Idlib, highlighting essential insights to guide targeted MHPSS interventions and address the unique challenges they face in the midst of ongoing crises.

Key Findings	Recommendations
Mental Health and Psychosocial Symptoms	
Across all districts, there is a significant presence of MHPSS symptoms, indicating a pressing need for mental health and psychosocial support	These findings underscore the importance of targeted mental health interventions and support programs in these communities to address the specific needs of each district.
Jisr ash-Shughur stands out with exceptionally high rates for several symptoms, including feeling scared, angry, indifferent, and unable to perform basic activities. Also, The suicidal ideation is notably high, 22.91% of survey participants indicating they felt so hopeless that they didn't want to go on with life.	This emphasizes a critical need for urgent mental health support and intervention
MHPSS Services and Resources	
In each district of Idlib, key findings reveal the distribution of types of MHPSS services, which reveal a strong emphasis on awareness raising sessions and psychological first aid MHPSS services.	These priorities align with the International Association of the Study of the Commons (IASC) guidelines for humanitarian settings, emphasizing the importance of immediate psychosocial support, however, the high prevalence of symptoms demands a more comprehensive range of services to meet the diverse needs of the population. This includes accessible counseling, therapy, and long-term support to effectively address the mental health challenges faced by the community during the ongoing crisis.
A key finding underscores the need for capacity building among Mental Health and Psychosocial Support (MHPSS) professionals to adequately meet the growing demands for mental health and psychosocial services. The increasing demand for these services, especially in crisis-affected regions, requires a skilled and well-prepared workforce. Additionally, it is crucial to address the lack of a sufficient presence of MHPSS professionals in these areas to bridge the gap between the demand for services and the available expertise.	To address these challenges, it is advisable to invest in comprehensive training and capacity-building programs for MHPSS professionals, tailored to crisis contexts. Simultaneously, efforts should be made to recruit and deploy more MHPSS professionals to crisis-affected regions, ensuring that there are enough trained experts on the ground to provide essential mental health and psychosocial support services to the communities in need.
In each district, there are noticeable gaps in the provision of MHPSS services per their respective population. • Idlib: 16.9% • Harim: 18.17% • Ariha: 20.48% • Jisr-Ash-Shughur: 19.87%	These gaps underscore the need for a significant expansion of MHPSS services across all districts.
Top Ranked MHPSS Problems	
45.09% of respondents identified mental and emotional well-being as their primary MHPSS concern	It is imperative to prioritize accessible mental health services and resources. This includes establishing community-based mental health programs and offering counseling services.
27.78% of respondents cited socio-economic challenges as their secondary MHPSS concernn	MHPSS initiatives should incorporate economic empowerment programs, vocational training, and livelihood support. These measures can help individuals regain a sense of control and stability in their lives, thereby positively impacting their mental
Coping Mechanisms	
A substantial proportion of survey participants, comprising 31.3% and 27.6% respectively, reported engaging in practical measures and problem-solving strategies, as well as emphasizing self-care and resilience-building as coping mechanisms. These findings reflect a proactive approach to managing Mental Health and Psychosocial Support (MHPSS) challenges, where individuals not only identify and tackle specific problems directly but also prioritize activities that promote personal well-being and the development of coping skills to navigate adversity effectively.	MHPSS programs should promote the development of problem-solving skills and encourage self-care practices. Offering practical guidance for addressing challenges, as well as resources and workshops for self-care and resilience-building, can empower individuals to take charge of their well-being and enhance their ability to cope with mental health challenges effectively. This combined approach acknowledges the importance of both proactive problem-solving and self-care in supporting individuals' MHPSS needs. • PM+ • Self Help+
A significant percentage of respondents, totaling 26.6%, reported turning to spiritual and faith-based coping mechanisms to find comfort and meaning in their experiences. This coping strategy indicates the role of faith and spirituality in providing support during difficult times, offering solace, and fostering a sense of purpose	Recognizing the importance of faith in mental well-being, MHPSS services should acknowledge and respect individuals' spiritual beliefs. Providing spiritual support within MHPSS services and facilitating access to faith-based resources can help individuals draw strength from their spiritual practices.
Among participants who utilized spiritual and faith-based coping mechanisms, an overwhelming 94.85% of them reported perceiving it as helpful in managing their mental health and psychosocial challenges. This high level of perceived effectiveness underscores the importance of recognizing and incorporating spiritual and faith-based support within Mental Health and Psychosocial Support (MHPSS) programs, as it appears to be a valuable resource for many individuals.	Considering this finding, it is advisable for Mental Health and Psychosocial Support (MHPSS) programs to prioritize the integration and support of culturally adapted spiritual and faith-based coping strategies within their services.
Other	
Results from the end of the surveys indicated that 38.6 % of survey respondents expressed a desire to be referred to Mental Health and Psychosocial Support (MHPSS) services highlighting a significant demand for mental health assistance within the population.	This indicates a clear recognition of the importance of addressing mental health concerns and seeking professional support. To meet this demand effectively, it is essential for relevant authorities and organizations to establish accessible pathways for referrals to MHPSS services, ensuring that those in need can access the necessary care and support to address their mental health needs.

5. Conclusion

Conclusion

5. Study Limitations

Some limitations of this assessment are identified to highlight any unintended influences on the data collected:

- The lack of a common language and understanding for describing MHPSS symptoms and problems can lead to inaccurate reporting amongst participants and data data collectors. Consequently, inconsistent terminology may result in inaccurate data collection and reporting.

- There might be an effect of social desirability where responses might have been exaggerated intentionally due to the belief that this will lead to obtaining increased assistance or this is the results surveyors would like to hear.

- It is essential to acknowledge that a primary challenge in achieving a balanced distribution of gender in the survey data was the predominance of male data collectors. Specifically speaking, this factor may have contributed to the variations observed in gender percentages across the surveyed districts. Cultural norms can impact respondents' willingness to participate in surveys, particularly when interviewed by someone of the opposite gender, potentially leading to gender-specific response patterns.

- The validity of the desk review of service resources and gaps potentially limited as it relates to the data accuracy from the 4Ws accuracy. It is important to acknowledge that the data provided in such reports relies on multiple sources and mechanisms, and despite best efforts, there can be instances where data might not be entirely reported accurately or comprehensively. This limitation is inherent to the nature of data collection in humanitarian contexts, where various factors such as accessibility, communication challenges, or resource constraints can impact the reporting process.

Annex 1: Assessment Tools

Mental Health Assessment of Adults in Idlib
Questionnaire - Tool 2

(Adapted from WHO UNHCR Toolkit for Humanitarian Settings, 2012)

Interviewer Demographic Information	
Sex:	Age:
Education Level:	Residency status:

Part A	
A1. The next questions are about how you have been feeling during the last two weeks. About how often during the last two weeks did you feel so afraid that nothing could calm you down would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?	
1. All of the time	
2. Most of the time	
3. Some of the time	
4. A little of the time	
5. None of the time	
8. (IF VOL) Don't know	
9. (IF VOL) Refused	
A2. About how often during the last two weeks did you feel so angry that you felt out of control would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?	
1. All of the time	
2. Most of the time	
3. Some of the time	
4. A little of the time 5. None of the time	
8. (IF VOL) Don't know	
9. (IF VOL) Refused	
A3. During the last two weeks, about how often did you feel so uninterested in things that you used to like, that you did not want to do anything at all? (IF NEC: all of the time, most of the time, some of the time, a little of the time, or none of the time?)	

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1. All of the time	
2. Most of the time	
3. Some of the time	
4. A little of the time 5. None of the time	
8. (IF VOL) Don't know	
9. (IF VOL) Refused	

A4. During the last two weeks, about how often did you feel so hopeless that you did not want to carry on living? (IF NEC: all of the time, most of the time, some of the time, a little of the time, or none of the time?)

1. All of the time	
2. Most of the time	
3. Some of the time	
4. A little of the time 5. None of the time	
8. (IF VOL) Don't know	
9. (IF VOL) Refused	

A5. You may have experienced one or more events that have been intensely upsetting to you, such as the recent emergency/disaster/war. During the last two weeks, about how often did you feel so severely upset about the emergency/disaster/war or another event in your life, that you tried to avoid places, people, conversations or activities that reminded you of such event? (IF NEC: all of the time, most of the time, some of the time, a little of the time, or none of the time?)

1. All of the time	
2. Most of the time	
3. Some of the time	
4. A little of the time 5. None of the time	
8. (IF VOL) Don't know	
9. (IF VOL) Refused	

A6. The next question is about how these feelings of fear, anger, fatigue, disinterest, hopelessness or upset may have affected you during the last two weeks. During the last two weeks, about how often were you unable to carry out essential activities for daily living because of these feelings? (IF NEC: all of the time, most of the time, some of the time, a little of the time, or none of the time?)

1. All of the time	
2. Most of the time	
3. Some of the time	
4. A little of the time 5. None of the time	
8. (IF VOL) Don't know	
9. (IF VOL) Refused	

Part B	
Ask the below questions for everyone above 18 years old	
How many family members live in your household right now and are above 18 years old?	
How are they related to you	
Age [answer "98 if dont" know or "99 if refused"]	
Sex	
During the last 2 weeks, was s/he so distressed/ disturbed/ upset that s /he was completely inactive or almost completely inactive, because of any such feelings?	
During the last 2 weeks, for how many days was s/he so distressed/ disturbed/ upset that s/ he was unable to carry out essential activities for daily living, because of any such feelings? [answer "98 if dont" know or "99 if refused"	
Is s/he acting in a strange way or having fits/ convulsions / seizures?	
In the last 2 weeks, how many family members did you notice stopped taking care of themselves due to feeling stressed, upset, or bothered?	
In the last two weeks did they stop taking are of any children due to feeling stressed,	

Mental Health Assessment of Adults in Idlib
Questionnaire - Tool 10

(Adapted from WHO UNHCR Toolkit for Humanitarian Settings, 2012)

TABLE 1. LIST OF PROBLEMS OF ANY KIND		
Interview: The interview begins with a free list of the questions below, so that all types of questions can be asked. "What types of problems do participants face due to the humanitarian situation? Please list the problems that come to your mind." [Participant can free list up to 20 problems of any kind] 1.1.1-1.1.20		
1.1.1	Explain the problem	Explain the problem
	Rate the severity of your problem from 0 to 10 (0 being lowest and 10 being highest	
	Since when has this problem been present for you	

TABLE 1.2 LIST OF MENTAL HEALTH/PSYCHOSOCIAL PROBLEMS	
1.2 You should then look at the responses to question 1.1 and follow the instructions below to select mental health and psychosocial problems specifically. Select those problems which are especially relevant from a mental health / psychosocial perspective, such as: (a) problems related to social relationships (domestic and community violence, child abuse, family separation); and (b) problems related to: • feelings (for example feeling sad or fearful); • thinking (for example worrying); or • behavior (for example drinking). Copy these into Table 1.2 below and also in the first column of Tables 3.1 and 3.2 below.	
1.2.1	

TABLE 2.1 TOP THREE PRIORITY ITEMS		
Step 2: Ranking 2.1 Find out from the respondent which mental health / psychosocial problems are perceived to be important and why. "You mentioned a number of problems, including [READ OUT PROBLEMS NAMED IN 1.2 ABOVE]. Of these problems, which is the most important problem?" "Why?" "Of these problems, which is the second most important problem?" "Why?" "Of these problems, which is the third most important problem?" "Why?"		
2.1.1	**Problem**	
	Explanation	
2.1.2	**Problem**	
	Explanation	
2.1.3	**Problem**	
	Explanation	

TABLE 3.1 IMPAIRMENT OF DAILY ACTIVITIES	
3.1 Try to identify the impact of mental health / psychosocial problems on daily functioning by asking what tasks could be affected. ''Sometimes [NAME A PROBLEM FROM 1.2 ABOVE] may make it difficult for a person to perform their usual tasks. For example, things they do for themselves, their family or in their community. If a [INSERT GROUP OF INTEREST] suffers from [NAME AGAIN THE PROBLEM LISTED FROM 1.2 ABOVE], what kind of tasks will be difficult for them? Report the answer in Table 3.1. Repeat the question for each of the problems mentioned in 1.2.	
Mental health/psychosocial problems (as listed in 1.2)	**Affected task**
1.2.1	**3.1.1**

TABLE 3.2 COPING		
3.2 Then try to identify how people cope with each of these mental health / psychosocial problems and whether this helps them. ''What kind of things do _____ [INSERT GROUP OF INTEREST] people do to deal with such problems? E.g., things they do by themselves, things they can do with their families or things they do with their communities?'' ''Does doing that help with the problem?'' Report the answer in Table 3.2. Repeat the question for each of the problems mentioned in 1.2.		
Mental health/psychosocial problems (as listed in 1.2)	**Affected task**	**Is the coping method helpful?**
2.1.1	**2.1.1**	**Yes/No**

Annex 2: Oral Consent Form

Mental Health Assessment of Adult Syrians in Idlib 2023

Oral Consent Form

Hello, my name is _____ and I work for the Idlib Health Directorate. We are working in North West Syria to gather surveys that assess the Mental Health and Psychosocial Needs of the Syrian population in the governorate of Idlib. We will ask you a few questions about your mental situation and services provided to you so that we can improve services provided to you. We will ask you a few questions about your mental situation and coping skills so that we can improve services provided to you. Your participation in this study is voluntary. We hope that you will agree to participate, noting that your refusal to participate will not affect you in any way.

Note that if you agree to participate, the information that you provide will remain confidential, and will not be shared with anybody other than those involved in the study. Also note that it is your right to refrain from answering any question, or to stop completing the questionnaire at any time. For more information, please refer to the presenter's contact, the MHPSS Program Manager with Mehad, via email: m.moukaddem@mehad.fr.

Would you like to participate?

Yes__ No__

استمارة الموافقة الشفوية

تقييم الصحة النفسية للبالغين السوريين في إدلب ٢٠٢٣

مرحبًا ، نحن من مديرية صحة ادلب. نعمل في شمال غرب سوريا على جمع المسوح لقييم الصحة النفسية والاحتياجات النفسية والاجتماعية لاحتياجات السكان السوريين في محافظة إدلب. سنطرح عليك بعض الأسئلة حول وضعك الصحي النفسي والخدمات المقدمة لك حتى نتمكن من تحسين الخدمات المقدمة لك.مشاركتك فى هذا الاستبيان اختيارية.

نأمل أن توافق على المشاركة ، مع ملاحظة أن رفضك للمشاركة لن يؤثر عليك بأي شكل من الأشكال وأيضا أنه إذا وافقت على المشاركة ، ستبقى المعلومات التي تقدمها سرية ولن تتم مشاركتها مع أي شخص آخر غير المشاركين في الاستبيان .لاحظ أيضًا أنه من حقك الامتناع عن الإجابة على أي سؤال ، أو التوقف عن استكمال الاستبيان في أي وقت لمزيد من المعلومات ، يرجى الرجوع إلى مالك مقدم ، مدير برنامج MHPSS مع Mehad على البريد الإلكتروني:
m.moukaddem@mehad.fr

هل ترغب في المشاركة؟

نعم__ لا__

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