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# Psychological Distress, Coping Mechanisms and Mental Health and Psychosocial Support Services among Internally Displaced Youths in Debre Berhan Camps, Ethiopia.

**BY**

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**May 2026.**

**Addis Ababa, Ethiopia**

# Psychological Distress, Coping Mechanisms and Mental Health and Psychosocial Support Services among Internally Displaced Youths in Debre Berhan Camps, Ethiopia.

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**A Thesis Submitted To Addis Ababa University School of Graduate Studies**

**May, 2026**

**Addis Ababa, Ethiopia.**

# ADDIS ABABA UNIVERSITY

## COLLEGE OF EDUCATION AND LANGUAGE SCIENCE

## SCHOOL OF GRADUATE STUDIES

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**Declaration**

I hereby declare that this thesis is my original work, has not been presented for a degree or masters in any other university and that all sources of materials used for the thesis have been duly acknowledged.

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**Acknowledgment**

First of all, I would like to thank God for giving me strength, guidance and wisdom throughout this study.

I am very grateful to my advisor, Dr. Abebaw M., for his constant support, helpful advice and comments from the beginning to the end of this work. His encouragement and professional guidance were very important for the successful completion of this study.

My sincere thanks also go to Mr. Anteneh Gebreegziabher, statistical expert at the Amhara National Regional State, North Shoa Zone, Debre Birhan City Administration Mayor Office, for his support during data collection in China, Woineshet and Bakelo IDP camps. I am also very thankful to Mr. Getnet Bezawork, Community development program manager at Jerusalem Children and community development organization debrebirhan area (JECCDO). In addition Mrs. Haregua who is senior project officer at JECCDO, for their cooperation and support.

I would like to thank the camp managers and camp committee members of the three IDP camps for their permission, facilitation and cooperation during the study.

My thanks also go to the social workers, the psychiatrist and all other professionals who took part in the interviews and shared important information for this research.

Finally, I would like to express my heartfelt appreciation to all the respondents and participants who were willing to share their experiences and gave their time to participate in this study. Without their cooperation, this research would not have been possible.

***Abstract***

*Youth living in conflict settings are highly vulnerable to mental health problems, yet limited evidence exists regarding internally displaced youths in Debre Berhan, Ethiopia. This study assessed psychological distress, coping strategies, and mental health and psychosocial support (MHPSS) services among internally displaced youths living in temporary IDP camps in Debre Berhan, Ethiopia. A concurrent mixed-methods research design was employed. Quantitative data were collected from youths aged 15–29 residing in China, Woineshet, and Bakelo IDP camps. From the 384 questionnaires distributed, 358 were completed and returned. The Depression Anxiety Stress Scale (DASS-21) and Brief COPE scale were used to assess psychological distress and coping strategies. The analysis of Quantitative data were done using descriptive statistics, independent samples t-tests, one-way ANOVA, and Pearson correlation analysis by SPSS V.26. In addition, semi-structured interviews were conducted with 10 key informants and analysed thematically. The findings revealed high levels of psychological distress among internally displaced youths. The prevalence of severe and extremely severe symptoms was 50.9 % for depression, 67.9 % for anxiety, and 39.4% for stress. Emotion-focused coping was the most commonly used coping strategy, followed by avoidant coping), while problem-focused coping was least used. Female participants reported significantly higher depression and stress scores than males, and also used emotion-focused coping more frequently. Youths who had stopped working or education after displacement showed higher depression scores than who still are engaged in working or education. Depression also differed significantly by length of stay in the camp, with longer stays associated with higher depression levels. Depression and anxiety were strongly positively correlated while problem-focused coping showed negative correlations with depression and anxiety. Qualitative findings indicated that although some MHPSS services were available, they were irregular, under-resourced, and poorly integrated with basic humanitarian support. Stigma, shortage of professionals, and limited youth-focused services were identified as major barriers to care.*

*Key words: Internally Displaced Youths (IDPs), Psychological Distress, Coping Strategies, Mental Health and Psychosocial Support (MHPSS)*

# TABLE OF CONTENTS

LIST OF ABBREVIATION ..... xiii

**CHAPTER ONE** ..... 1

**1. INTRODUCTION** ..... 1

1.1 Background ..... 1

1.2 Statement of the Problem ..... 4

1.3 Objectives of the Study ..... 6

1.3.1 General Objective ..... 6

1.4 Research Questions ..... 7

1.5 Significance of the study ..... 7

1.6 Scope of the Study ..... 8

1.7 Limitations of the Study ..... 8

1.8 Operational Definitions of Variabless ..... 9

1.9 Organization of the Study ..... 10

**CHAPTER TWO** ..... 11

**2. LITERATURE REVIEW** ..... 11

2.1 Introduction ..... 11

2.2 Conceptual Review ..... 11

2.2.1 Internal Displacement ..... 11

2.2.2 Psychological Distress ..... 11

2.3 Empirical Literature Review ..... 13

2.3.1 Psychological Distress ..... 13

2.3.2 Coping Mechanisms among Displaced Populations ..... 16

2.3.3 Youth in Displacement Contexts ..... 18

2.4 Theoretical Literature Review ..... 21

2.4.1 The Transactional Theory of Stress and Coping ..... 21

2.4.2 Socio-Ecological Framework ..... 23

2.4.3 War Exposure and Daily Stressors Framework ..... 24
2.5 Conceptual framework ..... 25
2.6 Discussion of Gaps ..... 26
**CHAPTER THREE** ..... 28
**3. RESEARCH METHODS** ..... 28
3.1 Introduction ..... 28
3.2 Design of the Study ..... 28
3.3 Study site ..... 28
3.4 Target Population ..... 29
3.5 Sources of Information ..... 29
3.6 Sample Size and Sampling Techniques ..... 29
3.7 Data Gathering Instruments ..... 31
3.7.1 DASS 21 ..... 31
3.7.2 Brief Cope ..... 32
3.7.3 Qualitative Interview Guide ..... 33
3.7.4 Reliablity and Validity of Instrument ..... 33
3.7.5 Pilot study ..... 35
3.8 Procedures of Data Collection ..... 36
3.9 Methods of Data Analysis ..... 36
3.10 Ethical Considerations ..... 37
**CHAPTER FOUR** ..... 39
**4. RESULTS AND FINDINGS** ..... 39
4.1 Introduction ..... 34
4.2 Study area and period ..... 34
4.3 Questionnaire Return Rate ..... 34
4.4 Socio-demographics results ..... 35
4.5 Quantitative Analysis ..... 37

4.5.1 Prevalence of Depression among Internally Displaced Youths ..... 41
4.5.2 Frequency and Types of coping strategies ..... 44
4.5.3 Assumption Testing ..... 44
4.5.4 Comparison of psychological distress across socio-demographic variables ..... 47
4.5.5 Relationship between coping mechanisms and psychological distress ..... 53
4.6 Qualitative Study Result ..... 54
**CHAPTER FIVE ..... 64**
**5. DISCUSSION ..... 64**
5.1 Introduction ..... 64
5.2 Prevalence of Depression, Anxiety, and Stress ..... 64
5.3 Coping strategies among internally displaced youths ..... 67
5.4 Socio-Demographic Differences in Psychological Distress and Coping Strategies ..... 69
5.5 Relationship between coping strategies and psychological distress ..... 72
**CHAPTER SIX ..... 74**
**6. SUMMARY, CONCLUSION AND RECOMMENDATIONS ..... 74**
6.1 Summary ..... 74
6.2 Conclusion ..... 75
6.3 Recommendations ..... 76
6.4 Implication for Counseling Psychology ..... 78
References ..... 80
Appendix I ..... 90
Appendix II ..... 93

**List of Tables**

Table 1 Discussion of gaps from previous literatures....26
Table 2 Reliability analysis....31
Table 3 Summary of Demographic Respondents....34
Table 4 Summary of Demographic Respondents....39
Table 5 Depression Severity result....42
Table 6 Anxiety Severity result....42
Table 7 Stress Severity result....43
Table 8 Descriptive statistics of Distress....43
Table 9 Descriptive statistics of Coping Strategies....44
Table 10 Skewness and Kurtosis....45
Table 11 t-test for sex and distress....48
Table 12 t-test for work status....49
Table 13 ANOVA or length of stay in the camp....49
Table 14 Post Hoc for Length of stay in the camp....50
Table 15 ANOVA for Educational status and Coping strategies....51
Table 16 Post Hoc for Educational status and Coping strategies....52
Table 17 Relationship between coping mechanisms and psychological distress....53

**List of Figures**

Figure 1Conceptual Framework ..... 26
Figure 2 Geographical Location of Debrebirhan Town ..... 28
Figure 3 Demographic distribution of sex ..... 40
Figure 4 Demographic distribution by Camp ..... 41
Figure 5 Histogram of Normality Assessment ..... 46
Figure 6 Q-Q plot of Normality Assessment ..... 46
Figure 7 Outliers identification ..... 47
Figure 8 P-P Plot of linearity assessment ..... 47
Figure 9 Thematic analysis of MHPSS Services inside debrebirhan IDP Camps ..... 54
Figure 10 Health service Offices at the camp ..... 56
Figure 11Religious centres inside the camps ..... 59
Figure 12 Shelters at the IDP ..... 60
Figure 13 Living conditions at the camp ..... 61

## LIST OF ABBREVIATION

**APA** - American Psychological Association

**DASS-21** - Depression Anxiety Stress Scale (21-item version)

**DSM-5** - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

**IDP** - Internally Displaced People

**IDMC**- Internal Displacement Monitoring Centre

**IOM** - International Organization for Migration

**MHPSS**- Mental Health and Psychosocial Support

**NGO** - Non-Governmental Organization

**OCHA** - Office for the Coordination of Humanitarian Affairs

**PTSD** - Post-Traumatic Stress Disorder

**SPSS** - Statistical Package for the Social Sciences

**UN** - United Nations

**WHO**- World Health Organization

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background of the study

Mental health conditions such as depression, anxiety, stress and post-traumatic stress disorder (PTSD) are among the major causes of disability worldwide. According to the World Health Organization (2021), depression is a major contributor to the global burden of disease and is a major cause of disability among young people. Evidence suggests that exposure to armed conflict, forced displacement, loss of loved ones, and disruption of social support systems substantially increases the risk of psychological distress, including symptoms of depression, anxiety, and stress (Charlson et al., 2019; WHO, 2022). Among populations affected by war and forced migration, exposure to violence, loss, and instability significantly elevates the likelihood of developing mental health problems.

According to the United Nations Guiding Principles on Internal Displacement, internally displaced persons (IDPs) are individuals or groups who have been forced to flee or leave their homes because of armed conflict, generalized violence, human rights violations, or disasters, but who remain within the borders of their own country (United Nations, 1998). Internal displacement has become a growing global humanitarian concern. The Internal Displacement Monitoring Centre (IDMC, 2024) reported that more than 75 million people worldwide were living in internal displacement at the end of 2023, the highest figure ever recorded. Many of those affected are children and young people who face prolonged exposure to insecurity, disrupted education, family separation, and uncertain futures.

Displacement exposes individuals to multiple stressors before, during, and after displacement. These include witnessing violence, loss of family members, destruction of property, disruption of livelihoods, and ongoing uncertainty regarding safety and resettlement (Morina et al., 2018). Such experiences are strongly associated with increased rates of depression, anxiety, PTSD, and other mental health conditions. A systematic review and meta-analysis of displaced populations found that approximately 26.4% experienced depression, while anxiety and trauma-related disorders were also highly prevalent (Bedaso & Duko, 2022). Similarly, Charlson et al. (2019) estimated that one in five people living in conflict-affected settings experience a mental disorder at any given time.

Despite exposure to similar stressors, individuals respond differently to displacement-related adversity. One important factor influencing psychological outcomes is coping. Coping mechanisms refer to the cognitive and behavioral efforts individuals use to manage stressful situations (Lazarus & Folkman, 1984). Research indicates that adaptive coping strategies, such as seeking social support, religious engagement, problem-solving, and positive reframing, may reduce psychological distress, whereas maladaptive coping strategies, including avoidance, denial, and substance use, are associated with poorer mental health outcomes (Carver, 1997; Eisenberg et al., 2012). Understanding how displaced youths cope with adversity is therefore essential for identifying protective factors and designing appropriate interventions.

In humanitarian settings, coping strategies are often complemented by Mental Health and Psychosocial Support (MHPSS) services. The Inter-Agency Standing Committee (IASC, 2021) defines MHPSS as any local or external support aimed at protecting or promoting psychosocial well-being and preventing or treating mental health conditions. MHPSS services may include psychological first aid, counseling, community-based support programs, recreational activities, peer-support initiatives, and referral services. Evidence from humanitarian emergencies indicates that access to appropriate MHPSS services can improve emotional well-being, strengthen resilience, and reduce the long-term consequences of psychological distress (IASC, 2021; WHO, 2022). However, access to such services remains limited in many low- and middle-income countries affected by conflict and displacement.

Ethiopia hosts one of the largest internally displaced populations in Africa. Conflict, ethinic violence, and climate-related shocks have displaced millions of people across different regions of the country (International Organization for Migration [IOM], 2024). As of mid-2024, Ethiopia was home to more than 4.5 million internally displaced persons, with conflict accounting for approximately 73% of displacements (IOM, 2024). The Amhara Region remains one of the most affected areas, hosting an estimated 1.4 million displaced individuals.

Studies conducted in conflict-affected areas of Ethiopia consistently report high levels of psychological distress among displaced populations. Depression prevalence among internally displaced persons has been reported at 51% in South Wollo (Tareke et al., 2023), while a study among community-hosted IDPs in Tigray reported a prevalence of 81.2% (Gebreyesus et al., 2024). Furthermore, trauma-related mental health problems, including PTSD, anxiety,

and depression, have been documented among populations affected by armed conflict across northern Ethiopia.

Debre Berhan, located approximately 120 kilometers northeast of Addis Ababa, has become a major host community for internally displaced populations. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA, 2024), more than 23,000 internally displaced persons were residing in the China, Woinshet, and Bakelo camps in March 2024, in addition to thousands living in surrounding communities. Recent studies conducted in Debre Berhan camps reported substantial mental health burdens among displaced populations. Makango et al. (2023) found that 67.5% of IDPs met criteria for PTSD, while Bekele (2024) reported a depression prevalence of 37.7%. These findings suggest that psychological distress constitutes a significant public health concern within the camps.

Although evidence on mental health among displaced populations in Ethiopia is increasing, important gaps remain. Most studies have focused on adult populations and have rarely examined youths as a distinct group despite their unique developmental, social, and educational challenges. Furthermore, limited research has explored the coping strategies used by internally displaced youths or examined how these strategies relate to psychological distress. Evidence regarding the availability, accessibility, relevance, and equity of MHPSS services for displaced youths in Ethiopia is also scarce.

Given the high burden of conflict-related trauma in Debre Berhan camps, the vulnerability of displaced youths, and the limited evidence regarding coping mechanisms and MHPSS services, there is a need for youth-focused research. Generating evidence on psychological distress, coping mechanisms, and access to MHPSS services among internally displaced youths can inform the development of targeted interventions, strengthen humanitarian responses, and contribute to improved mental health outcomes in this population.

## 1.2 Statement of the Problem

Mental health problems are a major public health concern worldwide and are among the leading causes of disability and reduced quality of life. The burden of mental disorders is particularly high among populations affected by armed conflict, forced displacement, and humanitarian emergencies. According to the World Health Organization (WHO, 2022), approximately one in five people living in conflict-affected settings experiences a mental disorder, including depression, anxiety, post-traumatic stress disorder (PTSD), and other stress-related conditions. Exposure to violence, loss of family members, destruction of property, disruption of social networks, and uncertainty about the future contribute significantly to psychological distress among displaced populations (Charlson et al., 2019).

Studies consistently reveal that conflict and displacement are associated with elevated levels of mental health problems. A systematic review and meta-analysis estimated the prevalence of depression among displaced populations at approximately 26.4% (Bedaso & Duko, 2022), while PTSD, anxiety, and other common mental disorders are also highly prevalent in conflict-affected settings (Charlson et al., 2019). Despite this substantial burden, access to mental health care remains limited. The World Health Organization (WHO, 2021) estimates that between 76% and 85% of individuals with mental disorders in low- and middle-income countries receive no treatment. In humanitarian settings, this treatment gap is often worsened by disrupted health systems, shortages of trained mental health professionals, and limited availability of mental health and psychosocial support (MHPSS) services.

Among displaced populations, youths represent a particularly vulnerable group. Evidence from conflict-affected populations indicates that younger individuals often experience greater mental health challenges than older adults (Mamed et al., 2024). Studies conducted in the Amhara Region demonstrate the magnitude of this problem. For example, 70% of conflict-exposed children and adolescents reported experiencing traumatic events, and 36.45% subsequently developed post-traumatic stress disorder (PTSD) (Gebeyaw et al., 2023). Similarly, among internally displaced persons in the Wag-Hemra Zone, adolescents reported significantly higher PTSD scores than both early and middle-aged adults (Mamed et al., 2024). These findings suggest that young people may bear a disproportionate burden of psychological distress in displacement contexts. Despite this evidence, little is known about the prevalence of depression, anxiety, and stress specifically among internally displaced youths residing in Debre Berhan camps.

The heightened vulnerability of displaced youths is partly explained by the developmental challenges associated with adolescence and emerging adulthood. This stage of life is characterized by identity formation, educational progression, social relationship development, and preparation for economic independence (Arnett, 2000; Erikson, 1968). Forced displacement can severely disrupt these developmental processes through interrupted education, loss of social support networks, unemployment, and uncertainty regarding future opportunities. In displacement settings, these disruptions are often compounded by daily stressors such as overcrowded living conditions, economic hardship, food insecurity, limited recreational opportunities, and uncertainty about return or resettlement (Miller & Rasmussen, 2010). Prolonged exposure to such adversities has been associated with increased risks of depression, anxiety, hopelessness, and chronic stress-related difficulties among young people (Patel et al., 2007; WHO, 2014).

The consequences of psychological distress among displaced youths extend beyond individual mental health outcomes. Poor mental health during this critical developmental period may negatively affect educational attainment, social functioning, future employment prospects, and overall well-being. Evidence further suggests that youths experiencing prolonged displacement, unemployment, and psychological distress may be at increased risk of engaging in risky behaviors, community violence, or recruitment into armed groups (Betancourt et al., 2013). Given the potential long-term implications for both individual development and community recovery, understanding the mental health status of internally displaced youths and the factors that influence their well-being is an important public health and humanitarian priority.

In addition to understanding the magnitude of psychological distress, it is important to examine how displaced youths cope with adversity. During displacement, youths may go through very strong emotional distress but often does not have enough psychological resources to handle traumatic experiences and ongoing daily stress. Research shows that facing long-term hardship during adolescence is linked with a higher risk of later mental health problems, substance use, aggression and social withdrawal (Patel et al., 2007). Some youths may utilize adaptive coping mechanisms such as social support, religious practices, and problem-solving approaches; others may even avoid the issue or use substances such as alcohol or khat (Bekele, 2024). Nevertheless, evidence regarding the types of coping strategies employed by internally displaced youths in Ethiopia remains limited, and few

studies have examined the relationship between coping strategies and psychological distress in displacement settings.

Furthermore, humanitarian guidelines emphasize the importance of Mental Health and Psychosocial Support (MHPSS) services in promoting psychological well-being among conflict-affected populations (IASC,2021). Despite increasing investment in MHPSS interventions globally, there is limited evidence regarding the availability, accessibility, relevance, and equity of these services for internally displaced youths in Ethiopia. In Debre Berhan camps specifically, little is known about whether existing MHPSS services adequately address the mental health needs of displaced youths.

Therefore, significant knowledge gaps remain regarding the prevalence of psychological distress, the coping mechanisms employed by internally displaced youths, the relationship between psychological distress and coping strategies, and the status of MHPSS services available to this population in Debre Berhan camps. Addressing these gaps is important for informing evidence-based mental health interventions, strengthening humanitarian programming, and supporting the psychological well-being of internally displaced youths. Accordingly, this study aims to assess psychological distress, coping mechanisms, and mental health and psychosocial support services among internally displaced youths residing in Debre Berhan camps, Ethiopia.

## 1.3 Objectives of the Study

### 1.3.1 General Objective

To assess psychological distress, coping mechanisms and psychosocial support (MHPSS) services among internally displaced youths in camps at Debre Berhan, Ethiopia.

### 1.3.2 Specific Objectives

1. To study the prevalence of depression, anxiety, and stress among internally displaced youths in camps at Debre Berhan, Ethiopia.
2. To describe the nature and types of coping strategies employed by internally displaced youths in camps at Debre Berhan, Ethiopia.
3. To examine the relationship between psychological distress (depression, anxiety, and stress) and type of coping strategies among internally displaced youths in Debre Berhan camps.

4. To assess the availability, accessibility, relevance, and equity of mental health and psychosocial support (MHPSS) services for internally displaced youth in Debre Berhan camps.

### 1.4 Research Questions

Based on the above objectives, this study addressed the following research questions:

1. What proportion of internally displaced youths in the Debre Berhan camps experience depression, anxiety and stress?
2. Which coping strategies are most commonly used by internally displaced youths in these camps?
3. Is there a significant relationship between psychological distress (depression, anxiety and stress) and the coping strategies used by internally displaced youth?
4. What mental health and psychosocial support (MHPSS) services are available to internally displaced youth in Debre Berhan camps, and how do these youth perceive the accessibility, relevance, feasibility, and equity of these services in relation to their coping and help-seeking experiences?

### 1.5 Significance of the study

The study was significant in that first it had given evidence on how common psychological distress (depression, anxiety and stress) is among internally displaced youths in the Debre Berhan camps. It also shows which coping strategies are most commonly used and how these are related to levels of distress. in the long run, Knowing whether youths mainly use more helpful (adaptive) or less helpful (maladaptive) coping strategies can support mental health workers and humanitarian agencies to design more focused psychosocial support.

The qualitative part of the study added deeper understanding about the lived experience of displacement setting, how youths seek help, and what stops them from accessing mental health services. This information can be used to plan culturally sensitive and context-appropriate mental health and psychosocial support (MHPSS) programs in the IDP camps.

The findings of this study may benefit different stakeholders in several ways. Policymakers and government institutions may use the evidence to strengthen policies and strategies aimed

at improving youth mental health services in humanitarian settings. Local health offices and healthcare providers may use the findings to design and implement evidence-based mental health interventions that address the specific needs of displaced youths. Humanitarian organizations and non-governmental organizations (NGOs) working in IDP camps may utilize the findings to improve the planning, implementation, and evaluation of psychosocial support programs. Camp administrators and community leaders may also benefit from a better understanding of the mental health challenges faced by displaced youths, enabling them to support the development of appropriate community-based responses.

Finally, the study can add to the academic literature on displacement and youth mental health in Ethiopia and can be used as a baseline for future follow-up or intervention studies.

### 1.6 Scope of the study

This study was conducted among internally displaced youths residing in the three formally recognized internally displaced persons (IDP) camps: China, Woineshet, and Bakelo located in Debre Berhan City, Amhara Region, Ethiopia. The study focused on youths aged 15-29 years, in accordance with Ethiopia's National Youth Policy (2004), who were registered residents of these camps during the study period. Conceptually, the study was limited to the assessment of psychological distress, measured through depression, anxiety, and stress using the Depression Anxiety Stress Scale (DASS-21), and coping strategies, assessed using the Brief COPE Inventory. The study also examined the relationship between psychological distress and coping strategies and explored participants' lived experiences, as well as their perceptions of the availability, accessibility, relevance, feasibility, and equity of Mental Health and Psychosocial Support (MHPSS) services. Data were collected between February and May 2026. Therefore, the findings reflect the experiences and conditions of internally displaced youths within the selected camps during that specific period and may not represent displaced populations residing in informal settlements or other regions of Ethiopia

### 1.7 Limitations of the Study

Different limitations should be considered when interpreting the findings of this study. First, the cross-sectional nature of the study limits the ability to establish causal relationships between psychological distress and coping strategies. The findings can only describe associations observed during the study period.

Second, the study was conducted exclusively among youths residing in the three formally recognized IDP camps in Debre Berhan. Consequently, the experiences of internally displaced youths living in host communities, informal settlements, or other displacement settings may not be adequately represented. Additionally relying on self-report tools like the DASS-21 and Brief COPE can introduce recall errors and social desirability bias, which may distort participants' answers.

### 1.8 Operational Definitions of Variables

- **Anxiety**: A psychological state marked by strong worry, physical signs of arousal (such as fast heartbeat) and fear in certain situations. It is measured by the 7-item anxiety subscale of the DASS-21. Scores will be categorized into severity levels according to the established DASS-21 thresholds.
- **Coping Strategies**: The ways people deal with stress. In this study, they are measured using the Brief COPE questionnaire and scored using its standard method.
- **Depression**: A state that characterized by low mood, loss of interest, hopelessness and reduced motivation. In this study it is measured by the 7-item depression subscale of the DASS-21. Scores will be grouped into normal, mild, moderate, severe and extremely severe levels using the standard DASS-21 cut-off points.
- **Internally Displaced Youths (IDP Youths)**: Young people aged 15–29 who had to leave their homes because of conflict or crisis but still live inside Ethiopia, in the Debre Berhan IDP camps during the study.
- **Psychological Distress**: In this study, psychological distress is the combination of depression, anxiety and stress and it is measured by the DASS-21. It will be measured using the total score and the three subscale scores of the DASS-21.
- **Stress**: A state of ongoing tension, irritability and difficulty relaxing. It is measured by the 7-item stress subscale of the DASS-21. Scores will be divided into severity levels based on DASS-21 guidelines.

## 1.9 Organization of the Study

The study was organized into Five Chapters. The first chapter deals with the general introduction of the work that includes the background to the study, statement of the problem, objectives of the study, research questions, and scope of the study and significance of the study. The second chapter consisted of the review of existing literature. The third chapter treats the methodology adopted for the study. Issues that were covered include research design, population and sample size, sample techniques, instrumentation, mode of data collection and method of data analysis. The fourth chapter which is the main Chapter of the study presented findings and discussions based on the analysis made. The final chapter, Chapter Five summarized the findings, a general conclusion of the research, recommendations and indications for further research.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

This chapter deals with the literature review related to the subject matter of the study. It outlines conceptual, empirical and theoretical review which helps understand the theories associated with the study.

## 2.2 Conceptual Review

### 2.2.1 Internal Displacement

Internal displacement refers to the forced movement of individuals or groups from their residence because of armed conflict, violence, human rights violations, or disasters, without crossing internationally recognized borders (United Nations, 1998).The main thing that differentiate internally displaced persons (IDPs) from refugees is that they remain within their country. However they are often exposed to ongoing insecurity and limited protection. Displacement is not a single event but rather it is a prolonged process. Main characteristics that explain it include loss of home, disruption of social networks, and exposure to unstable living conditions. These all can negatively affect mental health (Internal Displacement Monitoring Centre [IDMC], 2023; International Organization for Migration [IOM], 2024).

### 2.2.2 Psychological Distress

Psychological distress is a broad concept that describes emotional suffering. This emotional suffering is typically expressed through symptoms of depression, anxiety, and stress (Drapeau et al., 2012). It reflects an individual's response to extreme stressors and it is widely used in mental health research, particularly in humanitarian settings. In this study, psychological distress is conceptualized as a composite of depression, anxiety, and stress.

#### Depression

Depression involves persistent sadness, loss of interest or pleasure, hopelessness, fatigue, and reduced ability to function (American Psychiatric Association [APA], 2022). Depressive symptoms are common In displacement settings. loss of livelihood, breakdown of socials, and uncertainty (Charlson et al., 2019; Bedaso et al., 2022). Depression is among the most frequently reported problems in displaced populations.

## Anxiety

Anxiety describes excessive fear and worry with physical arousal that disrupts daily life (APA, 2022). Major signs include restlessness, tension, and difficulty of concentrating. For internally displaced people, anxiety is often caused by insecurity, fear about the future, and unstable living conditions. Since they are out of the place they once lived well and now they donot have their everything with them they are unsure about the future (Siriwardhana et al., 2023; Dahie et al., 2024).

## Stress

Stress is a condition where a person feels mental and physical pressure when life demands are greater than their ability to cope (Lazarus & Folkman, 1984). In displacement settings, stress is often CHRONIC. It can be caused by daily challenges such as poverty, overcrowding, lack of food, and limited access to basic services (Miller & Rasmussen, 2010, 2017). The problems ongoing nature is major cause of continuous psychological distress.

## Coping Mechanisms

Coping mechanisms are the ways people think and act to deal with stress and emotional problems (Lazarus & Folkman, 1984). Coping is not the same for everyone it changes depending on the person and the situation. It is usually grouped into three main types.

Problem-focused coping is trying to solve or reduce the source of stress. Examples can be planning or finding solutions. Emotion-focused coping is about managing feelings. for example acceptance, talking to others, or religious practices. The last one avoidant coping includes behaviors like denial, withdrawal, and substance use. These avoidant copings may give short-term relief but are often linked to poorer mental health (Carver, 1997; Saxon et al., 2017).

In displacement settings, coping strategies are influenced by living conditions which is characterized by shortage of resources and opportunities. Since there are limited resources at the environment, it is harder to use problem-focused coping for the population who is staying there. So people often depend more on emotion-focused or avoidant strategies (Alamgir et al., 2024). The type of coping used affects mental health. Positive coping is related to better outcomes, while negative coping is expressed with higher psychological distress.

## 2.3 Empirical Literature Review

### 2.3.1 Psychological Distress

Psychological distress among internally displaced persons (IDPs) most often expresses as depression, anxiety, and stress. Many researches explained that displaced groups have higher rates of these common mental disorders than non-displaced populations. Before many humanitarian works focused on post-traumatic stress disorder but nowadays more recent studies indicate that depressive and anxiety disorders are at least as common. They also cause major impairments in daily functioning (Miller & Rasmussen, 2010; Charlson et al., 2019; WHO, 2022).

#### 2.3.1.1 Depression

According to the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition, Text Revision (DSM-5-TR), depression is characterized by the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that affect an individual's capacity to function (American Psychiatric Association, 2022). Major symptoms include persistent sadness, loss of interest or pleasure in activities (anhedonia), feelings of hopelessness, low energy, and sleep disturbances (American Psychiatric Association, 2022; Halverson, 2024). Among displaced populations, depression is one of the most frequently reported mental health conditions (Bedaso et al., 2022; Nakie et al., 2025).

A large meta-analysis studying mental disorders in conflict settings assess the prevalence of depressive disorders at approximately 28-33%. This number is somewhat higher than global general-population estimates (Charlson et al., 2019). Similarly, a systematic review of displaced persons found depression prevalence of 28.6%. The higher results were observed in low-income and prolonged conflict settings (Siriwardhana et al., 2023). Evidences from around the world increasingly show that post-displacement stressors including unemployment, lack of housing stability, and educational disruption are strong predictors of depressive symptoms. (Miller & Rasmussen, 2010).

Depression among internally displaced persons in Africa is almost regularly high, even though estimates vary across settings. In Nigeria, studies report a different range from about 29.8% among camp based IDPs in Maiduguri (Aluh et al., 2020) to 73.4% in Ogoja (Ugbe et al., 2022). In these settings residence has been linked to higher depressive symptom scores compared with host communities (Salihu et al., 2022). In Somalia, depression prevalence

among IDPs is reported roughly 59%. The major predictors include being female gender, recent displacement, and low education (Dahie et al., 2024). In Sudan, about one-third of displaced adults show depressive symptoms (Mohamed & Kheir, 2024). Qualitative work from Nigerian camps further explains deep despair among young IDPs, who describe hopelessness tied because of their traumatic experiences (Olufadewa et al., 2022).

Ethiopian researches from conflict-affected areas show a high prevalence of depressive symptoms among displaced populations. In the Metekel zone, 79.6% of IDPs assessed of depression (Bekeko et al., 2025). Studies from the Tigray region during the recent war reported prevalence around 81.2%. From these 60% of cases classified as moderate to severe (Gebreyesus et al., 2024). Northwest Ethiopia data show a prevalence of 62.2%. The major predictors include being female gender, witnessing murder, traumatic experiences, and family history of mental illness (Tadesse et al., 2025). Community-hosted IDPs in Tigray also have similarly high rates (67%) during the conflict and siege (Gebreyesus et al., 2024). A mixed-methods study that was conducted In Debre Birhan IDP camps using the Beck Depression Inventory reported a lower but still significant prevalence of 37.7% (Bekele, 2024).A study conducted in the Amhara region by Mamed found that adolescents with the highest levels of mental distress, with a meanscore of 27.6. This was significantly higher than that of early and middle adults Mamed et al. (2024) . This explains the huge impact of conflict on youth.

#### 2.3.1.2 Anxiety

The DSM-5-TR defines anxiety disorders as excessive fear and anxiety plus related changes in behavior that interfere with daily functioning (American Psychiatric Association, 2022). The major symptoms that express anxiety include persistent, excessive worry, restlessness, autonomic arousal, hypervigilance, and trouble concentrating (American Psychiatric Association, 2022). In displacement settings, anxietyis common. That is because of ongoing insecurity, deep uncertainty about the future, and repeated exposure to threats (Bekeko et al., 2024; Sisenop et al., 2025).

Previous Studies show anxiety is highly prevalent among internally displaced people with estimation of 34% to 75%. (Sisenop et al., 2025; Torreno, 2025; Bekeko et al., 2024). Global estimates put anxiety disorders at roughly 25% in conflict-affected populations (Charlson et al., 2019), and the prevalence in systematic reviews is around 25.3% (Siriwardhana et al., 2023).

In Nigeria, rates between 40% and 60% have been reported, with factor of living in formal camps linked to higher risk (Salihu et al., 2022). Somalia's displaced populations showed 43.7% anxiety prevalence. Thjor factors are beng younger age, female gender, recent displacement, and low education (Dahie et al., 2024). In Sudan, over 40% of displaced adults had moderate to severe anxiety, especially women and those who had lost loved ones (Mohamed & Kheir, 2024). Majority of studies in Africa explains exposure to trauma, gender-based violence, economic loss, and disrupted education consistently predict anxiety (Roberts et al., 2008).

Ethiopian studies report similarly high levels. In Metekel, 74.6% of displaced people reported anxiety symptoms. From these half of them were classified as severe (Bekeko et al., 2025). In the Amhara region, 63.1% of war survivors showed anxiety symptoms (Teshome et al., 2023). Higher anxiety scores were recorded in northern Ethiopia because of extreme trauma rape and witnessing murder (Mamed et al., 2024). A qualitative study that was conducted in Debre Birhan shows how anxiety interacted in daily life. The participants said they have constant worry about food, sleepless nights, and intense fear of being forced back to unsafe areas (Bekele, 2024).

Young people often face added anxiety because the developmental challenges meet with unstable environments. Fazel et al. (2012) found that displaced children and adolescents show higher anxiety. This can be related to discontinuity in education, social identity, and family stress.

#### 2.3.1.3 Stress

Stress is connected with ongoing tension, irritability, trouble relaxing, and increased physiological stimulation (American Psychiatric Association, 2022). In displacement settings stress is often long lasting and caused more by daily hardships rather than by any single traumatic event problems. Examples include food insecurity, unemployment, inadequate shelter, and persistent uncertainty about the future (Gebrekidan et al., 2025; Miller & Rasmussen, 2010, 2017). Research in post conflict contexts connects continuing daily stressors example including housing instability, joblessness, and lack of food to higher stress levels (Miller & Rasmussen, 2010). Stress commonly occurs together with depression and anxiety and contributes to reduce functioning. Studies from Pakistan and other displacement contexts show that lower resilience is associated with higher stress, suggesting that limited coping resources magnify chronic stress among displaced people (Mujeeb & Zubair, 2012).

In Nigeria, camp residents expressed higher stress scores than IDPs living in host communities. This is due to factors such as overcrowding, insecurity, and lack of livelihoods driving this difference (Salihu et al., 2022). The main sources of camp related stress are everyday hassles crowding, lack of privacy, food and water shortages, and the constant risk of violence (Miller & Rasmussen, 2010; Mujeeb & Zubair, 2012). Economic hardship and unemployment are especially important. Being unable to provide for one or one's family produces ongoing worry and tension. Political instability and the absence of durable solutions increase long lasting stress by creating feelings of hopelessness and a foreshortened future.

Not many Ethiopian IDP studies likely to examine stress on its own. But studies for overall distress show high levels of overall psychological distress that reflect major long lasting stress. In Mekelle, psychological distress was found to be 70.9% showing higher stress together with depression and anxiety (Bekuretsion et al., 2025). The Debre Birhan study documented long lasting stress through both quantitative and qualitative data. Participants said sitting for long time without doing anything, food aid becoming less and financial struggle as sources of stress and tension.

### 2.3.2 Coping Mechanisms among Displaced Populations

Coping is major concept to understanding how people respond to severe, long-term stressors. Lazarus and Folkman (1984) define coping as the cognitive and behavioral efforts people use to handle internal and external demands they judge to exceed their resources. In their transactional model they express coping as a process. Individuals first make primary appraisals which involve interpreting events such as losing a home, being separated from family, disrupted schooling, or the dangers of camp life as harmful, threatening, or potentially challenging. Then they make a secondary appraisal to judge what resources are available to manage it. Coping strategies follow from these appraisals and can shift as situations and perceptions change.

Broadly, coping falls into two categories: problem-focused and emotion-focused. Problem focused coping targets the stressor itself seeking information, solving practical problems, accessing services, continuing education, or advocating for better conditions. Emotion focused coping tend to manage the emotional stress of the situation and it is to be used when events are seen as uncontrollable. for example seeking emotional support, reframing the

situation, engaging in spiritual practices, or using distraction.

The Brief COPE model differentiates between problem-focused coping, emotion-focused coping, and dysfunctional (or avoidant) coping. Avoidant coping includes denial, behavioral disengagement, substance use, and self-blame. In displacement settings this structure is useful because it allows to differentiate between strategies and those linked to poorer outcomes (Salihu et al., 2024; Saxon et al., 2017).

Coping must be understood within context. In camps livelihoods, movements, and personal rights are restricted. Due to this problem-focused coping are often limited by structural barriers. Therefore, displaced people may use emotion-focused or avoidant strategies not out of choice but because they have little chance to change their circumstances.

International evidence associates coping strategies to mental health outcomes among displaced populations. This is true for low- and middle-income conflict-affected settings. Active coping, planning, seeking social support, and positive reframing tend to protect against depression, anxiety, and PTSD symptoms. Denial, disengagement, and substance use predict greater psychological distress (Saxon et al., 2017).

In Nigeria, Salihu et al. (2024) conducted study using Brief COPE. He compared camp-based IDPs and host-community members in Maiduguri. He found higher rates of dysfunctional coping denial, behavioral disengagement, and self-blame among IDPs. problem-focused and emotion-focused strategies were more common in non-displaced participants. In Darfur, Musa and Hamid (2025) explained that task-focused coping among older IDPs was associated with lower anxiety and general distress. This suggests a protective effect. Avoidance coping showed more complex, context-dependent links to mental health.

Qualitative research conducted in Wag Hemra Zone (Amhara Region) shows that displaced people often use religion for coping. The common sources of comfort and strength were prayer, consultations with spiritual leaders, and reading religious texts. (Mamed et al., 2025). Despite these qualitative insights, there is still limited quantitative research on coping strategies among Ethiopian IDPs, and especially among displaced youth.

### 2.3.3 Youth in Displacement Contexts

- **Youth as a Developmental Category in Displacement Contexts**

The definition of youth is different across international and national contexts. The World Health Organization (WHO) defines youth as individuals aged 15-24 years (World Health Organization, 2014). African Youth Charter defines youth as individuals aging 15-35 years, African Union. (2006). this broader definition is used by the African Union for continental youth programs. In contrast, Ethiopia's National Youth Policy (2004) uses a definition, categorizing youth as individuals between the ages of 15 and 29 years. For the purposes of this study, the Ethiopian definition is adopted, as it aligns with the national policy context and captures the developmental stage of emerging adulthood (Arnett, 2000) that extends through the twenties. This definition acknowledges the biological, psychological, and social transitions that characterize this period.

Arnett (2000) describes the late teens through the twenties as “emerging adulthood”. This age is an obvious life stage characterized by exploration and growing independence from fixed social roles. He explains five central features of this period. These features are identity exploration, instability, a strong focus on the self, a sense of being “in-between” adolescence and full adulthood, and an openness to possibilities. This framework is useful for studying displaced youth because the normal developmental tasks of emerging adulthood like education, career formation, forming long-term relationships can be severely interrupted by forced migration. The World Health Organization (2014) adds that adolescence and the transition to adulthood involve rapid biological and psychosocial changes that shape future health and well-being, explaining why interruptions during this period have long-term consequences.

Displacement during youth disturbs major developmental processes. Therefore understanding its effects is good. Bronfenbrenner’s framework (1979) shows development in the context of interactions across multiple environmental layers. These layers are individuals, family, school, community, and society at large. Applying this perspective, Correa-Velez, Gifford, and Barnett (2010) show that resettlement and forced migration affect refugee youth through interacted influences at many levels including Personal and demographic factors, family dynamics, school experiences, ethnic community supports, and the wider host society.

For displaced youth, education is often interrupted or cut off entirely and losing access to schooling can itself be a source of ongoing trauma and hopelessness (Sinclair, 2001).

Displacement also fragments peer networks that are crucial for social development and identity work during adolescence and emerging adulthood. Folkman et al. (1987) found that younger people rely more on active, interpersonal, problem-focused coping including seeking social support so the loss of friendships and peer groups removes a key coping resource just when it is most needed.

Financial struggle is the other developmental task which is interrupted. Thinking about making money it is hard for them to start earning money and become independent. Loss of livelihoods, assets, and schooling forces many young people into long lasting dependency or exploitative forms of work, undermining their ability to form a stable adult identity (Women's Refugee Commission, 2004; Rhoades, 2010). Because identity and self-worth are related to perceived competence and the capacity to contribute, these economic hardships have negative effects on young people's sense of future possibility.

- **Internal Displacement and Youth Vulnerability**

Internal displacement is a specific form of forced migration with features that shape the particular vulnerabilities of affected groups, especially young people. The UN Commission on Human Rights' Guiding Principles on Internal Displacement define internally displaced persons (IDPs) as "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border" (UN Commission on Human Rights, 1998).

Ethiopia has one of the most internal displacement crises globally. According to the Internal Displacement Monitoring Centre (IDMC, 2021, cited in Tesfaw, 2022), Ethiopiahas1.7 million new displacements associated with conflict and violence in 2020. This is the highest number in the world after the Democratic Republic of Congo and Syria.

Youth-specific vulnerabilities in internal displacement contexts must be understood within this broader framework of forced migration within national borders. The Machel Report (1996, cited in Sinclair, 2001) highlighted that adolescents are "often the age group most psychologically affected by war" and that education is "particularly effective in assisting their psychosocial well-being" and "keeping them out of military service".

Interrupted schooling represents one of the most significant vulnerabilities for displaced

youth. A lot of children and young people caught up in war can't go to school. The Women's Refugee Commission (2004) says over 27 million are out of formal education, and about 90% of IDPs don't get schooling (Rhoades, 2010). When young people miss school for a long time, they lose important years that help them grow into adults.

Family economic hardship is a major vulnerability for displaced youth. Being displaced destroys family incomes and makes poverty worse. Displaced peoples losses their Houses, jobs, and savings. The families often can't get enough food, water, shelter, health care, or schooling (Tesfaw, 2022). Because of this young people may be forced into child labor, early marriage, or other ways to survive, which harms their future chances.

Displaced youth face a higher risk of exploitation. Sinclair (2001) showed that access to education offers a positive path for young people who might otherwise turn to armed groups or militias. This increases especially when they're stuck in camps without jobs. Without school or work, displaced youth are also more at risk of being exploited. The Women's Refugee Commission (2004) documented that displaced youth are more likely to be recruited into illicit activities, including armed groups and the sex trade.

- **Youth as an Under Researched Population in the Ethiopian IDP Context**

Globally, displaced children and adolescents have been shown to experience significantly higher levels of depression and anxiety compared to non-displaced peers (Fazel et al., 2012). Betancourt et al. (2013) further emphasize that youth mental health outcomes in conflict settings are shaped by both war exposure and post-conflict environmental stressors.

Ethiopia is one of the countries that have largest internally displaced populations in Africa (IDMC, 2023). Empirical studies have mostly focused on adult populations or PTSD outcomes. There is limited research examining depression, anxiety, and stress specifically among internally displaced youth. Furthermore, few Ethiopian studies have simultaneously examined both conflict exposure and ongoing daily stressors in predicting these common mental health outcomes among young people.

The above-mentioned things matters because young people are a big part of displaced populations. If depression, anxiety, or long-term stress goes untreated during the years when they're growing up, it can hurt their schooling, job chances, and ability to fit into society (Patton et al., 2016).

## 2.4 Theoretical Literature Review

### 2.4.1 The Transactional Theory of Stress and Coping

The present study employed Lazarus and Folkman's Transactional Theory of Stress and Coping (1984) to comprehend the experiences of internally displaced youth. The theory maintains that stress is not only a physical response to difficult situations or a stable personal trait. Instead it grows from the interaction between persons and their environment. People will get stressed when they believe that they cannot control the situation and perceive it to be is above their coping ability.

It involves how a person understands and interprets the situation leading it be either stressful or not so. This idea is appropriate in displacement settings as people who are going through the same challenging experiences may respond in different ways. Displacement leads to such problems as loss of home, disrupted education, financial challenges, loose social support, and uncertainty about the future yet not everyone reacts to these problems in the same way.

The theory clarifies these differences by focusing on how individuals understand and respond to their situations. One central concept in this model is cognitive appraisal, which refers to how people rate what a situation means for them (Lazarus & Folkman, 1984; Lazarus, 1991). Appraisal occurs in two interrelated stages: primary and secondary. In primary appraisal, a person decides whether an event is irrelevant, positive, or stressful. When it's seen as stressful, the person judges whether the situation symbolizes harm or loss, a threat to future well-being, or a challenge that might offer chances for growth (Lazarus & Folkman, 1984). For internally displaced individuals, primary appraisal might involve taking events for example losing a home, being separated from family, disrupted schooling, or the dangers of camp life as harmful, threatening, or potentially challenging.

At the same time, people carry out a secondary appraisal in which they judge the resources they have to cope and how much control they can exert over the situation (Lazarus & Folkman, 1984). This appraisal considers personal strengths (for example, resilience and problem-solving ability), social supports (such as family ties and community networks), and material or institutional resources (for instance, humanitarian aid and access to services). The way the individual perceives these resources influences their emotional reaction, the people

who view their coping resources as sufficient tend to show lower levels of distress than those who see themselves as lacking support or means (Lazarus & Folkman, 1984).

After appraisal the next step is about coping: the ongoing cognitive and behavioral efforts people use to manage the internal and external demands they judge to exceed their resources (Lazarus & Folkman, 1984). Coping is not a fixed trait it is continuous a process. It shifts as contexts and perceptions change. The transactional model separates coping into two broad types. Problem-focused coping targets the stressor itself seeking information, solving practical problems, accessing services, continuing education, or advocating for better conditions. Emotion-focused coping is to manage the emotional stress of the situation and it is to be used when events are seen as uncontrollable. for example seeking emotional support, reframing the situation, engaging in spiritual practices, or using distraction.

### 2.4.2 Conservation of Resources (COR) Theory

Lazarus and Folkman's Transactional Theory explain how people's appraisals shape stress responses (Lazarus & Folkman, 1984). Hobfoll's Conservation of Resources (COR) theory offers a corresponding, more environment related view (Hobfoll, 1989). COR states that stress majorly comes from losing things people value. Stress can also arise from the threat of losing them, or making big investments that don't pay off (Hobfoll, 1989, 2001). Hobfoll (2002) further explains that stress follows actual resource loss, the expectation of loss, or resource investment without enough return. This perspective fits particularly well for internal displacement, where direct and often all losses material, social, and personal are common.

The COR theory is about the idea of resources. These resources were defined by Hobfoll as "objects, personal characteristics, conditions, or energies that are valued in their own right or that act as conduits to achieve or protect valued resources" (Hobfoll, 1989, p. 516). Hobfoll groups these resources into four broad types. According to hobfoll Object resources are items like shelter, food, clothing, livestock, and other physical assets needed for survival. Condition resources include life circumstances and roles, such as employment, school enrollment, marriage, and membership in a community. Personal resources refer to individual strengths and traits like self-esteem, self-efficacy, resilience, optimism, and skills; Hobfoll (2002) also notes that cognitive drives (for example, a need for cognition) can serve as personal resources that support adaptive problem solving. Energy resources include time, money, credit, and knowledge resources that help people secure other kinds of resources (Hobfoll, 1998).

The major concept in COR theory is that resource loss matters the most. Hobfoll (2001) argued that losing what we value hurts more than gaining the same things helps. In situations where people are forced to leave their homes, losses happen fast and hit basic needs hard (Hobfoll, 1998). Families may lose their houses, children's schooling gets interrupted, friendships and social ties fall apart, community bonds weaken, and economic security disappears.The theory explains that this increases the anxiety, depression, and distress (Hobfoll, 1989; Freedy, Shaw, Jarrell, & Masters, 1992).

The theory also explains loss and gain spirals. People who start with fewer resources are more likely to experience further losses (Hobfoll, 1989, 2001). For example, forced displacement can trigger loss of work or schooling, which may lead to loss of self efficacy and hope. When personal resources decline, motivation to try opportunities weakens, which leads to economic hardship and psychological distress. In contrast, those who begin with stronger resource bases can better invest in opportunities that bring additional gains (Hobfoll, 2002).

### 2.4.3 Socio-Ecological Framework

Although the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984) clarifies how individuals appraise and respond to stress, and the Conservation of Resources (COR) theory (Hobfoll, 1989, 2001) explains the importance of resource loss, neither fully accounts for the wider social systems that shape displaced people's lives. Bronfenbrenner's socio-ecological framework (1979, 2005) express by showing that human development and behavior emerge from continuous interactions between an individual and multiple, nested social environments. These range from immediate settings like family and peers to broader influences such as community norms, institutions, cultural values, and historical forces (Bronfenbrenner, 1979, 2005). For internally displaced youth, this framework is essential because it showa how influence from single household relationships to policy contexts combine to shape everyday experiences and mental health outcomes.

Bronfenbrenner's ecological model frames the environment as nested systems that interact to shape development. At the center is the microsystem the immediate settings a young person directly engages with, such as family, peers, teachers, and neighbors. Encircling the microsystem is the mesosystem, which consists of the links among two or more microsystems. For displaced youth, the mesosystem includes connections like the relationship

between family and school, interactions between community groups and peer networks, or coordination (or lack thereof) between camp leaders and service providers.

Above mesosystem lies the exosystem. It consists of social structures that don't involve the individual directly. It still shapes the environments that affect them. For IDPs this includes camp management, policies of humanitarian organizations, local authority decisions about resource allocation, and the availability of health and education services. The macrosystem is the outermost layer and encompasses the broader sociocultural and institutional context national laws, cultural norms, economic systems, and public attitudes that influence how other systems function. For Ethiopian IDPs, macrosystem factors include national displacement policies, cultural norms around land and ethnicity, societal stigma or acceptance of displaced people, and the country's wider political-economic conditions.

Bronfenbrenner later added the chronosystem to his ecological model to bring in time and historical change (Bronfenbrenner & Morris, 2006). The chronosystem includes life transitions, big historical events, and wider social or political shifts that affect a person's development. For internally displaced youth, this means factors such as when and how long they are displaced, important stages like adolescence, and changes in the political or humanitarian situation.This explains that stress and its effects are not fixed they change over time as young people grow and their social environments evolve.

### 2.4.4 War Exposure and Daily Stressors Framework

The three theories discussed above give strong foundations for understanding how people evaluate stressful events, how losing resources affects them, and how different levels of the environment influence mental health. But in situations of armed conflict and forced displacement, a key question remains unanswered: how much of people's psychological distress comes from past war-related traumas, and how much comes from the daily hardships they face while displaced? To tackle this question, Kenneth E. Miller and Andrew Rasmussen developed the War Exposure and Daily Stressors Framework (2010, 2017, 2024). Their framework brings together two once-competing approaches in the mental health and psychosocial support field the trauma-focused model and the psychosocial model so we can better understand the relative roles of past trauma and current stressors.

Daily stressors are the ongoing material and social hardships people face after conflict and displacement. for Example severe poverty, food insecurity, overcrowded or unsafe housing,

unemployment and lack of livelihoods, loss of social networks and resulting isolation, marginalization and stigma, rising family violence (including intimate partner abuse and child maltreatment), limited access to education and healthcare, and discrimination by host communities (Miller & Rasmussen, 2010, 2017, 2024). Miller and Rasmussen's model argues that these daily stressors partially mediate the link between war exposure and psychological distress. In other words, war affects mental health not only through direct traumatic events but also by creating ongoing poor living conditions that prolong or worsen suffering. Because it integrates past trauma and current hardship across multiple ecological levels, Miller and Rasmussen (2024) present their framework as an ecological model for understanding the mental health needs of conflict-affected populations.

Miller and Rasmussen (2010) recommend integrated approach to intervention in conflict-affected settings. They suggest starting with efforts that reduce everyday stress improving food security, strengthening social support, making environments safer, and expanding access to education and livelihoods. Improving basic living conditions helps communities to create the foundation for recovery. Only after these practical, contextual needs like shelter, food, water and clothing are addressed should specialized, trauma-focused clinical treatments be prioritized for people whose distress continues. This model treats mental health as rooted in people's social and physical surroundings and highlights that lasting psychological recovery depends both on fixing the environment and on providing targeted therapeutic care.

### 2.5 Conceptual framework

Psychological distress is operationalized through levels of depression, anxiety, and stress as measured by DASS-21. Coping strategies, measured using the Brief COPE inventory, are expected to influence the severity of distress symptoms. Additionally, the availability and accessibility of MHPSS services provide contextual factors shaping coping and help-seeking experiences.

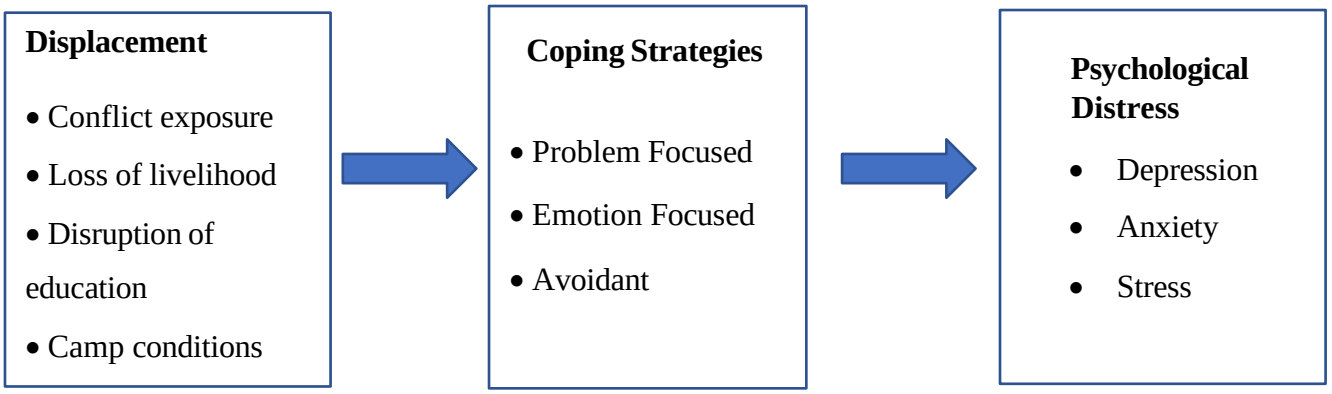


*Figure 1Conceptual Framework*

### 2.6 Discussion of Gaps

Research shows that depression, anxiety, and stress are common among people affected by conflict and displacement. These problems are closely linked to poverty, broken social networks, food shortages, unemployment, and repeated exposure to traumatic events all major issues for young people. Despite this evidence, three key gaps remain in Ethiopia. First, much of the research prioritizes PTSD over common mental disorders. Second, youth have not been sufficiently examined as a distinct analytical group. Third, limited empirical evidence simultaneously investigates MHPSS services interact to predict depression, anxiety, and stress among internally displaced youth and how they are coping with it.

**Table 1**

*Discussion of gaps from previous literatures*

| Author(s) and Year | Region | Key Findings from the Study |
|---|---|---|
| **Bekeko et al. (2025)** | Metekel, Ethiopia | This study found a high prevalence of depression (79.6%) and anxiety (74.6%) among IDPs. It shows a strong relation between the two conditions. |
| **Tadesse et al. (2025)** | Northwest Ethiopia (Gondar and Dabat) | A study that was conducted In two IDP camps in Northwest Ethiopia, results of it showed that 62.2% of adult IDPs had depressive symptoms. Significant factors were female gender, witnessing murder, traumatic life events, and a family history of mental illness. |
| **Bekuretsion et al. (2025)** | Mekelle, Tigray | This study explains a high prevalence of psychological distress (70.9%) among IDPs in Mekelle using the SRQ-20. |

| | | |
|---|---|---|
| **Mamed et al. (2024)** | Amhara (Wag Hemra Zone) | Adolescents showed significantly higher PTSD and mental distress scores than early and middle adults.the prevalence of distress was high: 63% for mental distress and 48% for PTSD among the displaced. |
| **Gebreyesus et al. (2024)** | Tigray | A study conducted During the recent war and siege, found very high depression prevalence (81.2%) among community-hosted IDPs. Predictors included marital status, being a government employee, larger family size, asset destruction, and having a disabled household member. |
| **Melese (2025)** | Debre Berhan | A study conducted in Debre Berhan camps, found that PTSD significantly predicted poorer mental health among IDPs. |
| **Bekele (2024)** | Debre Berhan | A mixed-methods study In Debre Berhan camps, found 37.7% of adults showed positive for depression (BDI). Main reasons were no income, unmet basic needs, witnessing trauma, stigma, and substance use. Qualitative interviews described ongoing anxiety about the future and stress from long-term idleness. |

# CHAPTER THREE

## RESEARCH METHODS

### 3.1 Introduction

This chapter focused on the research methodology that was employed in the study. The researcher addressed the following: research design, study population, sources of data, sample size and sampling procedures, data collection instrument, data collection procedure, validity and reliability of instrument, data analysis and ethical consideration

### 3.2 Design of the Study

This study employed a concurrent mixed-methods research design, integrating quantitative and qualitative approaches within a single study. The mixed-methods approach was selected because it enables a comprehensive understanding of psychological distress, coping mechanisms, and mental health and psychosocial support (MHPSS) services among internally displaced youths by combining numerical evidence with participants' lived experiences (Creswell & Plano Clark, 2018).

### 3.3 Study Site

The study area was temporary IDP camps at Debre Birhan, Amhara, Ethiopia. Debre Birhan is a city located around 120km North to Addis Ababa, the capital city of Ethiopia. Based on the 2007 national census conducted by the Central Statistical Agency of Ethiopia (CSA), this town had a total population of 65,231 people. Data obtained from the North Shewa Zone Administration indicated that the town was hosting above 26,000 IDPs in its temporary three IDP camps.

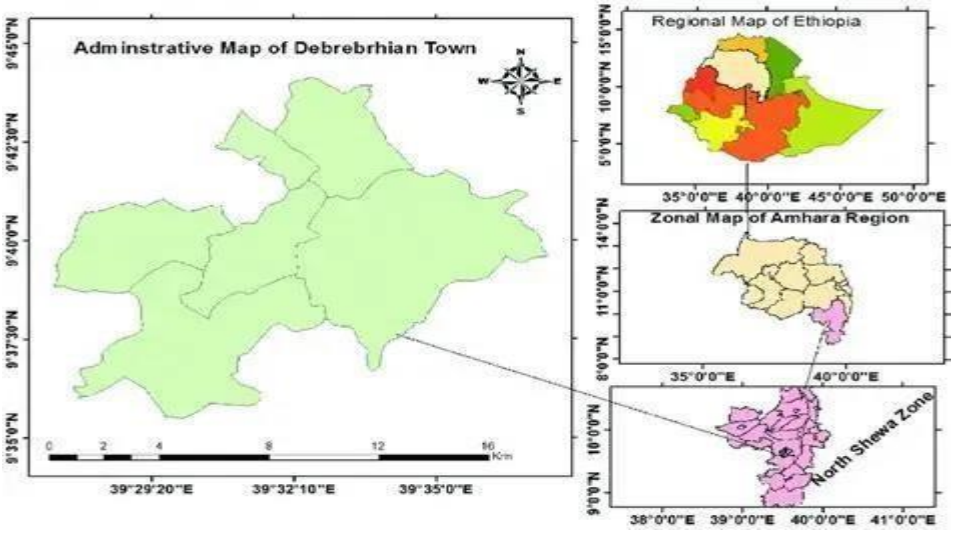


*Figure 2 Geographical Location of Debrebirhan Tow*

### 3.4 Target Population

The target population of this study consisted of internally displaced youths aged 15–29 years residing in the three recognized IDP camps (China, Woinshet, and Bakelo) in Debre Berhan City, Ethiopia. According to camp administrative records, the total population of the three camps was 27,167 individuals, comprising 11,524 residents in China Camp, 10,263 residents in Woinshet Camp, and 5,380 residents in Bakelo Camp. However, age-disaggregated data specifically for youths aged 15-29 years were not available from camp records. Therefore, the study targeted all eligible youths within this age range who were residing in the camps during the study period. Participants were selected from registered internally displaced youths aged 15–29 years residing in the three camps during the study period. Individuals with severe cognitive or communication impairments that prevented meaningful participation were excluded.

### 3.5 Sources of Information

Both primary and secondary sources of information were utilized. Primary information was collected directly from internally displaced youths through questionnaires and interviews. Secondary information was obtained from published journal articles, books, government reports, policy documents, and reports from humanitarian organizations.

### 3.6 Sample Size and Sampling Procedures

#### 3.6.1 Sample Size Determination (Quantitative Component)

The sample size for the quantitative survey was determined using the single population proportion formula: The prevalence estimate (p) of 50% was chosen to obtain maximum sample size ensuring contextual relevance.

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2}$$

Where:

- $n$ = required sample size
- $Z$ = standard normal value at 95% confidence level (1.96)
- $p$ = assumed prevalence of psychological distress (0.5)
- $d$ = margin of error (usually 0.05)

- n= (1.96)2*0.5(0.5)/0.052 =384
- n=384

### 3.6.2 Sampling procedure (Quantitative)

The study has employed stratified sampling technique. The three recognized IDP camps in Debre Berhan China Camp, Woinshet Camp, and Bakelo Camp has served as strata to ensure representation from each site. The total sample size of 384 participants was allocated proportionally based on estimated camp populations: approximately 152 participants from China Camp (~11,524 IDPs), 136 from Woineshet Camp (~10,263 IDPs), and 70 from Bakelo Camp (~5,340 IDPs). With the help of camp committees and dorm managers eligible youth were randomly selected using simple random sampling from each camp ensuring every individual has an equal chance of selection.

### 3.6.3 Sampling procedure (Qualitative)

For the qualitative component, ten participants were purposively selected to provide in-depth information relevant to the study objectives. The participants included internally displaced youths residing in the selected camps as well as key informants who were directly involved in the provision or coordination of services for displaced populations. The inclusion of both service users and service providers enabled the collection of diverse perspectives on psychological distress, coping mechanisms, and mental health and psychosocial support (MHPSS) services.

The sample size was determined based on the principle of data saturation. Hagaman and Wutich (2014) reported that thematic saturation in cross-cultural qualitative studies is often achieved within 7 to 18 interviews, while Creswell (2013) recommends between 5 and 25 participants for phenomenological studies exploring lived experiences. Therefore, ten interviews were considered sufficient to generate rich and comprehensive data and to achieve meaning saturation regarding the experiences of displacement, coping strategies, help-seeking practices, and barriers to accessing mental health services among internally displaced youths.

**Table 2**

*Characteristics of IDP Youth Interview Participants*

| Participant Code | Sex | Age | Duration of Displacement | Camp |
|---|---|---|---|---|
| P1 | Male | 27 years | 4.5 years | Bakelo |
| P2 | Female | 24 years | 3.5 years | China |
| P3 | Female | 19 years | 4 years | China |
| P4 | Male | 20 years | 2.5 years | Woinshet |
| P5 | Female | 17 years | 3 years | Woinshet |
| P6 | Male | 22 years | 4 years | China |

In addition to internally displaced youths, key informants were purposively selected based on their professional roles and direct involvement in the provision, coordination, and utilization of mental health and psychosocial support (MHPSS) services within the camps. The key informants included a psychiatrist, a social worker, a camp manager, and a youth receiving treatment for depression. Their inclusion provided valuable insights into the availability, accessibility, utilization, and challenges of mental health services, thereby complementing the perspectives obtained from internally displaced youths and enhancing the depth and credibility of the qualitative findings.

## 3.7 Data Gathering Instruments

### 3.7.1 DASS-21

Psychological distress was assessed using the Depression Anxiety Stress Scale-21 (DASS-21), a widely used self-report instrument developed by Lovibond and Lovibond (1995). The DASS-21 consists of 21 items organized into three subscales: Depression (7 items), Anxiety (7 items), and Stress (7 items). Participants rate the extent to which each statement applied to them over the previous week using a four-point Likert scale ranging from 0 (“Did not apply to me at all”) to 3 (“Applied to me very much or most of the time”).

The depression subscale assesses symptoms such as hopelessness, lack of interest, and low mood. The anxiety subscale measures physiological arousal, situational anxiety, and subjective feelings of fear, whereas the stress subscale assesses persistent tension, irritability, and difficulty relaxing. Scores for each subscale are summed and multiplied by two to obtain equivalent scores to the original 42-item DASS. Higher scores indicate greater levels of

psychological distress.

The DASS-21 has demonstrated good psychometric properties across diverse populations and cultural settings. Lovibond and Lovibond (1995) reported Cronbach's alpha coefficients of .91 for Depression, .84 for Anxiety, and .90 for Stress. Subsequent studies have confirmed its strong internal consistency, construct validity, and suitability for use in both clinical and community populations (Henry & Crawford, 2005). The instrument has also been widely used in studies conducted in humanitarian and conflict-affected settings. The reliability and validity of this tool was further assessed by pilot study.

### 3.7.2 Brief COPE Inventory

Coping strategies were assessed using the Brief COPE Inventory developed by Carver (1997). The Brief COPE is a 28-item self-report measure designed to assess the cognitive and behavioral strategies individuals use to manage stressful situations. The instrument comprises fourteen subscales, each represented by two items: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame.

Participants respond to each item using a four-point Likert scale ranging from 1 ("I have not been doing this at all") to 4 ("I have been doing this a lot"). Following established approaches in the literature, the coping strategies may be grouped into broader coping dimensions, including problem-focused coping, emotion-focused coping, and avoidant coping.

The Brief COPE has demonstrated satisfactory psychometric properties in diverse populations. Carver (1997) reported acceptable internal consistency coefficients for most subscales, with Cronbach's alpha values generally ranging from .50 to .90. Although reliability varies across individual subscales due to the small number of items per scale, the instrument has consistently demonstrated adequate construct validity and has been widely used in studies examining coping among populations exposed to stress, trauma, and displacement. In this study since Reliability and Validity of the Inventory reported.

### 3.7.3 Qualitative Interview Guide

Data for the qualitative component were collected using a semi-structured interview guide developed by the researcher based on the study objectives and relevant literature on psychological distress, coping mechanisms, and mental health and psychosocial support (MHPSS) services in humanitarian settings. The guide consisted of 11 open-ended questions designed to facilitate in-depth exploration of participants' experiences and perceptions.

The interview guide explored five major domains: (1) participants' experiences of displacement and the emotional and psychological challenges associated with camp life; (2) awareness, availability, and accessibility of mental health and psychosocial support services; (3) experiences with available support services; (4) coping mechanisms used to manage stress, anxiety, and other emotional difficulties, including the role of faith, family, and social support networks; and (5) participants' perceptions regarding the relevance, acceptability, equity, and effectiveness of existing MHPSS services, as well as recommendations for improvement.

The semi-structured format allowed the researcher to ask follow-up and probing questions whenever necessary, enabling participants to elaborate on their experiences and provide detailed insights beyond the predetermined interview questions. This approach facilitated a deeper understanding of the lived experiences of internally displaced youths and complemented the quantitative findings.

### 3.7.4 Reliability and Validity of Instruments

Reliability and validity of the research instruments was carefully ensured to enhance the study. Reliability refers to the consistency and stability of a measurement instrument over time, while validity refers to the extent to which an instrument accurately measures what it is intended to measure (Creswell, 2014).

- **Reliability**

Reliability refers to the consistency and stability of a measurement instrument or scale over time and across different conditions. One commonly used method to assess reliability is Cronbach's alpha coefficient. A high Cronbach's alpha value suggests that the items within the scale are highly correlated and measure the same underlying construct consistently and it

indicates that the scale has good internal consistency, enhancing the reliability of our findings.

Reliability is the measure of internal consistency in the study. A construct is reliable if alpha (α) value is greater than 0.7 (Hair et al., 2013). Construct is reliable was assessed using Cronbach's Alpha. In this study, internal consistency reliability of the DASS-21 and Brief COPE scales was assessed using Cronbach's alpha coefficient, with a value of 0.70 or higher considered acceptable.

**Table 3**

*Reliability analysis of Instruments*

| ***Number*** | ***Measures/ variables*** | ***No items*** | ***Alpha (α)*** |
|---|---|---|---|
| 1 | DASS | *21* | *α =.956* |
| 2 | Brief cope | *28* | *α = .808* |

The results in the table showed the reliability of the study's measures based on Cronbach's alpha (α) values, which range from 0 to 1. The DASS category, with 21 items, has a Cronbach's alpha of .956, indicating excellent reliability. The brief cope with 28 items showed a Cronbach's alpha of .808 which is also good reliability.

- **Validity**

Kothari (2004) explains validity as the extent to which a research tool measures what it is supposed to measure. Punch (2004) also states that measurement validity is about how accurately an instrument measures the variables it is designed to assess. In other words, validity focuses on reducing measurement error and supporting correct interpretation of results. In this study, demographic questions were written in simple and culturally appropriate language to make them easy to understand.

The instruments used in this study were well-known and previously validated tools. The Depression Anxiety Stress Scale-21 (DASS-21) is a standardized tool widely used to assess symptoms of depression, anxiety and stress. A previously validated Amharic version of the DASS-21 was used. For the Brief COPE, there was no officially published Amharic version. Therefore, the tool was first translated into Amharic by a psychology expert, and then independently back-translated into English by a language expert to ensure that the meaning

was consistent with the original version.

Content validity was improved through review by experts in psychology and mental health research. They checked the instruments for clarity, relevance and cultural appropriateness. A pilot study was also carried out with people outside the main sample to see if the questions were understandable, practical to use and suitable for the local culture before starting the main data collection.

The construct validity of the Brief COPE was examined using Exploratory Factor Analysis (EFA) with Principal Axis Factoring and Oblimin rotation. The Kaiser-Meyer-Olkin (KMO) value was .955, showing that the sample was adequate for factor analysis, and Bartlett's Test of Sphericity was significant, $\chi^2(378) = 7336.773$, $p < .001$, indicating that the data were suitable for this analysis. Three factors with eigenvalues greater than one were extracted, explaining 63.68% of the total variance. The items loaded clearly on three factors that generally matched emotion-focused coping, problem-focused coping and avoidant coping, with strong loadings and few cross-loadings. These results support the construct validity of the Brief COPE in this study.

For the qualitative part of the research, credibility and trustworthiness were strengthened through member checking, peer debriefing and keeping an audit trail of key analytical decisions. These steps helped to improve the rigor and dependability of the qualitative findings.

### 3.7.5 Pilot study

Freund and Wilson (1997) describe a pilot study as a pre-test of the research tools on people who are similar to the target group but are not part of the final sample. In line with this, a pilot study was conducted on April, 2026 at China IDP Camp in Debre Birhan, about 120 km from Addis Ababa.

According to the 2007 national census, Debre Birhan had a population of 65,231. More recent information from the North Shewa Zone Administration showed that the town was hosting over 25,000 internally displaced persons (IDPs). The China IDP Camp, where the pilot was done, had an estimated population of about 11,700 people.

The main aim of the pilot study was to check the clarity, feasibility, cultural appropriateness and reliability of the tools before the main data collection. The pilot study included 30 youths aged 15–29 years selected from the camp and were not included in the final study sample. Data were collected using a structured questionnaire in Amharic tools to make sure questions

were clearly understood. The questionnaire had three parts: Socio-demographic characteristics, Depression Anxiety Stress Scale (DASS-21) and Brief COPE Inventory (28 items). On average, it took about 20-25 minutes to complete the questionnaire. This time was found to be manageable in the camp setting.

- ***Reliability analysis of pilot study***

Internal consistency was checked using Cronbach's alpha. The DASS-21 showed good reliability with an alpha of 0.871. The Brief COPE also showed high reliability with an alpha of 0.883. This indicates that the tools were reliable enough for use in the main study.

- ***Ethical considerations and emotional support in pilot study***

During the pilot, a few participants showed emotional distress when answering questions about depression, anxiety and stress. To manage this, support measures were put in place. Data collectors were trained to notice signs of distress and to respond in an empathetic way. Participants were allowed to take short breaks if they felt overwhelmed, and immediate support was offered through reassurance and active listening. Privacy and confidentiality were strictly kept so that participants felt safe and comfortable during data collection.

### 3.8 Procedures of Data Collection

Prior to data collection, permission was obtained from the relevant City administration authorities responsible for the internally displaced persons (IDP) camps in Debre Berhan. Eligible participants were identified using the sampling procedures described earlier and were approached individually to explain the purpose of the study. Informed consent was obtained before data collection commenced.

Data were collected by the principal investigator and three trained research assistants. The research assistants were selected based on their educational background and previous experience working with internally displaced populations. The team consisted of a psychologist, a psychiatrist, and a social worker, all of whom had prior experience providing services and conducting activities among internally displaced persons in Mekelle IDP camps. Before the commencement of data collection, the research assistants received training on the objectives of the study, ethical considerations, informed consent procedures, administration of the study instruments and procedures for maintaining confidentiality.

For the quantitative component, participants completed the structured questionnaire, which included socio-demographic items, the Depression Anxiety Stress Scale (DASS-21), and the

Brief COPE Inventory. The questionnaires were administered through face-to-face to ensure that participants fully understood the questions and to minimize missing data.

For the qualitative component, semi-structured interviews were conducted with selected participants in a private setting within the camps. The interviews explored participants' experiences of displacement, coping strategies and perceptions of mental health and psychosocial support (MHPSS) services. With participants' permission, interviews were audio recorded and supplemented with field notes. Follow-up and probing questions were also used when necessary to obtain more detailed information. The principal investigator supervised all stages of data collection and reviewed completed questionnaires and interview records daily to ensure completeness, consistency, and data quality**.**

- **Questionnaire Return Rate**

A total of 384 questionnaires were distributed to the youths residing in the three IDP camps i.e China camp, Woineshet camp and Bakelo Camp. Out of those distributed questionnaires 358(93.2%) were filled correctly and returned. Thus the total return rate of the questionnaires was 93.2% out of the sample population.

### 3.9 Methods of Data Analysis

Quantitative data was entered and analyzed using SPSS software. Descriptive statistics (mean, standard deviation, frequency, percentage) has summarized variables. Reliability was assessed using Cronbach's alpha. Bivariate analysis (t-tests, ANOVA, Pearson correlation) had examined associations. Statistical significance was determined at $p < 0.05$.

Qualitative data collected from the field interview was transcribed and analyzed using thematic analysis, which involves identifying, analyzing, and reporting patterns and themes within data (Braun & Clarke, 2006). Findings were combined with quantitative results during interpretation.

### 3.10 Ethical Considerations

The study has followed to established ethical principles for research involving human participants, including respect for persons, beneficence, and justice (Belmont Report, 1979). Participation was entirely voluntary, and informed consent was obtained from the respondents before they started participating in the study. Participants will be clearly informed about the purpose of the study, procedures involved, confidentiality measures, and their right to withdraw at any time. Anonymity was maintained. All data were kept confidential and stored securely with access limited to the researcher. Given the sensitive nature of assessing psychological

distress among internally displaced youths, special attention was given to minimizing emotional discomfort. Data collectors were trained in trauma-informed approaches, and a referral mechanism to appropriate mental health and psychosocial support services. These measures had ensured that the dignity, safety, and well-being of participants are protected throughout the research process.

# CHAPTER FOUR

# RESULTS

## 4.1 Introduction

This chapter deals with presentation, analysis and interpretation of the data

## 4.2 Socio-demographics Characteristics

Understanding about the overview of the respondents characteristics was important for further analysis of their responses. Hence, attempts were made to describe the background of the respondents which directly or indirectly related to the objective of the study. Accordingly, the respondent's general demographic characteristics are sex, age, the camp they reside, educational status, marital status, length of stay in the camp, and work status after displacement were treated as shown in the tables as below.

**Table 4**

*Summary of Demographic Respondent*

| Variable | Category | N | % |
|---|---|---|---|
| **Sex** | Male | 167 | 46.6 |
| | Female | 191 | 53.4 |
| **Age** | 15–20 years | 143 | 39.9 |
| | 21–24 years | 137 | 38.3 |
| | 25–29 years | 78 | 21.8 |
| **Camp** | China | 152 | 42.5 |
| | Woineshet | 136 | 38.0 |
| | Bakelo | 70 | 19.5 |
| **Educational Status** | No formal education | 77 | 21.5 |
| | Primary | 102 | 28.5 |
| | Secondary | 111 | 31.0 |
| | College and above | 68 | 19.0 |
| **Marital Status** | Single | 268 | 74.9 |
| | Married | 61 | 17.0 |
| | Divorced | 20 | 5.6 |
| | Widowed | 9 | 2.5 |

| | | | |
|---|---|---|---|
| **Length of Stay in Camp** | < 1 year | 95 | 26.5 |
| | 1-3 years | 121 | 33.8 |
| | >3 years | 142 | 39.7 |
| **Work Status After Displacement** | Still working | 126 | 35.2 |
| | Stopped working | 232 | 64.8 |

As for the sex distribution of respondents, Female respondents were 191 participants (53.4%) which show slightly higher in number. Male were 167 participants (46.6%) of the total sample.

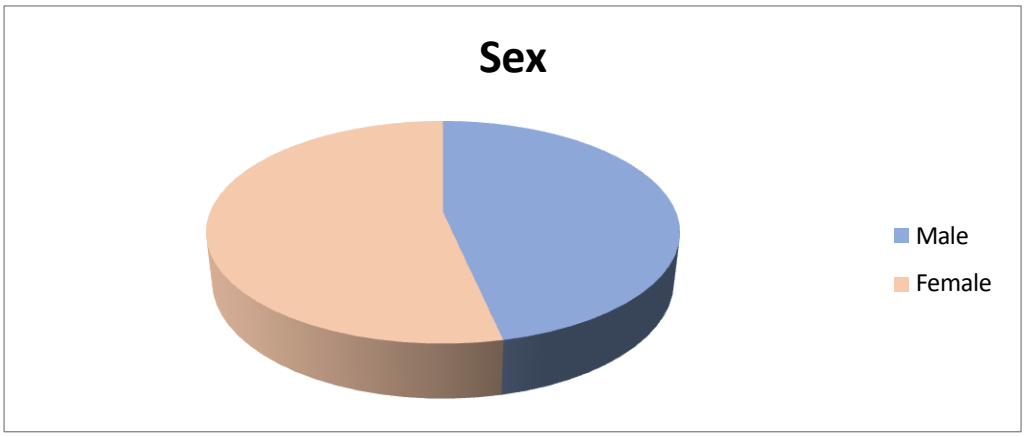


*Figure 3 Demographic distribution of sex*

The age distribution of respondents showed that the majority of the respondents were aged 15-20 years with 143 participants (39.9%), followed by those aged 21–24 years with 137 participants (38.3%), and while respondents aged 25–29 years accounted for 78 participants (21.8%)

The demographic data about the camp residence of respondent's shows that China camp had the highest number of respondents, with 152 participants (42.5%). Woineshet camp contributed 136 respondents, accounting for 38.0% of the total participants. Bakelo camp had the smallest representation, with 70 respondents (19.5%).

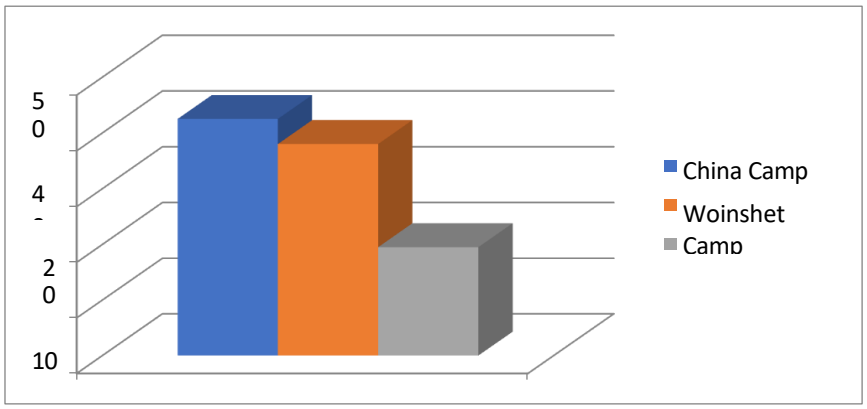


*Figure 4 Demographic distributions by Camp*

The educational status of respondents discussed that the majority of the respondents had secondary education with 111 participants (31%), followed by primary education with 102 participants (28.5%), while 77 respondents (21.5%) had no formal education and 68 respondents (19%) had college education or above.

According to the data of the marital status of respondents, the majority were single with 268 participants (74.9%), followed by married respondents with 61 participants (17%), while divorced and widowed respondents were found to be 20 (5.6%) and 9 (2.5%) participants, respectively.

Regarding the length of stay in the camp, most respondents had stayed for more than3 years with 142 participants (39.7%), while 121 respondents (33.8%) had stayed for 1–3 years, and 95 respondents (26.5%) for less than 1 year.

As for the work status after displacement, the majority of respondents had stopped working, with 232 participants (64.8%), while 126 respondents (35.2%) were still working after displacement.

## 4.3 Descriptive Analysis

### 4.3.1 Prevalence of Depression among Internally Displaced Youths

The prevalence of depression among internally displaced youths staying at Debrebirhan three IDP camps was assessed using the DASS-21 scale. Only a small proportion of respondents (19.3%) were classified within the normal range, while most participants reported different levels of depressive symptoms. A large number of the youths scored in the severe and extremely severe categories, indicating that depression related symptoms were highly observed among the study participants.

**Table 5**

*Distribution of Severity Levels of depression*

| Severity Category | Frequency | Percent | Valid Percent |
|---|---|---|---|
| Normal | 69 | 19.3 | 19.3 |
| Mild | 34 | 9.5 | 9.5 |
| Moderate | 73 | 20.4 | 20.4 |
| Severe | 69 | 19.3 | 19.3 |
| Extremely Severe | 113 | 31.6 | 31.6 |
| **Total** | **358** | **100** | **100** |

The table results show that 31.6% (113) of the respondents had extremely severe depression, while 19.3% (69) had severe depression and 20.4.% (73) had severe depression. In addition, 9.5% (34) of the respondents experienced mild depression, whereas only 14.5% (52) were within the normal range. The result indicates that the majority of internally displaced youths experienced moderate to extremely severe levels of depressive symptoms. It is further attempted to assess the anxiety level of IDP youths. For this study, prevalence was expressed as the percentage of internally displaced youths who showed severe and extremely severe levels of depression during the data collection period. Therefore, by combining all categories above the normal range, the prevalence of depression was found to be 50.9 %.

**Table 6**

*Distribution of Severity Levels of Anxiety*

| Severity Category | Frequency | Percent | Valid Percent |
|---|---|---|---|
| Normal | 48 | 13.4 | 13.4 |
| Mild | 13 | 3.6 | 3.6 |
| Moderate | 54 | 15.1 | 15.1 |
| Severe | 40 | 11.2 | 11.2 |
| Extremely Severe | 203 | 56.7 | 56.7 |
| **Total** | **358** | **100** | **100** |

The table results show that 56.7% (203) of the respondents had extremely severe anxiety. 11.2% (40) had severe anxiety and 15.1% (54) had moderate anxiety. In addition, 3.6% (13) of the respondents experienced mild anxiety, whereas only 13.4% (48) were within the normal range. The results in the above table show that the majority of the respondents experienced high levels of anxiety symptoms, with extremely severe anxiety being the most

common condition among displaced youths. For this study, prevalence was expressed as the percentage of internally displaced youths who showed severe and extremely severe levels of anxiety during the data collection period. Therefore, by combining severe and extremely severe ranges, the prevalence of depression was found to be 67.9%.

**Table 7**

*Distribution of Severity Levels*

| Severity Category | Frequency | Percent | Valid Percent |
|---|---|---|---|
| Normal | 118 | 33.0 | 33.0 |
| Mild | 37 | 10.3 | 10.3 |
| Moderate | 62 | 17.3 | 17.3 |
| Severe | 82 | 22.9 | 22.9 |
| **Total** | **358** | **100** | **100** |

The other distress that was assessed in this study was the prevalence of stress among internally displaced youths. The results revealed that 33% (118) of the respondents were within the normal range, while 10.3% (37) had mild stress and 17.3% (62) had moderate stress. Furthermore, 22.9% (82) of the respondents experienced severe stress, whereas 16.5% (59) had extremely severe stress. The result shows that a considerable number of internally displaced youths were experiencing severe and extremely severe levels of stress symptoms. For this study, prevalence was expressed as the percentage of internally displaced youths who showed severe and extremely severe levels of or stress during the data collection period. Therefore, by combining severe and extremely severe, the prevalence of stress was found to be 39.4%.

Another area the researcher wants to investigate was the overall average level of distress and which type of coping strategy was mostly used by the youths in debrebirhan IDP camps.

**Table 8**

*Descriptive Statistics of Depression, Anxiety, and Stress Scores*

| Variable | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Depression | 358 | 0 | 42 | 20.94 | 11.567 |
| Anxiety | 358 | 0 | 42 | 20.96 | 11.437 |
| Stress | 358 | 0 | 42 | 20.88 | 11.381 |

Results show that the mean score of depression was 20.94 with a standard deviation of 11.56. Anxiety had a mean score of 20.96 and a standard deviation of 11.43. Similarly, stress had a mean score of 20.88 with a standard deviation of 11.38. This shows that the respondents experienced considerable levels of depression, anxiety, and stress symptoms.

### 4.3.2 Frequency and Types of coping strategies

The frequency and types of coping strategies used by participants were analyzed using descriptive statistics of the Brief COPE subscales.

**Table 9**

*Descriptive statistics of Coping Strategies*

| Coping Strategy | n | Minimum | Maximum | Mean | SD |
|---|---|---|---|---|---|
| Emotion-focused coping | 358 | 12.00 | 48.00 | 30.11 | 8.28 |
| Avoidant coping | 358 | 11.00 | 40.00 | 24.98 | 7.01 |
| Problem-focused coping | 358 | 6.00 | 24.00 | 14.88 | 4.75 |

The descriptive results show that emotion-focused coping was the most commonly used strategy among participants (M = 30.11, SD = 8.28), followed by avoidant coping (M = 24.98, SD = 7.01), while problem-focused coping was the least frequently used (M = 14.88, SD = 4.75).This showed that internally displaced youths mainly manage stress through emotion regulation. For example the may use venting feelings, seeking emotional support, or focusing on their affective responses, rather than taking direct action to change the stressful situation. The relatively higher use of avoidant coping also points to a tendency to disengage or distance themselves from stressors, for example through denial or distraction. The lower mean score for problem-focused coping reflects that active, solution-oriented strategies such as planning, seeking practical help, or confronting problems directly are applied less often in responding to stressors.

### 4.3.3 Assumption Testing

Prior to conducting Pearson correlation, independent-samples t-tests, and one-way ANOVA, assumptions of normality, linearity, and the presence of outliers were assessed to determine the suitability of parametric statistical analyses. Histograms, Q–Q plots, skewness, kurtosis and tests of normality were also examined, and the distributions looked approximately normal. Skewness and kurtosis were within acceptable limits, and no extreme outliers were

found. Therefore, parametric statistical tests were judged to be appropriate.

Linearity between the continuous variables was checked using scatterplots. The scatterplots showed reasonably linear relationships between the psychological distress variables and the coping dimensions. Based on these checks, Pearson correlation, independent t-tests and one-way ANOVA were used in the analysis.

- **Normality assessment**

Normality was assessed by using both statistical and graphical methods.

**Table**

*Skewness and Kurtosis Statistics for Study Variables (N = 358)*

| Variable | Skewness | SE of Skewness | Kurtosis | SE of Kurtosis |
|---|---|---|---|---|
| Depression | 0.026 | 0.129 | -0.900 | 0.257 |
| Anxiety | -0.019 | 0.129 | -0.848 | 0.257 |
| Stress | -0.058 | 0.129 | -0.955 | 0.257 |
| Emotion-focused coping | -0.034 | 0.129 | -0.746 | 0.257 |
| Avoidant coping | 0.041 | 0.129 | -0.852 | 0.257 |
| Problem-focused coping | 0.042 | 0.129 | -0.803 | 0.257 |

*Note. SE = Standard Error source: own data*

The table shows the normality of the study variables which was studied using skewness and kurtosis statistics. Hair et al. (2010) and Byrne (2010) mention that data are generally considered approximately normally distributed when skewness values are between −2 and +2 and kurtosis values are between −7 and +7. In this study, skewness values for distress and copings ranged from −0.058 to 0.042, while kurtosis values ranged from −0.955 to −0.746. All the values are in the recommended range. This shows that the data were approximately normally distributed. Therefore, this supports the use of parametric statistical tests for the analyses.

## Graphical Assessment

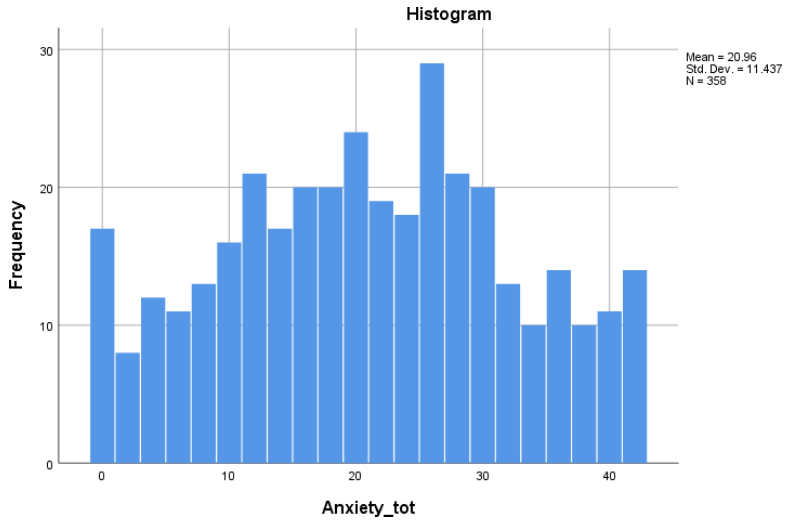


*Figure 5 Histogram of Normality Assessment*

The histogram showed an approximately symmetrical distribution of anxiety scores with no substantial deviation from normality.

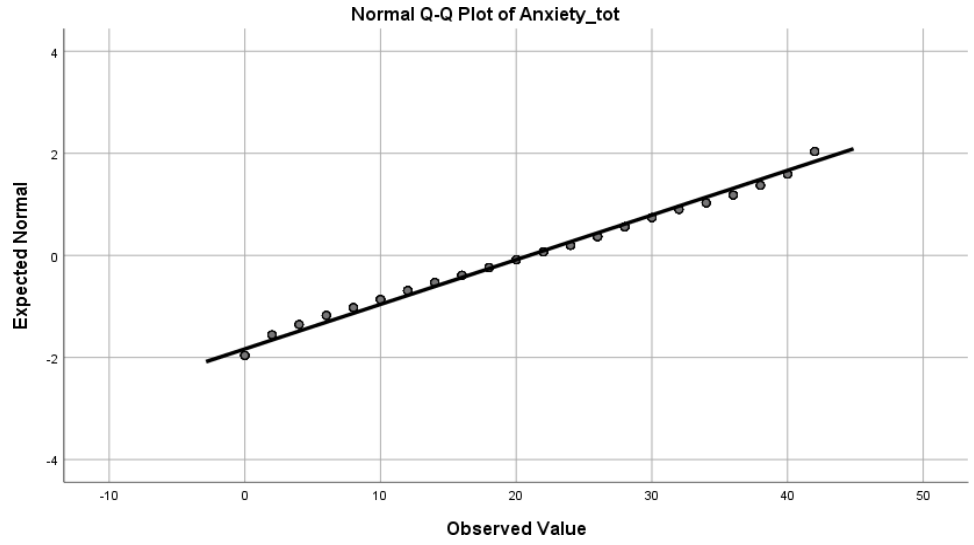


*Figure 6Q-Q plot of Normality Assessment*

The points on the Q-Q plot were closely aligned with the diagonal reference line, indicating that the anxiety scores were approximately normally distributed.

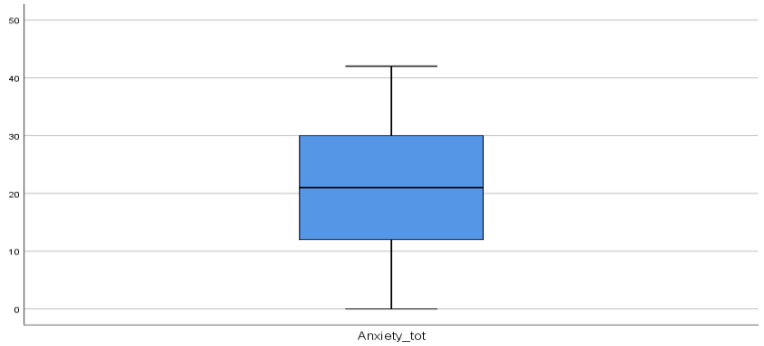


*Figure 7 Outliers identification*

No extreme outliers were seen

- **Linearity assessment**

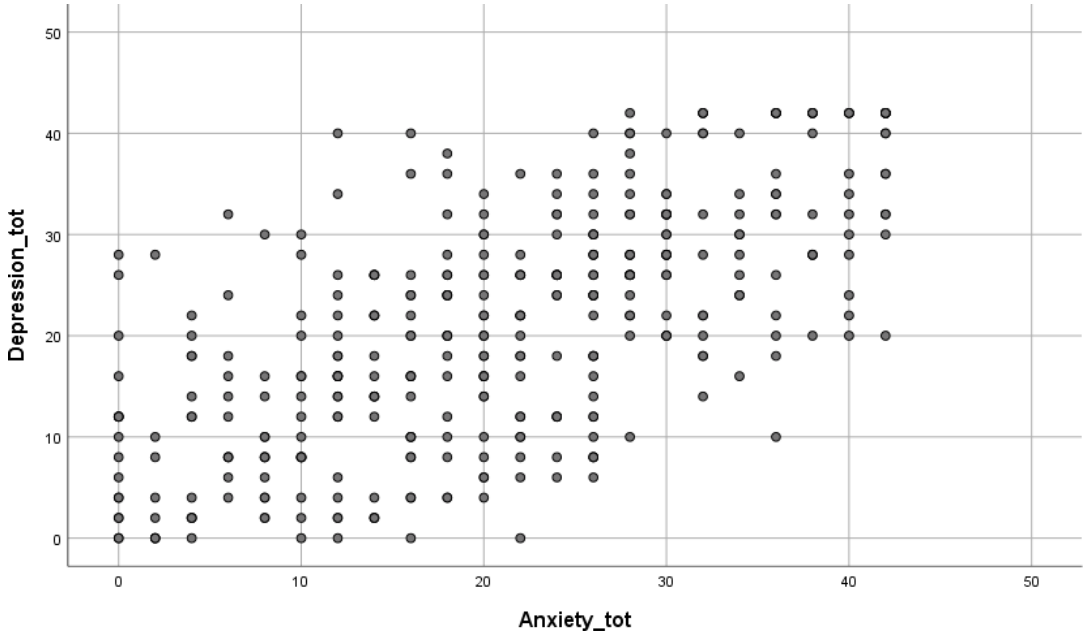


*Figure 8 P-P Plot of linearity assessment*

The scatterplot demonstrated a positive linear relationship between anxiety and stress scores

### 4.3.4 Comparison of psychological distress across socio-demographic variables

The other issue raised was about the difference in psychological distress and coping strategies between groups of respondents. Independent samples t-test analysis was conducted to compare the mean scores of depression, anxiety, stress, and coping strategies between the study groups.

**Table 11**

*Independent Samples t-Test Comparing Male and Female Participants on Psychological Distress and Coping Strategy Scores (N = 358)*

| Variable | t | df | p | Mean Difference | 95% CI |
|---|---|---|---|---|---|
| Depression | -3.58 | 356 | < .001 | -4.34 | [-6.73, -1.96] |
| Anxiety | -1.42 | 356 | .156 | -1.72 | [-4.11, 0.66] |
| Stress | -2.25 | 356 | .025 | -2.74 | [-5.13, -0.35] |
| Avoidant Coping | 0.48 | 356 | .628 | 0.41 | [-1.25, 2.06] |
| Emotion-Focused Coping | -4.21 | 356 | < .001 | -2.96 | [-4.35, -1.58] |
| Problem-Focused Coping | -0.19 | 356 | .847 | -0.10 | [-1.09, 0.90] |

*Note.* CI = confidence interval. Mean difference was calculated as Male - Female

Levene's test indicated that the assumption of equal variances was met for all variables because all p-values were greater than 0.05. Therefore, the results from the "equal variances assumed" output were used for interpretation.

There was a statistically significant difference in depression scores between males and females, $t(356) = -3.580$, $p < 0.001$. Female participants had higher depression scores than male participants.

For anxiety, there was no statistically significant difference between males and females, $t(356) = -1.420$, $p = 0.156$.

Stress scores were significantly different between males and females, $t(356) = -2.253$, $p = 0.025$, with females reporting higher stress scores than males.

In terms of coping strategies, there was no statistically significant difference in avoidant coping between males and females, $t(356) = 0.484$, $p = 0.628$.

Emotion-focused coping showed a statistically significant difference between males and females, $t(356) = -4.205$, $p < 0.001$, with females reporting higher use of emotion-focused coping strategies.

There was no statistically significant difference in problem-focused coping between males and females, $t(356) = -0.193$, $p = 0.847$.

An independent samples t-test was conducted to compare depression, anxiety, and stress between participants who were still engaged in work or education after displacement and those who had stopped work or education after displacement.

**Table 12**

*Independent Samples t-Test Comparing Psychological Distress Between Youths Who Continued Working and Those Who Stopped Working Following Displacement (N = 358)*

| Variable | Still Working After Displacement M (SD) | Stopped Working M (SD) | t | df | p |
|---|---|---|---|---|---|
| Depression | 18.05 (11.05) | 22.51 (11.56) | -3.56 | 356 | < .001 |
| Anxiety | 19.59 (11.39) | 21.71 (11.42) | -1.68 | 356 | .094 |
| Stress | 19.79 (11.31) | 21.47 (11.40) | -1.34 | 356 | .181 |

*Note.* M = Mean; SD = Standard Deviation.

There was a statistically significant difference in depression scores between youths who were still in education or work and those who had stopped after displacement, t(356) = -3.56, p < 0.001. Youths who had stopped education and work reported higher depression scores than those who remained engaged.

There was no statistically significant difference in anxiety scores between the two groups, t(356) = -1.68, p = 0.094. Similarly, stress scores did not differ significantly between youths who were still in education or work and those who had stopped, t(356) = -1.34, p = 0.181.

The results showed that work/education status after displacement was associated with depression yet anxiety and stress were relatively similar across the two groups.

Additionally one way ANOVA was conducted to examine differences in depression, anxiety, and stress scores based on the length of stay in the camp.

**Table 13**

*Descriptive Statistics and One-Way ANOVA Results for Psychological Distress by Length of Stay in the Camp (N = 358)*

| Variable | < 1 Year M (SD) | 1–3 Years M (SD) | > 3 Years M (SD) | F (2, 355) | p |
|---|---|---|---|---|---|
| Depression | 19.39 (11.26) | 18.74 (11.37) | 23.85 (11.40) | 7.79 | < .001 |
| Anxiety | 19.75 (12.57) | 20.46 (10.87) | 22.20 (11.07) | 1.48 | .228 |
| Stress | 20.15 (10.60) | 19.40 (11.51) | 22.63 (11.61) | 2.80 | .062 |

*Note.* M = Mean; SD = Standard Deviation.

A one-way analysis of variance (ANOVA) was conducted to examine differences in psychological distress according to length of stay in the camp. As shown in Table 4.X, depression scores differed significantly across the three groups, $F(2, 355) = 7.79$, $p < .001$. Participants who had stayed in the camp for more than three years reported the highest depression scores (M = 23.85, SD = 11.40), compared with those who had stayed for less than one year (M = 19.39, SD = 11.26) and those who had stayed for one to three years (M = 18.74, SD = 11.37). However, no statistically significant differences were found for anxiety, $F(2, 355) = 1.48$, $p = .228$, or stress, $F(2, 355) = 2.80$, $p = .062$.

A Tukey HSD post-hoc test was conducted to determine which groups differed in depression, anxiety, and stress scores according to length of stay in the camp.

**Table 14**

*Tukey HSD Post Hoc Comparisons for Depression Scores by Length of Stay in the Camp*

| Comparison by the length of stay | Mean Difference | p |
|---|---|---|
| < 1 year vs. 1–3 years | 0.69 | .899 |
| < 1 year vs. > 3 years | -4.44 | .010* |
| 1–3 years vs. > 3 years | -5.13 | .001* |

*Note.* $p < .05$.

The post-hoc analysis showed significant differences in depression scores between participants who had stayed more than 3 years and those who had stayed less than 1 year (p = 0.010), as well as between those who stayed more than 3 years and those who stayed 1–3 years (p = 0.001). Participants who had been in the camp for more than 3 years reported higher depression scores than those in the shorter-stay groups.

No significant differences in anxiety or stress scores were found between length-of-stay groups, suggesting that length of stay in the camp was specifically associated with depression rather than with anxiety or stress.

A one-way analysis of variance (ANOVA) was conducted to examine whether coping strategies differed across educational status groups (no formal education, primary education, secondary education, and college education and above). The analysis assessed differences in emotion-focused coping, avoidant coping, and problem-focused coping. Descriptive statistics and ANOVA results are presented in Table 4.X.

**Table 15**

*Descriptive Statistics and One-Way ANOVA Results for Coping Strategies by Educational Status (N = 358)*

| Coping Strategy | No Formal Education M (SD) | Primary M (SD) | Secondary M (SD) | College and Above M (SD) | F (3, 354) | p |
|---|---|---|---|---|---|---|
| Emotion-Focused Coping | 30.73 (8.14) | 29.61 (8.90) | 29.35 (8.02) | 31.41 (7.82) | 1.27 | .285 |
| Avoidant Coping | 25.03 (6.86) | 25.45 (7.15) | 24.80 (7.04) | 24.50 (7.05) | 0.16 | .921 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Problem-Focused Coping | 14.77 (4.42) | 14.15 (4.81) | 14.45 (4.77) | 16.81 (4.59) | 5.02 | .002 |

*Note.* M = Mean; SD = Standard Deviation.

As shown in Table 4.X, there were no statistically significant differences in emotion-focused coping, $F(3, 354) = 1.27$, $p = .285$, or avoidant coping, $F(3, 354) = 0.16$, $p = .921$. However, a statistically significant difference was found for problem-focused coping, $F(3, 354) = 5.02$, $p = .002$. Participants with a college education or higher reported the highest level of problem-focused coping (M = 16.81, SD = 4.59), whereas participants with primary education reported the lowest level (M = 14.15, SD = 4.81).

**Table 16**

*Tukey HSD Post Hoc Comparisons for Problem-Focused Coping by Educational Status*

| Comparison by education status | Mean Difference | p |
|---|---|---|
| No formal education vs. Primary | 0.62 | .817 |
| No formal education vs. Secondary | 0.32 | .969 |
| No formal education vs. College and above | -2.04 | .044* |
| Primary vs. Secondary | -0.30 | .965 |
| Primary vs. College and above | -2.66 | .002* |
| Secondary vs. College and above | -2.36 | .006* |

*Note.* Mean differences at $p < .05$.

Tukey HSD post hoc analysis revealed that participants with a college education or above reported significantly higher problem-focused coping scores than participants with no formal education ($p = .044$), primary education ($p = .002$), and secondary education ($p = .006$). No significant differences were observed among the no formal education, primary education, and secondary education groups ($p > .05$). These findings suggest that higher educational attainment may be associated with greater use of problem-focused coping strategies among internally displaced youths.

### 4.3.5 Relationship between coping mechanisms and psychological distress

In order to understand the relationships between psychological distress (depression, anxiety, and stress) and coping strategies among internally displaced youths in Debre Berhan IDP camps Pearson correlation analysis was conducted.

**Table 17**

*Means, Standard Deviations, and Pearson Correlations Among Psychological Distress and Coping Strategy Variables (N = 358)*

| Variable | M | SD | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| 1. Depression | 20.94 | 11.57 | — | | | | | |
| 2. Anxiety | 20.96 | 11.44 | .656** | — | | | | |
| 3. Stress | 20.88 | 11.38 | .546** | .546** | — | | | |
| 4. Emotion-Focused Coping | 30.11 | 8.28 | .301** | .227** | .314** | — | | |
| 5. Avoidant Coping | 24.98 | 7.01 | .266** | .362** | .270** | .384** | — | |
| 6. Problem-Focused Coping | 14.88 | 4.75 | -.218** | -.124* | -.078 | .275** | -.282** | — |

*Note.* M = Mean; SD = Standard Deviation. $p < .05$. **p** < .01 (two-tailed).

Pearson correlation analysis was conducted to examine the relationships between psychological distress (depression, anxiety, and stress) and coping strategies among internally displaced youths. As shown in Table 4.X, depression was strongly and positively correlated with anxiety ($r = .656$, $p < .001$) and moderately correlated with stress ($r = .546$, $p < .001$). Anxiety and stress were also positively correlated ($r = .546$, $p < .001$). These findings indicate that higher levels of one form of psychological distress were associated with higher levels of the others, suggesting that symptoms of depression, anxiety, and stress frequently co-occur among internally displaced youths.

Regarding coping strategies, emotion-focused coping demonstrated significant positive correlations with depression ($r = .301$, $p < .001$), anxiety ($r = .227$, $p < .001$), and stress ($r = .314$, $p < .001$). Similarly, avoidant coping was positively associated with depression ($r = .266$, $p < .001$), anxiety ($r = .362$, $p < .001$), and stress ($r = .270$, $p < .001$). The strongest relationship was observed between avoidant coping and anxiety. These findings suggest that youths experiencing higher levels of psychological distress were more likely to rely on emotion-focused and avoidant coping strategies.

In contrast, problem-focused coping was negatively correlated with depression ($r = −.218$, $p$

< .001) and anxiety ($r$ = −.124, $p$ = .019), indicating that greater use of active coping strategies was associated with lower levels of depressive and anxiety symptoms. However, the relationship between problem-focused coping and stress was not statistically significant ($r$ = −.078, $p$ = .139). Overall, the findings suggest that adaptive coping strategies may be protective against psychological distress, whereas reliance on emotion-focused and avoidant coping strategies is associated with higher levels of distress among internally displaced youths.

### 4.4 Qualitative Study Result

Qualitative data obtained from ten key informants and participants was transcribed, and translated into English. Atlas ti was used to code and synthesize data into five major themes and subthemes.

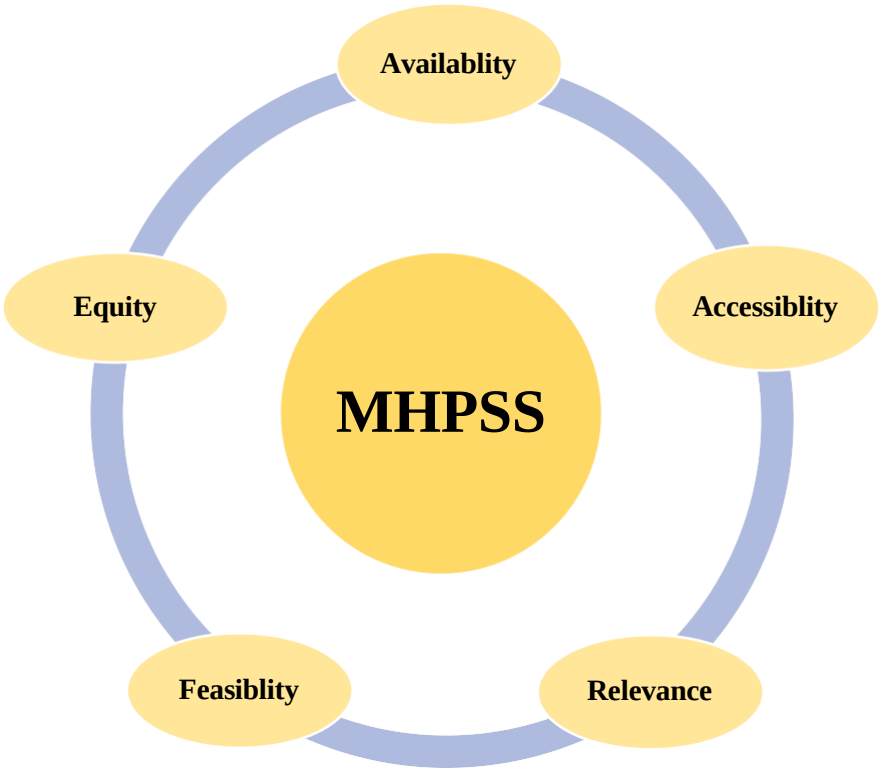


*Figure 9 Thematic analysis of MHPSS Services inside debrebirhan IDP Camps*

### 1. Availability

Participants generally reported that mental health and psychosocial support (MHPSS) services were available within the IDP camps. However, despite the presence of some

services, respondents consistently described major limitations related to the adequacy, consistency, and youth responsiveness of the available support. The issue of availability was found to have three main subthemes: irregular service provision, a lack of professionals, and limited youth-targeted services.

### 1.1 Limited Youth-Targeted Services

Most of the participants mention that basic mental health screening and general counseling services were available in the camp. However, the participants explain that these services were not specifically targeted to the unique needs of youths. Respondents explained that services lacked youth-friendly counseling approaches, structured skill-building activities, recreations, and age-appropriate psychosocial interventions.

In addition the participants described spending most of their time not doing anything in the camp, which increased stress, overthinking, and feelings of hopelessness. A 27-year-old participant said: *There are no recreational activities in the camp; by what can we enjoy? We think about our problems all the time, and that makes us depressed‖ (Participant 1, 27 years old)* Participants stated that the absence of recreational and social engagement activities limited opportunities for emotional relief and positive interaction among youths. Many explained that boredom and isolation worsened emotional distress and made coping more difficult. The absence of age-aggregated programs limits engagement and makes it challenging for young individuals to connect with services that resonate with their specific needs. A social worker also noted that although psychosocial support existed, youth-focused interventions remained limited: *There are very few programs specifically prepared for youths. Young people need activities that help them express themselves and stay engaged.(Social Worker )*

### 1.2 Shortage of Professionals:

Participants mentioned about the shortage of mental health professionals within the camps a lot. They explained that the number of available counsellors and psychosocial workers was insufficient. This is because huge amount of displaced population are staying across the three camps. Participants expressed delays in receiving support and difficulties accessing professionals during periods of emotional distress. One participant explained: "*There are just not enough counsellors. When people need help, they often wait a long time or sometimes do not get support at all. (Participant 3, 19 years old)*

Similarly, a psychiatrist working in the camps described the imbalance between service

demand and available professionals: *The number of people requiring psychological support is much higher than the available workforce. It becomes difficult to adequately follow all cases. (Psychiatrist)*

### 1.3 Irregular Service Provision

Consistency is main thing in mental healthcare, but the services provided are often irregular. Participants additionally said that mental health and psychosocial support services were not consistently available. Many respondents described interruptions in service delivery, irregular office operations, and uncertainty regarding when support would be accessible. Participants explained that psychosocial support offices were sometimes closed or professionals were unavailable during periods when individuals urgently needed emotional support. One participant stated: *You never know when services will actually be available. Sometimes you go to seek help and find nobody there. (Participant 2, 24 years old)*

Another participant explained the emotional impact of inconsistent services: *When someone finally gathers the courage to ask for help and finds the office closed, it becomes very discouraging (Participant 4, 20 years old.)* Participants indicated that irregular service provision reduced trust in the mental health support system and discouraged some youths from repeatedly seeking help.




*Figure 10 Health service Offices at the camp*

### 2. Accessibility

Participants discussed different barriers affecting access to mental health and psychosocial support services within the three camps. Although some services were available, many youths explained that personal, social, and informational barriers prevented them from seeking or receiving support. Two major subthemes emerged: stigma and fear related to mental health

service use, and lack of awareness about available services and mental health conditions

### 2.1 Stigma and Fear

Participants frequently described stigma as a major barrier preventing youths from accessing mental health and psychosocial support services. Many respondents explained that seeking mental health care was often associated with being labeled **“ኦብድ”**, “crazy” or mentally unstable within the community. One participant said:

*"I want to talk to someone, but if my friends see me going into that office, they will start whispering that I have 'lost it.' It is better to stay quiet than to be called a mad person in the camp." (Participant 5, 17 years old)*

Another participant explained: *"People look at you differently when they know you are seeing a counsellor. They think you are insane, so we just hide our problems to keep our dignity and stay part of the group" (Participant 6, 22 years old).* Participants further said that social stigma often caused emotional suffering. So they remain hidden until symptoms became severe and they talk. Some participants mentioned that youths more likely want to discuss problems privately with friends or family members rather than approaching formal counseling services.

### 2.2 Lack of Awareness about Available Services

A big gap exists between the providers and the youths who even when services are present. This due to both a lack of information and a fundamental misunderstanding of mental health. Participants also talked about limited awareness regarding the existence and purpose of mental health and psychosocial support services within the camps. Several youths explained that they did not know where services were located or what type of support was available. They think their distress are part rt of being a displaced person rather than a condition that requires medical attention. One participant stated: *Some youths do not even know that mental health services are available in the camp. (Participant 3, 19 years old)*

In addition, many respondents explained that symptoms such as sadness, anxiety, hopelessness, sleep disturbance, and emotional stress were often viewed as normal and unavoidable consequences of displacement rather than mental health concerns requiring support.

A participant explained: *People think feeling stressed all the time is just part of being displaced, so they do not seek help. (Participant 5, 17 years old)*

Both stigma and lack of mental health awareness created significant barriers to accessing

mental health and psychosocial support services among internally displaced youths.

**3. Relevance**

Participants explained about the relevance of the available mental health and psychosocial support services. Although some participants acknowledged the presence of counseling and psychosocial services, many felt that the interventions did not fully reflect their lived realities, priorities, and preferred ways of coping. While considering relevance two major subthemes emerged under this theme that are preference for alternative coping mechanisms over formal MHPSS services and failure of services to adequately address displacement-related experiences and traumas.

**3.1 Preference for other Coping Mechanisms over Formal MHPSS Services**

Many participants expressed that they often want informal coping mechanisms rather than seeking formal mental health and psychosocial support services. They described talking to friends, family members, religious and spiritual guidance as their primary sources of emotional support. Faith-based mechanisms were repeatedly described as more meaningful and culturally relevant compared to formal counseling services. Participant youths stated that different spiritual practices like prayer, **ጠበል**, attending religious gatherings, and discussing problems with religious leaders helped them feel calmer and emotionally supported. One participant stated: *When I feel stressed, I pray and talk to people close to me. Sometimes that helps me more than going to the office.* **ይሄን ድካምና ተስፋ መቁረጥ ከፈጣሪ በቀር ማን ሊረዳው ይችላል***" (Participant 2, 24 years old).* Another participant explained: *Most youths here share their problems with friends or through religious activities because they feel more comfortable that way. (Participant 4, 20 years old)* A social worker also mentioned the strong reliance on informal support systems within the camps *Many displaced youths prefer spiritual and social support from their community rather than formal counseling. Religion plays a major role in how they cope. (Social Worker)* Participants further indicated that some youths perceived formal mental health services as less relatable to their day-to-day struggles. Other participants explained that most of the time emotional difficulties were often treated as personal or spiritual matters rather than issues requiring professional intervention.





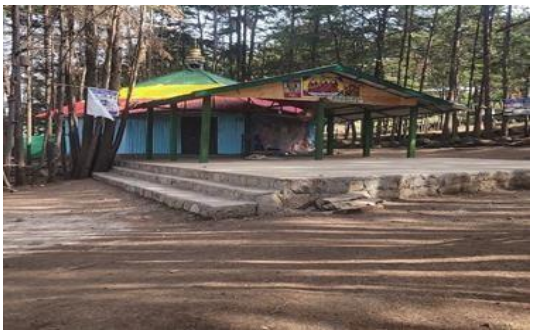



*Figure 11Religious centres inside the camps*

### 3.2 Failure to Address Displacement-Specific Traumas and Challenges

Participants also reported that available MHPSS services often failed to adequately address the specific emotional and psychological difficulties associated with displacement. Participants described experiencing multiple pressure and traumas, including separation from family members, interruption of education, loss of social networks, financial insecurity, and uncertainty about the future. Most youths expressed that concerns about their future is one of the most significant sources of emotional distress. Participants described feeling hopeless about education, employment opportunities, and the possibility of rebuilding their lives. One participant shared: *What makes us most stressed is thinking about the future. We do not know what our life will become after staying here for years. (Participant 4, 20 years old)* Another participant stated: *I lost contact with some family members during displacement, and my education stopped. These things affect me every day. (Participant 5, 17 years old)* A participant who had experienced depression and anxiety explained: "*At first, I thought things would improve quickly, but now many youths have lost hope. We are tired emotionally. (Participant 6 with depression and anxiety, 22 years old)*

Participants mentioned that many psychosocial services focused mainly on brief counseling or general emotional support. This showed that limited attention to the broader social and economic realities contributing to distress. Psychiatrist also noted: *Displacement affects almost every aspect of young people's lives. Mental health support alone is not enough if issues like unemployment, disrupted education, and uncertainty continue unresolved. (Psychiatrist)*

## 4. Feasibility

Participants discussed different factors affecting the implementation of mental health and psychosocial support services within the camps. Although MHPSS services were considered important, Participants said that different structural and resource-related challenges limited their effectiveness and feasibility.

### 4.1 Lack of Integration between Basic Humanitarian Assistance and Psychosocial Support

Participants often said that mental health can't be treated separately from basic needs that aren't being met. They said that shortages of food, shelter, sanitary items, and other essentials were major causes of emotional distress in the camps. Youths talked about being not able to think about mental health because daily struggles related to survival are often their priority rather than seeking psychological support. They further explained that stress, anxiety, and hopelessness were closely linked with poverty, unemployment, overcrowding, and inadequate living conditions.

One participant stated: *How can I feel mentally stable when I worry every day about food and basic needs?"* *ትኩስ እንጀራ ከበላሁ አራት ወር አልፎኛል እንዴት ስለአእምሮ ጤና አስባሁ?" (Participant 1, 27 years old)* Some participants said that emotional support would be more meaningful if supported by practical assistance addressing immediate living conditions. A social worker noted: *Mental health support should go together with basic support services. When basic needs are not fulfilled, counseling alone may not be enough. (Social Worker)*





*Figure 12Shelters at the IDP*

### 4.2 High Demand versus Limited Service Capacity

Participants said that there is a large gap between the mental health needs of camp residents and the available service. Participants reported that a high number of youths required emotional and psychological support. But the number of professionals and available services remained limited. The psychiatrist explained: *Many people need psychological support, but we cannot reach everyone. The demand is much higher than our capacity.‖(Psychiatrist)* Social worker stated: *Sometimes we are forced to prioritize the most severe cases because there are too many people needing support.‖(Social Worker)*





*Figure 13 Living conditions at the camp*

**5. Equity**

Participants expressed their concerns about fairness and equal access to humanitarian and psychosocial support services across the three camps. Participants explained that unequal distribution of assistance and gender-related challenges affected emotional wellbeing of the youths. Considering Equity Three subthemes emerged under this theme i.e unequal distribution of aid, gender-specific barriers, and vulnerability-related inequalities.

**5.1 Unequal Distribution of Aid and Support**

Participants expressed their sadness about thinking that they are isolated when humanitarian assistance arrive within the camps. They talked that groups, including older adults, persons with disabilities, women with children, and other vulnerable groups, were often given first when aid was distributed. Although participants understood the need to support vulnerable populations, some of the youths felt neglected and emotionally affected when they repeatedly received less attention or delayed support. One participant stated: *When aid comes, youths are usually told to wait while others are served first. Sometimes this makes us feel ignored and*

*unimportant.‖ (Participant 3, 19 years old).*

Another participant explained: *Many young people feel frustrated because they think nobody is focusing on their problems (Participant 1, 27 years old).* Some of them said that unequal access to resources increased feelings of hopelessness, stress, and worthlessness among unemployed and economically dependent youths. A social worker noted: *Limited resources create competition and dissatisfaction in the camp, which can also affect mental wellbeing. (Social Worker)* Participants explained that although vulnerable populations require support, the emotional and psychosocial needs of youths should also receive greater attention because they feel like they are worthless because of it.

### 5.2 Gender-Specific Barriers and Risks

Female participants said that gender-related challenges are affecting both their mental health and access to support services. They expressed those young women in the camps faced increased risks of gender-based violence, harassment, exploitation, and sexual abuse. They expressed that fear, insecurity, and social stigma made it difficult for them to ask emotional support or seek help after traumatic experiences.

One female participant explained: *we are passing through so many problems here, including harassment and fear of violence. But we stay silent because we are ashamed or afraid. (Participant 5, 17 years old)* The psychiatrist also highlighted the psychological impact of gender-based violence among displaced women: *Sexual violence and insecurity have serious mental health consequences for many young women in the camps. (Psychiatrist)*. Participants further said that cultural expectations sometimes limited female participation in different social activities and help-seeking opportunities which increases emotional isolation among young women.

### 5.3 Vulnerability-Related Inequalities in Access to Services

Participants also talked about how access to services depended on social ties and physical vulnerability. Some said that people who had strong connections or could communicate better with camp officials were more likely to get information and support first. One participant put it simply: *People who know workers or community leaders may get information earlier than others. (Participant 2, 24 years old).* Others mentioned that youths with severe emotional problems, disabilities, or limited social support often struggled to actively seek assistance on

their own. A camp manager said *Some vulnerable youths require additional follow-up because they may not come forward to request support themselves.‖ (Camp Manager)*

# CHAPTER FIVE

# DISCUSSION

## 5.1 Introduction

This chapter explains the major findings of the study in relation to the study objectives and existing literature. The discussion focuses on the prevalence of psychological distress among internally displaced youths, copings employed by the respondents, the relationship between coping and psychological distress, and experiences related to mental health and psychosocial support services within the camps. Quantitative and qualitative findings are to provide a more understanding of the mental health conditions and lived experiences of internally displaced youths residing in Debre Berhan IDP camps.

## 5.2 Prevalence of Depression, Anxiety, and Stress among Internally Displaced Youths

The study found that many of the internally displaced young people living in the Debre Berhan camps were experiencing higher psychological distress. Anxiety symptoms were particularly high. More than half of the respondents reported extremely severe anxiety symptoms. Similarly, considerable proportions of the participants reported severe and extremely severe levels of depression and stress symptoms. The findings suggest that displacement has created high psychological and emotional burden among the youths living in the camps.

Different Studies that were conducted in conflict-affected settings have shown that longer displacement and exposure to traumatic experiences highly increase vulnerability to psychological distress (Charlson et al., 2019). The study shows that depressive symptoms were highly prevalent among the study participants. These results are consistent with previous Ethiopian studies conducted among displaced populations. A study that was conducted in Metekel expressed a high depression prevalence of 79.6% in IDPs (Bekeko et al., 2025). Studies from Tigray have also resulted in high levels of depression among conflict-affected displaced populations (Gebreyesus et al., 2024). A diferent study from Northwest Ethiopia resulted in 62.2% of displaced individuals showed symptoms of depression (Tadesse et al., 2025). These findings are in line with global evidence indicating that depression is one of the most common mental health problems among displaced populations (Charlson et al., 2019; Siriwardhana et al., 2023). The high depression observed in this study may be resulted

from the harsh living conditions in the displacement setting. Qualitative findings showed that many youths frequently described feelings of hopelessness, unemployment, disrupted education, uncertainty about the future, prolonged stays in the camp, and separation from family members. Participants often emphasized that idleness and the lack of meaningful daily activities led to increased rumination and emotional distress.

These results are consistent with the work of Miller and Rasmussen (2010), who argue that post-displacement stressors such as unemployment, poverty, and social instability play a major role in the development of depressive symptoms among displaced populations. Beyond supporting previous empirical findings, these results can also be understood through Hobfoll's Conservation of Resources (COR) Theory. According to COR theory, psychological distress occurs when individuals experience actual resource loss, threats of future losses, or fail to regain valued resources (Hobfoll, 1989, 2001). The youths in this study reported losing homes, educational opportunities, employment, social support networks, and future aspirations following displacement. Such losses represent the depletion of object resources, condition resources, and personal resources, which according to COR theory can initiate a loss spiral that increases vulnerability to depression. The findings therefore suggest that depression among internally displaced youths is not only a reaction to past traumatic experiences but also a consequence of continuing resource losses and limited opportunities for resource recovery within the camp environment.

Anxiety turned out to be the most common psychological struggle among the youths studied, showing that it was the main form of emotional pain in this group. The result is in line with studies from Ethiopia and other conflict-affected African countries. For example, a study that was conducted in Metekel by Bekeko et al. (2025) get excessive anxiety. Different studies from Somalia and Sudan that were conducted among women and young people also show a result of anxiety in displaced communities, especially (Dahie et al., 2024; Mohamed & Kheir, 2024). Another study from the Amhara region found that people who had experienced war also showed high anxiety symptoms (Teshome et al., 2023). The qualitative findings from this study support these quantitative results. Most of Participant described persistent worry about safety, food insecurity, uncertainty about the future, and fear about their lives after displacement. Many also reported on-going concern about interrupted education, unemployment, and long-term dependence on humanitarian aid. Other researches from around the world have explained that on-going uncertainty, lack of safety, and unstable living conditions are major reasons why many displaced people develop anxiety (American

Psychiatric Association, 2022; Fazel et al., 2012; WHO, 2022).

The findings can further be interpreted using Lazarus and Folkman's Transactional Theory of Stress and Coping. The theory proposes that psychological stress depends on how individuals appraise a situation and evaluate their ability to cope with it. Many participants described constant worries about safety, education, employment, and future livelihoods. These challenges are likely to be appraised as threats that exceed their available coping resources. When individuals perceive limited control over important life circumstances, anxiety becomes a common emotional response. In addition, COR theory suggests that anxiety may arise not only from actual losses but also from fear of future resource loss. The uncertainty reported by participants regarding their future education, income, and security may therefore contribute significantly to elevated anxiety symptoms.

Although Stress levels were lower than anxiety and depression many respondents still reported severe or very severe stress. They relate this stress to overcrowding, lack of privacy, unemployment, and the daily struggle to survive in the camps. This suggests that displacement harms not only young people's emotions, but also their daily functioning and ability to cope. Earlier studies also showed that long-lasting, everyday stressors strongly affect displaced people (Miller & Rasmussen, 2010; Mujeeb & Zubair, 2012). Studies conducted in Mekelle and Debre Berhan also explained that different factors may contribute for high psychological distress. From these Long periods of displacement, poor living conditions, unemployment, and limited services can cause excessive stress (Bekuretsion et al., 2025; Bekele, 2024). The qualitative results from this study support these quantitative results. Participants often talked about overcrowding, food shortages, lack of basic items, unemployment, on-going uncertainty, and no access to entertainment activities as key sources of emotional tiredness and tension. The youths said that living in the camp for a long time slowly reduced their hope for the future.

This supports Miller and Rasmussen's (2010) view that on-going daily stress can have a stronger psychological impact than a single traumatic event in displacement settings. The findings also strongly reflect the assumptions of the War Exposure and Daily Stressors Framework. Miller and Rasmussen argue that psychological distress among conflict-affected populations is often maintained by everyday stressors such as poverty, food insecurity, overcrowding, unemployment, and social instability. The stressors identified by participants in this study closely mirror those described within the framework. Furthermore, Bronfenbrenner's socio-ecological framework suggests that these stressors are influenced by

broader environmental systems including camp conditions, institutional support structures, and access to social services. Therefore, the stress experienced by the youths should be understood as the product of both individual experiences and wider structural conditions surrounding displacement.

The findings additionally showed that depression levels increased among participants who had stayed in the camps for longer periods. Respondents who had stayed in the camps for more than three years reported significantly higher depression scores compared to those with shorter stays. Prolonged displacement may gradually increase feelings of hopelessness, dependency, emotional fatigue, and frustration. Similar results have been reported in previous studies where long-term displacement was associated with worsening mental health outcomes among displaced populations (Miller & Rasmussen, 2017).

### 5.3 Coping strategies among internally displaced youths

This study showed that emotion-focused coping was the most common way of dealing with stress among internally displaced youths in the Debre Berhan camps. The second common was avoidant coping. Problem-focused coping was used the least. This means that most youths tried to handle how they felt about their situation rather than trying to change the situation itself. This pattern fits with their reality of long-term displacement, few job opportunities, interrupted education, poverty, and uncertainty about the future.

The strong use of emotion-focused coping in this study is similar to what has been reported in other displaced and conflict-affected groups. For example, a study about Syrian refugee youths in Norway by Dangmann et al. (2021) found that the youths often used emotional support, religious coping, and emotional regulation to deal with distress. Goodman (2004), also reported that Sudanese IDP youths used emotional suppression, distraction, and meaning-making through culture and spirituality to cope with trauma and daily hardships. The qualitative findings in this study support the survey results. Many participants said that prayer, religious activities, talking to friends, and sharing feelings were their main ways of coping. For them spiritual coping felt more meaningful and culturally acceptable than formal counseling. Participants explained that prayer and talking with their spiritual fathers helped

them deal with hopelessness and emotional pain. This is very similar to the findings of Mamed et al. (2025). Mamed showed that internally displaced people in northern Ethiopia relied heavily on religion and spirituality as key sources of strength, hope, and resilience.

Lazarus and Folkman's (1984) explain these findings by their transactional theory of stress and coping .The theory suggests that people are more likely to use emotion-focused coping when they see the stressor as something they cannot control or change. In this study, youths faced war, loss of home, unemployment, interrupted education, long camp stays, and uncertainty about the future. Many of these problems were beyond their control, so focusing on their emotions may have seemed more realistic than trying to solve the problems directly.

Avoidant coping was the second most common coping style. The positive links between avoidant coping and depression, anxiety, and stress suggest that youths with higher distress were more likely to withdraw or avoid their problems. This is the same with Salihu et al. (2024) finding. He found higher levels of dysfunctional and avoidant coping among internally displaced people in Nigeria than among host communities. Saxon et al. (2017) also reported that behaviours such as disengagement, denial, and emotional venting were common among conflict-affected people and were tied to worse mental health.

The qualitative data help to explain why avoidant coping was used. Youths talked about social withdrawal, hopelessness, boredom, emotional exhaustion, and a sense of giving up after long periods in the camps. The results from the interview showed that having nothing meaningful to do increased overthinking, stress, and emotional tiredness. These conditions may lead young people toward disengagement and passive coping. By seeing these avoidant coping may not just be a personal weakness, but also a response to on-going, uncontrollable stress and a lack of real opportunities.

This interpretation is further supported by both the Transactional Theory of Stress and Coping and COR theory. When individuals repeatedly evaluate stressful circumstances as overwhelming and perceive insufficient resources to address them, withdrawal and disengagement may become more likely coping responses. COR theory additionally suggests that prolonged resource loss can reduce psychological energy, motivation, and self-efficacy. Therefore, avoidant coping among the youths may reflect the cumulative effects of chronic adversity and resource depletion rather than simply individual maladjustment.

From the three coping strategies problem-focused coping was the least common and not much

used strategy. This matches earlier research on displaced populations. Paardekooper et al. (1999) found that South Sudanese refugee children in Ugandan camps used more emotion-focused than problem-focused coping because the camp environment gave them few chances to solve problems actively. McGregor et al. (2015) and Ryu (2020) also got result weak association between trauma exposure and problem-focused coping among displaced and refugee youths. The low use of problem-focused coping in this study can be understood due to the structural barriers youths face in the camps. Many participants mentioned unemployment, lack of education, financial dependence, and uncertainty about their future. These conditions decrease their ability to change their situation through planning or direct action. Ungar's (2011) ecological view of resilience argues that coping depends heavily on the resources and opportunities available in the environment. In settings where education, work, and economic independence are restricted, it becomes very hard to use problem-focused coping.

This finding also aligns closely with Lazarus and Folkman's transactional model. The theory suggests that individuals are more likely to use problem-focused coping when they believe that meaningful action can influence the stressor. However, many participants described limited employment opportunities, interrupted education, financial dependence, and uncertainty about their future. Such conditions reduce perceptions of control and limit opportunities for active problem solving. Bronfenbrenner's socio-ecological framework similarly indicates that coping behaviour is shaped not only by individual capacities but also by broader environmental systems. Therefore, the low use of problem-focused coping observed in this study may reflect structural constraints within the displacement context rather than a lack of individual capability.

### 5.4 Socio-Demographic Differences in Psychological Distress and Coping Strategies

This study showed that psychological distress was not the same across different groups of internally displaced youths in the Debre Berhan camps. According to sex, Female participants had higher levels of depression and stress rather than males. As for work and education status after displacement Youths who lost their jobs after displacement showed more depression than those who were still working. Regarding the length of stay at the camp those who had stayed longer in the camps also had higher depression scores. In addition, youths with higher education were more likely to use problem focused coping strategies.

The finding that girls and young women had higher depression and stress is in line with many

international and Ethiopian studies on displaced people. Reviews of refugee and displaced populations show that women often report more depression, anxiety, and general distress than men, partly because they face greater risks of gender-based violence, sexual abuse, heavy caregiving roles, and unequal access to resources. The same patterns been seen among humanitarian migrants in places like Australia. There female migrants reported higher distress, especially when they were unemployed or living in unstable conditions.

Mamed et al. (2025) in his studies at waghemra IDPs found that female IDPs in the Wag-Hemra zone had higher mental distress and PTSD scores than males. Tadesse et al. (2025) showed a result that female IDPs in Gondar and Dabat have twice as many depressive symptoms as men. Bekuretsion et al. (2025) found the same results in Mekelle IDPs. The qualitative data from this study help explain these gender differences. Young women talked about extra stress related to fear of harassment, insecurity, and gender-based violence in the camps. They also expressed emotional stress from caregiving responsibilities, social stigma, and restrictions on their social lives. These experiences are consistent with earlier Ethiopian studies that relate gender-based violence, caregiving burden, and economic vulnerability with higher distress among displaced women. The qualitative results also showed that young women did not speak about traumatic experiences because they are afraid of the society's response, shame, and stigma, which may increase emotional suffering and raise the risk of depression and stress.

These findings can also be understood within Bronfenbrenner's socio-ecological framework. Female youths are exposed to multiple environmental pressures operating at different ecological levels, including family responsibilities, gender norms, safety concerns, and limited access to economic opportunities. The interaction of these social and cultural influences may increase vulnerability to psychological distress. The findings therefore suggest that gender differences in mental health are shaped not only by individual experiences but also by broader social structures surrounding displacement.

The researcher also found that youths who stopped working after displacement had higher depression scores than those who remained employed. This agrees with other studies which show that unemployment and loss of livelihood are major factors for poor mental health among displaced people. For example, studies conducted among Somali and Sudanese IDPs indicate that unemployment, poverty and social exclusion are important causes of depression and PTSD over time. The qualitative results from the interview of this study also support this result. Participants explained that unemployment, financial problems and long-term

dependence on aid were major sources of hopelessness and emotional tiredness. Many of them reported that they spent most of their time without meaningful activities. This situation led to overthinking, boredom and loss of hope about the future. Miller and Rasmussen (2010) state that daily stressors such as unemployment, poverty, food insecurity and uncertainty can have more lasting psychological effects than the original traumatic events. Therefore, the high level of depression among unemployed youths in this study may be related to the emotional burden of long-term economic hardship and dependency. From the perspective of COR theory, employment represents an important condition resource that contributes to financial security, social identity, purpose, and self-esteem. Losing employment after displacement therefore constitutes a significant resource loss. The inability to regain this resource may contribute to further losses in confidence, hope, and perceived control, thereby increasing susceptibility to depression. This interpretation supports Hobfoll's argument that resource loss is one of the strongest predictors of psychological distress.

Regarding length of stay, the study shows that youths who lived in the camps for more than three years had higher depression scores than those who stayed for a shorter period. This is similar to results from Sudan, Somalia and other countries. Long term displacement and repeated camp related stress are associated with poor mental health conditions. Long years in the camp usually mean continuous unemployment, not knowing when they can return home, poor living conditions, interruption of education and weak social support. All these conditions affect the mental health of the youths. The qualitative results also explain this situation. Youths who stayed in the camps for many years showed strong feelings of hopelessness, emotional tiredness and worry about their future. They expressed frustration because their education was interrupted, they lost opportunities and they became dependent on humanitarian aid for a long time. This showed prolonged displacement gradually reduces strength and increases the risk of depression.

This finding can also be explained through both COR theory and Bronfenbrenner's chronosystem concept. COR theory suggests that prolonged exposure to resource loss without adequate recovery opportunities may create cumulative loss spirals over time. Similarly, the chronosystem emphasizes that the effects of stressful experiences change across time. As displacement becomes prolonged, continuing uncertainty, dependency, and disrupted life trajectories may gradually intensify psychological distress. The findings therefore indicate that the duration of displacement itself is an important factor shaping mental health outcomes.

The study further shows that participants with higher education levels used more problems focused coping than those with lower education levels. This is the same with other research which shows that education improves problem solving skills, communication and access to information. These things support active coping. Different studies from Somalia, Uganda and other displaced settings shows that literacy and schooling help to protect against depression and distress. This will further promote more active ways of dealing with problems. Higher education may help young people to search for information, use available services, plan for the future and feel more capable to act on their situation. On the other hand, youths with less education may have limited opportunities and lower confidence in managing stress directly. This may push them to rely more on emotion-focused or avoidant coping strategies. However, the study also indicates that even among the more educated youths, the use of problem-focused coping is still low. This implies that the difficult camp conditions reduce the possibility of active coping for most youths, regardless of their educational background.

The finding is consistent with both the Transactional Theory of Stress and Coping and the Socio-Ecological Framework. Education may strengthen secondary appraisal processes by increasing individuals' confidence in their ability to understand problems, access information, and identify coping options. At the same time, Bronfenbrenner's framework suggests that educational experiences provide important developmental resources that support adaptive coping. However, the continued low use of problem-focused coping even among more educated youths highlights the influence of structural barriers within the displacement environment.

### 5.5 Relationship between coping strategies and psychological distress

The results of the study showed relation between coping strategies and psychological distress among internally displaced youths. Avoidant coping had a moderate positive association with depression, anxiety, and stress. This means that youths with higher distress were more likely to use avoidant ways of coping. Different other studies have also found that avoidant coping is related to bad mental health among people exposed to trauma (Carver, 1997). Sometimes avoidance can give short-term emotional relief, but if it is used for a long time, it may prevent people from working through their emotions and can increase distress over time. This relationship is consistent with Lazarus and Folkman's theory, which suggests that coping strategies that do not directly address stressors may provide temporary emotional relief but often fail to reduce the source of distress. Over time, repeated avoidance may prevent individuals from processing emotions, seeking support, or utilizing available resources,

thereby contributing to worsening psychological outcomes.

Emotion-focused coping also showed positive relationships with depression, anxiety, and stress. Although this was the most commonly used coping strategy in this study, this does not mean that emotion-focused coping is harmful by itself. Instead, it may show that youths who feel more emotional pain rely more on emotional and spiritual methods to handle very difficult situations. The qualitative findings support this idea, as many participants described prayer, religious support, and sharing feelings with others as important ways of coping. From the perspective of the Transactional Theory of Stress and Coping, this finding does not necessarily imply that emotion-focused coping is maladaptive. Rather, it may indicate that youths experiencing greater distress rely more heavily on emotional regulation strategies because they perceive their circumstances as largely uncontrollable. Therefore, the positive association may reflect the severity of stressors faced by the youths rather than the harmful nature of emotion-focused coping itself.

Problem-focused coping showed weak negative relationships with depression and anxiety. This means that respondents who used more active coping and problem-solving strategies tended to report lower levels of psychological distress. Earlier studies also have similar findings. This finding supports the assumptions of the Transactional Theory of Stress and Coping, which proposes that active efforts to address stressors are generally associated with better psychological adjustment when individuals perceive opportunities for control. Problem-focused coping may help youths access resources, seek information, develop plans, and maintain a sense of agency, thereby reducing vulnerability to depression and anxiety. However, the relatively weak relationship observed in this study may indicate that the structural realities of camp life limit the effectiveness of active coping efforts.

# CHAPTER SIX

## Summary, Conclusion and Recommendation

### 6.1 Summary of Findings

The purpose of this study was to assess psychological distress, coping strategies, and mental health service experiences among internally displaced youths residing in Debre Berhan IDP camps. The study employed a mixed-methods approach to obtain both quantitative and qualitative insights into the mental health conditions and lived experiences of displaced youths.

The findings revealed a high prevalence of psychological distress among the participants. Anxiety emerged as the most prevalent mental health problem, followed by depression and stress. A considerable proportion of respondents reported severe to extremely severe symptoms, indicating that displacement has placed a substantial psychological burden on youths living in the camps. Qualitative findings further showed that prolonged displacement, unemployment, interrupted education, uncertainty about the future, food insecurity, overcrowding, and separation from family members were major contributors to emotional suffering.

Regarding coping strategies, emotion-focused coping was the most frequently used strategy, followed by avoidant coping, while problem-focused coping was the least utilized. Qualitative findings demonstrated that prayer, religious involvement, emotional support from friends, and sharing personal experiences were important coping mechanisms. At the same time, some youths reported social withdrawal, hopelessness, and disengagement, reflecting the use of avoidant coping strategies. The limited use of problem-focused coping appeared to be influenced by structural barriers such as unemployment, lack of educational opportunities, financial dependency, and restricted access to resources.

The study also identified significant socio-demographic differences in psychological distress and coping. Female participants reported higher levels of depression and stress compared to males. Youths who lost employment following displacement experienced higher levels of depression than those who remained employed. Similarly, participants who had stayed in the camps for longer periods reported greater depressive symptoms. Higher educational attainment was associated with greater use of problem-focused coping strategies.

Furthermore, the study found significant relationships between coping strategies and psychological distress. Avoidant coping showed positive associations with depression, anxiety, and stress, suggesting that greater reliance on avoidance was linked to poorer mental health outcomes. Emotion-focused coping was also positively associated with psychological distress, likely reflecting the severity of stressors faced by participants. In contrast, problem-focused coping demonstrated negative relationships with depression and anxiety, indicating its potential protective role against psychological distress.

Overall, the findings suggest that the mental health challenges experienced by internally displaced youths are shaped by the combined effects of war-related displacement, ongoing daily stressors, prolonged resource loss, and limited access to opportunities that support psychological recovery and resilience.

### 6.2 Conclusion

The objective of this study was to assess the psychological distress and coping strategies of internally displaced youths living in temporary IDP camps in Debre Birhan, Ethiopia, and to examine the availability, accessibility, relevance, feasibility, and equity of mental health and psychosocial support (MHPSS) services within these camps.

The questionnaire return rate was good and was sufficient dataset for analysis. Results showed that internally displaced youths experienced High levels of psychological distress, particularly depression, anxiety, and stress. Anxiety is the major distress prevalent in the camp. Depression and stress symptoms were also prevalent, indicating that displacement has placed a serious psychological burden on young people in the camps.

Emotion-focused coping was the most commonly used among in the camp youths, followed by avoidant coping, while problem-focused coping was used less frequently. This shows that many youths rely majorly on emotional focused coping with emotional regulation, social or religious support, and avoidance rather than active problem-solving when facing stress and hardship.

Some differences in psychological distress and coping strategies were seen across socio-demographic variables. Female participants showed higher levels of depression and

stress and used more emotion-focused coping more than males. Youths who stopped working or discontinued education after displacement showed higher levels of depression than those who remained engaged in work or education. The longer the stay in the camp was related with higher depression, showing that prolonged displacement increases mental health problems over time. Educational level also influenced coping. Youths with higher education reported greater use of problem-focused coping strategies.

The Correlation analysis showed that depression, anxiety, and stress were strongly interrelated. These forms of distress frequently occur together among displaced youths. Emotion-focused and avoidant coping were positively associated with psychological distress, whereas problem-focused coping was negatively related to depression and anxiety, showing that active coping may help reduce emotional distress.

Qualitative analysis supported the quantitative results. Some MHPSS services were available in the camps but they were often limited, inconsistent, and not matched to youths' needs. Different barriers were identified. This includes stigma, low awareness, shortages of professionals, and irregular service delivery. Many youths choose informal coping mechanisms such as religious practices, social support, and conversations with family or friends over formal counseling. Another one is distress was closely related to displacement-related hardships. These include unemployment, disrupted education, poverty, uncertainty about the future, and poor living conditions. Unequal access to humanitarian assistance also added to the emotional distress of many displaced youths, when they felt unnoticed in the distribution process.

### 6.3 Recommendations

The following recommendations are given based on the findings of the study and the conclusion made earlier.

**To Government and Humanitarian Organizations**

- **Prevention:** Different Youth-focused psychosocial activities i.e sports, arts, peer support groups, life skills training, and vocational programs should be introduced to help reduce boredom, hopelessness, and social isolation among displaced youths. Awareness-creating campaigns should be implemented to reduce stigma around mental health problems and encourage help-seeking behaviour among displaced youths. Mental health and psychosocial support should be integrated with other

humanitarian services such as education, livelihood support, food assistance, and employment opportunities, because these factors also affect psychological wellbeing. For example when food aid comes in the camp a brief awareness about mental health can be given.

- **Control:** Mental health and psychosocial support services in IDP camps should be improved to ensure they are consistent accessibility in the camp. Simple mental health screening and early identification should be strengthened in camp health services so that youths with signs of psychological distress can be detected and supported early.
- **Management:** Simple and easy referral systems should be developed between camp-based psychosocial services and primary health care facilities. Allocating enough resources to distribute mental health professionals to manage severe mental health conditions is necessary.

**To NGOs and Community-Based Organizations**

- **Prevention:** Entrepreneurship training, small-scale farming, vocational training, and other income-generating activities should be expanded to help reduce youth idleness. We can take example from prisons peoples in prison do handicrafts and the goods will be sold in the market we can do same in the IDP Setting.
- **Control:** working closely with Religious leaders and community elders, and youth representatives in mental health awareness and psychosocial support initiatives.
- **Management:** Because we need to address psychological problems related to gender-based violence, and harassment gender-sensitive interventions should be strengthened.

**To Mental Health Professionals**

- **Prevention:** Counseling service that is given at the camp for the youths in displacement settings should be trauma-informed and youth-friendly so that young people feel comfortable seeking help.
- **Control:** For Youths who have mild to moderate psychological distress early counseling and stress management training should be provided. Mental health professionals should also work closely with social workers, community leaders, and humanitarian organizations to improve outreach, follow-up, and continuity of psychosocial support.
- **Management:** For youths with severe distress or other serious mental health conditions professionals should provide proper assessment, counseling, referral to

specialized care when needed and consistent follow-up.

**To Researchers**

- We need to conduct longitudinal studies to better understand long term psychological outcomes in internally displaced youths and examine changes in psychological distress and coping patterns over time.
- Future Researches should study the effectiveness of different psychosocial interventions in improving mental health and psychosocial wellbeing among displaced youths.
- More qualitative and intervention-based studies are needed to explore local coping experiences, barriers to mental health service use, and practical ways to improve psychosocial support in displacement settings.

### 6.5 Implication for Counseling Psychology

The findings of this study have important implications for counseling psychology practice, research, training, and policy in humanitarian and displacement settings. First, the high prevalence of depression, anxiety, and stress among internally displaced youths highlights the urgent need for accessible and culturally responsive mental health and psychosocial support services within displacement camps. Counseling psychologists should prioritize early identification and intervention for youths experiencing significant psychological distress to prevent the development of more severe mental health conditions.

Second, the predominance of emotion-focused coping and the extensive reliance on religious and spiritual practices suggest that counseling interventions should be culturally sensitive and incorporate existing community strengths. Counseling psychologists working with displaced populations should recognize the important role of faith, spirituality, social support, and community networks in promoting resilience and psychological well-being. Integrating culturally meaningful coping resources into counseling interventions may enhance engagement and effectiveness.

Third, the positive association between avoidant coping and psychological distress indicates the importance of interventions that promote adaptive coping skills. Counseling psychologists can help displaced youths develop healthier coping strategies, emotional regulation skills, problem-solving abilities, and resilience-building techniques that reduce dependence on

avoidance and withdrawal. Psychoeducational programs, group counseling, and skills-based interventions may be particularly beneficial in camp settings.

Fourth, the findings demonstrate that psychological distress among internally displaced youths cannot be understood solely at the individual level. Factors such as unemployment, disrupted education, poverty, prolonged displacement, and inadequate living conditions were found to significantly influence mental health outcomes. Therefore, counseling psychology practice in humanitarian settings should adopt ecological and systemic perspectives that address both individual psychological needs and broader environmental stressors. This supports the growing emphasis within counseling psychology on social justice, advocacy, and community-based interventions.

Fifth, the higher levels of psychological distress observed among female youths suggest the need for gender-sensitive mental health interventions. Counseling psychologists should develop programs that address the unique challenges faced by displaced young women, including concerns related to safety, caregiving responsibilities, gender-based violence, stigma, and restricted social opportunities.

Finally, the findings underscore the need for greater integration of mental health services within humanitarian response systems. Counseling psychologists should collaborate with governmental agencies, humanitarian organizations, educational institutions, community leaders, and religious institutions to strengthen mental health promotion, prevention, and intervention services for displaced youths. Such collaborative efforts may contribute to improved psychological well-being, stronger resilience, and more successful long-term adjustment among internally displaced populations.

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## Appendix I
## ለጥናታዊ ጽሑፍ ዝግጅት የተሰጠ መጠይቅ

ጤና ይስጥልኝ፤ ስሜ ዮርዳኖስ አዲሴ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የትምህርት እና የባህሪ ጥናት ኮሌጅ፣ በስነ-ልቦና ትምህርት ክፍል የካውንስሊንግ ሳይኮሎጂ (Counseling Psychology) የማስተርስ ተማሪ ነኝ። በአሁኑ ወቅት በደብረ ብርሃን ከተማ በሚገኙ መጠለያ ጣቢያዎች ውስጥ ባሉ ወጣቶች ላይ የሚያጋጥም የስነ-ልቦናዊ ጭንቀት (Psychological Distress) እና የመቋቋሚያ መንገዶችን (Coping Mechanisms) በሚመለከት የጥናት ሥራ እየሠራሁ እገኛለሁ። ይህ መጠይቅ የተዘጋጀው የእርስዎ የመፈናቀል ተሞክሮ፣ በዚህም ምክንያት የሚሰማዎት የስነ-ልቦና ስሜት እና ሁኔታዎችን እንዴት ለመቋቋም እንደሚሞክሩ መረጃ ለመሰብሰብ ነው።

**ማሳሰቢያ፦**

- በዚህ መጠይቅ ላይ የሚሰጡት መረጃ ለጥናቱ ግብ ብቻ የሚውል ይሆናል።
- ስምዎን መጥቀስ አያስፈልግም፤ የሚሰጡት ማንኛውም ምላሽ በምስጢር የተጠበቀ ነው።
- ተሳትፎዎ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ሲሆን፣ ያልተመቸዎትን ጥያቄ አለመመለስ ወይም በማንኛውም ሰዓት መጠይቁን ማቆም ይችላሉ።
- ለጥናቱ ስኬት የሚሰጡት ትክክለኛ ምላሽ እጅግ ጠቃሚ ስለሆነ በጥንቃቄ እንዲሞሉ በታላቅ አክብሮት እጠይቃለሁ።

**አመሰግናለሁ!**

### ክፍል አንድ፦ አጠቃላይ መረጃ (Demographic Part)

**መመሪያ፦** ለሚከተሉት ጥያቄዎች ትክክለኛ ነው የሚሉትን አማራጭ በሳጥኑ ውስጥ የ "X" ምልክት በማድረግ ወይም በተሰጠው ክፍት ቦታ ላይ በመፃፍ ይመልሱ።

1. ጾታ፡ ወንድ ☐ ሴት ☐
2. እድሜ ፦ 15-20 ☐ 21-25 ☐ 26-29 ☐
3. የትምህርት ደረጃ፦

መደበኛ ትምህርት ያልተከታተለ/ች ☐ የመጀመሪያ ደረጃ (1-8 ክፍል) ☐

ሁለተኛ ደረጃ (9-12 ክፍል) ☐ ከከፍተኛ ትምህርት ተቋም(ኮሌጅ/ዩኒቨርሲቲ) የተመረቀ/ች ☐

4. የጋብቻ ሁኔታ፦ ያላገባ/ች ☐ ያገባ/ች ☐ የፈታ/ች ☐ የትዳር አጋር የሞተበት/ባት ☐
5. እዚህ ከመጡ በኋላ ያሉበት ያሉበት የሥራ ወይም የትምህርት ሁኔታ፡

☐ ምንም እየሰራሁ/እየተማርኩ አይደለም

☐ በሥራ ወይም በትምህርት ላይ እገኛለሁ

6. በመጠለያ ጣቢያው የቆዩበት ጊዜ (በወራት/በዓመታት)፦

ከ1 ዓመት በታች ☐ ከ1-3 ዓመት ☐ ከ3 ዓመት በላይ ☐

7. የሚኖሩበት መጠለያ ጣቢያ ስም፦ ቻይና ካምፕ ☐ ወይንሸት ካምፕ ☐ ባቁሎ ካምፕ ☐

ሌላ ካለ (ይጠቀስ)፦_____

## ክፍል ሁለት፡ ድብርት፣ ጭንቀት እና ውጥረት መለኪያ

***መመሪያ***፡ ውድ መላሾች እባካችሁ ከዚህ በታች ያሉትን አርፍተ ነገሮች በጥንቃቄ አንብባችሁ ባለፉት ጥቂት ወራት ውስጥ ከእርስዎ ጋር በተያያዘ ምን ያህል የእርስዎን ሁኔታ እንደሚገልጽ 0፣1፣2 ወይም 3 ላይ በማክበብ መልስ ይስጡ፡፡ በዚህ ውስጥ ትክክለኛ ወይም የተሳሳተ የሚባል መልስ የለም፡፡ በእያንዳንዱ አርፍተ ነገር ላይ ሰፊ ጊዜ አያጥፉ፡፡ የደረጃ አወጣጡ የሚከተለውን ይመስላል፡- እኔን በፍፁም አይገልፀኝም (0)፣ በተወሰነ መልኩ ይገልፀኛል (1) ፣ በተሻለ መልኩ ይገልፀኛል (2) ፣ በጣም ይገልፀኛል (3)

| ተ.ቁ | ዝርዝር | አማራጮች | | | |
|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 3 |
| 1 (S) | ነገሮችን ለማስተካከል ከብዶኛል ወይም ለመረጋጋት አስቻገሪ ሀኖብኝ ነበር | 0 | 1 | 2 | 3 |
| 2 (A) | የአፌን መድረቅ እገነዘብ ነበር | 0 | 1 | 2 | 3 |
| 3 (D) | ፈጽሞውኑ ማናቸውም ጥሩ ስሜት የሚሰማኝ አይመስለኝም ነበር | 0 | 1 | 2 | 3 |
| 4 (A) | የመተንፈስ ችግር አጋጥሞኛል (ለምሳሌ፡- ከመጠን በላይ ፈጣን የሆነ አተነፋፈስ፣ አካላዊ እንቅስቃሴ ሳይኖር ድካም ይሰማኛል) | 0 | 1 | 2 | 3 |
| 5 (D) | አንዳንድ ነገሮችን በራሴ ተነሳሽነት ለመስራት አስቸጋሪ ሆኖብኝ ነበር | 0 | 1 | 2 | 3 |
| 6 (S) | ለአንዳንድ ነገሮች የምሰጠው ምላሽ ከሚገባው በላይ ነው | 0 | 1 | 2 | 3 |
| 7 (A) | የመንቀጥቀጥ ስሜት ይሰማኝ ነበር (ለምሳሌ፡- እግሮቼ) | 0 | 1 | 2 | 3 |
| 8 (S) | እራሴን ዘና ለማድረግ እቸገር እንደነበር ይሰማኛል | 0 | 1 | 2 | 3 |
| 9 (A) | ራሴ በፈጠርኩት ከፍተኛ ድንጋጤና ፍርሀት ስለሁኔታዎች እጨነቅ ነበር | 0 | 1 | 2 | 3 |
| 10 (D) | በጉጉት የምጠበቀው ነገር እንደሌለ ይሰማኝ ነበር | 0 | 1 | 2 | 3 |
| 11 (S) | በጣም እረበሽ ነበር | 0 | 1 | 2 | 3 |
| 12 (S) | ዘና ለማለት አዳጋች ሆኖብኝ ነበር | 0 | 1 | 2 | 3 |
| 13 (D) | ውስጤ ሀዘንና ባዶነት ተሰምቶኝ ነበር | 0 | 1 | 2 | 3 |
| 14 (S) | ማንኛውንም የሚያዘገየኝን ነገር መታገስ አቅቶኛል (አሳንሰር፣ የመኪና መብራት ፣ ሰውን መጠበቅ...ወዘተ) | 0 | 1 | 2 | 3 |
| 15 (A) | እየተጨናነኩኝ ስጋት ውስጥ የገባሁ ይመስለኛል | 0 | 1 | 2 | 3 |
| 16 (D) | ማንኛውንም ነገር የማወቅ ወይም ለመማር ፍላጎት አጥቻለሁ | 0 | 1 | 2 | 3 |
| 17 (D) | እንደ ግለሰብ አስፈላጊ እንደሆንኩኝ አይሰማኝም | 0 | 1 | 2 | 3 |
| 18 (S) | በቀላሉ የምበሳጭ አይነት ሰው ሆኛለሁ | 0 | 1 | 2 | 3 |
| 19 (A) | ምንም አይነት አካላዊ እንቅስቃሴ ሳይኖር የልብ ምቴ ሲጨምር ይሰማኛል (እጄንም ያልበኛል) | 0 | 1 | 2 | 3 |
| 20 (A) | ያለ በቂ ምክንያት ፍርሀት ይሰማኝ ነበር | 0 | 1 | 2 | 3 |
| 21 (D) | ሕይወት ትርጉም የለሽ ሆናብኛለች | 0 | 1 | 2 | 3 |

## ክፍል ሦስት፡ የሚያጋጥሙ ችግሮችን የመቋቋሚያ ስልቶች መለኪያ መጠይቅ (Brief-COPE)

**መመሪያ፦** የሚከተሉት ጥያቄዎች በሕይወትዎ ውስጥ የሚያጋጥሙ አስቸጋሪ ወይም ፈታኝ ሁኔታዎችን ለመቋቋም የሚያደርጉትን ጥረት የሚመለከቱ ናቸው። እባክዎን እያንዳንዱን ዓረፍተ ነገር ካነበቡ በኋላ፣ የተጠቀሱትን የችግር መቋቋሚያ ስልቶች ምን ያህል እየተጠቀሙባቸው እንደሆነ ከቀረቡት አማራጮች ውስጥ ለእርስዎ የሚስማማውን በመምረጥ ይግለጹ። የደረጃ አወጣጡ የሚከተለውን ይመስላል፡ 1. ይህን በጭራሽ እየተጠቀምኩበት አይደለም 2. በጥቂቱ 3. በመጠኑ 4. ይህን በጣም እየተጠቀምኩበት ነው።

| No. | ዝርዝር | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1 | ስለ ሁኔታው ላለማሰብ ስል ትኩረቴን ሥራ ወይም ሌሎች ተግባራት ላይ እያደረግኩ ነው (ራሴን በሥራ እጠምዳለሁ)። | | | | |
| 2 | ያለሁበትን ሁኔታ ለመቀየር (መፍትሔ ለማምጣት) እየጣርኩ ነው። | | | | |
| 3 | “ይህ ነገር እውነት አይደለም” ብዬ ራሴን ለማሳመን እየሞከርኩ ነው። | | | | |
| 4 | የተሻለ ስሜት እንዲሰማኝ ለማድረግ አልኮል ወይም ሌሎች አደንዛዥ ዕፆችን እየተጠቀምኩ ነው። | | | | |
| 5 | ከሌሎች ሰዎች ስሜታዊ ድጋፍ እያገኘሁ ነው። | | | | |
| 6 | ሁኔታውን ለመጋፈጥ መሞከሬን እየተውኩ ነው (ተስፋ እያስቆረጠኝ ነው)። | | | | |
| 7 | ሁኔታውን ለመለወጥ እርምጃ እየወሰድኩ ነው። | | | | |
| 8 | ነገሩ መከሰቱን አምኖ ለመቀበል እየከበደኝ ነው። | | | | |
| 9 | ከመጥፎ ስሜቶቼ ለመገላገል ወይም እንዲቀለኝ ብዬ የተሰማኝን አውጥቼ እየተናገርኩ ነው። | | | | |
| 10 | ከሌሎች ሰዎች እርዳታ እና ምክር እያገኘሁ ነው። | | | | |
| 11 | ሁኔታውን ለማለፍ እንዲረዳኝ አልኮል ወይም ሌሎች አደንዛዥ ዕፆችን እየተጠቀምኩ ነው። | | | | |
| 12 | የተፈጠረውን ነገር ጥሩ ጎን ይበልጥ ለማየትና በተለየ መንገድ ለመረዳት እየሞከርኩ ነው። | | | | |
| 13 | ራሴን እየወቀስኩ ነው። | | | | |
| 14 | ምን ማድረግ እንዳለብኝ እቅድ ለማውጣት እየሞከርኩ ነው። | | | | |
| 15 | መጽናኛን እና አጋርነትን (በሃሳብ መረዳትን) ከሌላ ሰው እያገኘሁ ነው። | | | | |
| 16 | ሁኔታውን ለመቋቋም የማደርገውን ሙከራ እየተውኩ ነው። | | | | |
| 17 | እየተፈጠረ ባለው ሁኔታ ውስጥ የሆነ ጥሩ ነገር ለማግኘት እየሞከርኩ ነው። | | | | |
| 18 | ስለ ሁኔታው በመቀለድ ነገሩን ለማቅለል እየሞከርኩ ነው። | | | | |
| 19 | ስለ ሁኔታው ብዙ ላለማሰብ ስል እንደ ፊልም ማየት፣ ቴሌቪዥን መመልከት፣ መጽሐፍ ማንበብ፣ በምኞት ሃሳብ መንዘር፣ መተኛት ወይም ገበያ መውጣት ያሉ ነገሮችን እያደረግኩ ነው። | | | | |
| 20 | የተከሰተውን ነገር እና እውነታውን አምኜ ለመቀበል እየሞከርኩ ነው። | | | | |
| 21 | የሚሰሙኝን መጥፎ ወይም አሉታዊ ስሜቶች አውጥቼ ለመግለጽ እየሞከርኩ ነው። | | | | |
| 22 | በሃይማኖቴ ወይም በመንፈሳዊ እምነቴ ውስጥ መጽናኛን ለማግኘት እየሞከርኩ ነው። | | | | |
| 23 | ምን ማድረግ እንዳለብኝ ከሌሎች ሰዎች ምክር ወይም እርዳታ ለማግኘት እየሞከርኩ ነው። | | | | |
| 24 | ከሁኔታው ጋር ተላምዶ ለመኖር እየሞከርኩ ነው። | | | | |
| 25 | ምን ዓይነት እርምጃዎችን መውሰድ እንዳለብኝ በጥልቀት እያሰብኩ ነው። | | | | |
| 26 | ለተፈጠሩት ነገሮች ራሴን እየወቀስኩኝ ወይም ተጠያቂ እያደረኩኝ ነው። | | | | |
| 27 | እየጸለይኩኝ ወይም በጥሞና እያሰብኩኝ (በጥልቀት እያሰላሰልኩኝ) ነው። | | | | |
| 28 | ሁኔታውን በቀልድ እያለፍኩት ነው። | | | | |

**Appendix II**

## የቃለ መጠይቅ ጥያቄዎች

1. ስለራስዎ ጥቂት ሊነግሩኝ ይችላሉ? (ዕድሜ፣ አስተዳደግ/የመጡበት አካባቢ፣ ወደ እዚህ ካምፕ ለምን እና እንዴት መጡ፣ እዚህ ካምፕ ውስጥ ምን ያህል ጊዜ እንደቆዩ፣ ወደዚህ ካምፕ ከመጡ ጀምሮ ህይወት ለእርስዎ እንዴት ነበር?
2. በዚህ ካምፕ ውስጥ ያሉ ወጣቶች የሚያጋጥሟቸውን ዋና ዋና ስሜታዊ ወይም ስነ-ልቦናዊ ፈተናዎች ሊገልጹልኝ ይችላሉ? ከተፈናቀሉ ጀምሮ እርስዎ በግልዎ ውጥረት (ጭንቀት)፣ ስጋት ወይም ሀዘን ኢጋጥሞዎት ያውቃል?
3. በዚህ ካምፕ ውስጥ ጭንቀትን ወይም የአእምሮ ጤና ችግር ያለባቸውን ሰዎች የሚረዱ የድጋፍ ሥርዓቶች ወይም አገልግሎቶች አሉ? ካሉ ስለ ምን ዓይነት የድጋፍ ዓይነቶች ሰምተዋል ወይም አይተዋል??
4. ወጣቶች እነዚህን አገልግሎቶች ለማግኘት ምን ያህል ቀላል ወይም አስቸጋሪ ይሆንባቸዋል? (ለምሳሌ፡- ርቀት፣ ወጪ፣ የጥበቃ ጊዜ፣ መረጃ የማግኘት ሁኔታ)
5. ከእነዚህ አገልግሎቶች ውስጥ እርዳታ ለመጠየቅ ሞክረው ያውቃሉ? ተሞክሮዎን ሊገልጹልኝ ይችላሉ?
6. ያሉት አገልግሎቶች እንደ እርስዎ ላሉ ወጣቶች ፍላጎት ይመጥናሉ ብለው ያስባሉ? ለምን? ወይም ለምን አይመስልዎትም??
7. እነዚህን አገልግሎቶች በመጠቀም ረገድ ነፃነት/ምቾት ይሰማዎታል? ከእርስዎ እምነት፣ ባህል ወይም ፍላጎት ጋር ይጣጣማሉ?
8. እዚህ ያሉ ወጣቶች በሙሉ ለእነዚህ አገልግሎቶች እኩል ዕድል አላቸው ወይስ ይበልጥ የተጎዱ/የማያገኙ አሉ?
9. የውጥረት፣ የጭንቀት ወይም ከአቅም በላይ የመደበት ስሜት ሲሰማዎት፣ አብዛኛውን ጊዜ ሁኔታውን ለመቋቋም ምን ያደርጋሉ? አብዛኛውን ጊዜ ወደ ማን ዘወር ይላሉ? እርዳታ ለመጠየቅስ ምን ቀላል ወይም አስቸጋሪ ያደርገዋል?
10. በዚህ ካምፕ ውስጥ ላሉ ወጣቶች የአእምሮ ጤና አገልግሎትን ለማሻሻል ምን ዓይነት ድጋፎች ወይም ለውጦች መደረግ አለባቸው ብለው ያስባሉ??

**ለባለሞያዎች**

1. በአሁኑ ጊዜ በዚህ ካምፕ ውስጥ ምን ዓይነት የአእምሮ ጤና እና ማህበራዊ-ስነልቦናዊ (psychosocial) የድጋፍ አገልግሎቶች ይገኛሉ?
2. እነዚህ አገልግሎቶች የወጣቶችን ፍላጎት ለማሟላት በቂ ናቸው ብለው ያስባሉ?
3. ወጣቶች እነዚህን አገልግሎቶች ለማግኘት የሚገጥሟቸው ዋና ዋና ተግዳሮቶች/ፈተናዎች ምንድን ናቸው?
4. ድጋፍ ለመስጠት የሚያስችል በቂ ስልጠና ያላቸው ባለሙያዎች አሉ?
5. የተሻለ የአእምሮ ጤና ድጋፍ ለመስጠት ምን ዓይነት ማሻሻያዎች እንዲደረጉ ይመክራሉ?

አማራ ብሔራዊ ክልላዊ መንግስት ሰሜን ሸዋ ዞን ፣ ከተማ አስተዳደር ከንቲባ ጽ/ቤት

Amhara National Regional State North Shoa Zone Debre Birhan City Administration Mayor office

ቁጥር፦ ደ/ብ/ከ/አስ/ከን/ጽ/ቤት/ 402 / 2018

ቀን 22/ 8 /2018 ዓ.ም

TO Addis Abeba universtiy

Addis Abeba

Subject ;__ TO WHOM IT MAY CONCERN

This letter is to confirm that Yordanos Addise Master's Student in Counseling Psychology has conducted data collection for her research titled _____ within our IDP camps. She collected data from three camps under our administration with full permission and cooperation from the camp management. Her work was carried out responsibly, respecting participants and adhering to ethical research standards.

We acknowledge and support her research efforts and appreciate her commitment during the data collection proces

Sincerely,

Antenehe egziabher

Debre Birhan mayor Office