A COMPREHENSIVE EXPLORATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES FOR INTERNALLY DISPLACED PERSONS IN DEBRE BRHAN IDPS CAMP

BY:

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A THESIS SUMBITTED TO THE SCHOOL OF PSYCHOLOGY, COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES, ADDIS ABABA UNIVERSITY IN A PARATIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ART IN SOCIAL PSCYHOLOGY

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JUNE, 2024

ADDIS ABABA, ETHIOPIA

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Acknowledgement

I would like to start by praising my almighty God, I was able to achieve it not by my skills but by your mercy. I am thankful to my adviser, Dr. Abera Tibebu, whose useful advice and remarks have been quite helpful to me. I can't thank him enough for his professional advice on reframing the title, objectives, approach, outcome, discussion, conclusion, recommendation, and even dedicating time to refining the language. My heartfelt thanks also goes to my father, Begidu Bekele, my mother, Abayinesh Einku, and my loving sisters, Elilita and Dimitse. Without your support, love, and encouragement, I would be unable to dedicate myself and work on this thesis.

I would like to express my gratitude to my friends who supported me while I was moving to collect data, as well as to the participant of the research.

My colleagues, I thank you for your cooperation in allowing me to study. To all my teachers who taught me in the graduate and master classes, your gratitude will never be forgotten.

Abstract

The multi-facted problems internally dispaced persons face have for long been a topic of political, social and academic interst. The main obejective of this study is a comprehensive exploration of mental health and psychosocial support services for internally displaced persons in Debre Brhan IDPs camp. The research was done through the qualitative approach and 22 individuals participated in it. From 22 participants seven were a professionals who provided mental health and psychosocial support services and 15 are from IDPs in the camp. This study used convenience sampling method to select participant. The data was analyzed using a thematic analysis method. Based on the finding the mental health and psycho-social support that is being provided in the Debre Brhan IDPs camp has challenges that need attention. Among these challenges, the imbalance between the number of professionals and displaced persons, security issues, lack of awareness, lack of integration of in-kind and psychosocial support, lack of provision of facilities, absence of clear decision on the future status of IDPs, and challenges to update the expert are mentioned. Based on this this study recommends to create awareness about the service, to integrate the service with kind-support, and to update the professionals periodically through training.

Keywords: challenges of IDPs, and mental health and psychosocial support services,

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Acronyms

CBT: Cognitive behavioral therapy

IDMC: International Displacement Monitoring Center

IDPs: Internally Displaced Persons

IOM: International Organization for Migration

MHPSS: Mental Health and Psychosocial Support service

OCHA: Office for the Coordination of Humanitarian Affairs

PFA: Psychological First Aid

PTSD: Post-traumatic stress disorder

UN: United Nation

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CHAPTER ONE

INTRODUCTION

In this section the researcher will discuss the background of the study, statement of the problem, research general and specific objectives, Significance of the Study, Scope of the Study and operational definitions,

1.1 Background of the Study

Human displacement continues to be one of the most urgent humanitarian crises facing the world today (Bayu & Sunjo, 2023). This multi-facted problems internally dispaced persons face have for long been a topic of political, social and academic interst Cantor et al. (2021). Indicate the vulnerability of internally displaced persons(IDPs) and emphasize the necessity for research that addresses their psychosocial challenges and provides effective support. According to the definition given by the UNHCR (1998), IDPs are people who have been forced to leave their usual place of residency but have not crossed an internationally recognized border, unlike refugees.

The global humanitarian community remains deeply concerned about the internal displacement resulting from both natural and man-made disasters (Nwanna & Nimachi, 2018; Owoaje et al., 2016; Habu et al., 2017). Such as environmental disasters, conflicts, and the adverse effects of climate change, oftentimes leading to numerous violations of human rights (Cantor et al., 2021).

According to Akuto (2017), the number of internally displaced persons (IDPs) has risen dramatically in recent years as a result of armed conflicts, widespread human

rights violations, and natural disasters such as floods and earthquakes. Based on reports from the United Nations (2023), global internal displacement reached 55 million people in 2020, and estimates suggest close to 63 million people internally displaced globally due to confilict and violence in 2024 (UNHCR). The reasons for this displacement are numerous, including conflict, violence, disaster, climate change, and human rights abuses (Nwanna & Nimachi, 2018).

These issues are particularly prevalent in the Horn of Africa, where population displacement and violence are major concerns (Bentil et al., 2024). The region's political insecurity, economic deprivation, shifting population dynamics, and lack of resources contribute to the problem (Yigzaw & Abitew, 2019). Ethiopia, as a country in the Horn of Africa, is not immune to this crisis. The International Organization for Migration (2023) projects that Ethiopia have approximately 3.14 million internally displaced persons (IDPs) by 2023, a significant increase compared to the 2 million IDPs in 2022. This emphasizes the urgent need for greater attention and intervention on this issue. The recent change in the number of IDPs in the country brings about unprecedented complication in the community.

Meanwhile, psychosocial callenges encompass various aspects of the social hierarchy, including individual, societal, interpersonal, communal, and cultural levels. They refer to events or disturbance in an individual's life, such as housing concerns, domestic abuse, isolation, financial matters, grief and loss, and other factors that specifically impact mental health, anxiety, depression, and adjustment (Din, 2010).

Psychosocial issues can also pertain to situation or problems within personal, occupational, social, and environmental domains, as well as those related to physical and mental health (Chu et al., 2018). In addition, Nwanna and Nimachi (2018) state

that Internally Displaced People (IDPs) endure extreme economic hardship, psychological trauma, and social displacement, which is difficult to fathom.

Aleemi and Qureshi (2015) argues that while humanitarian organizations and the government prioritize addressing physical problems, the neglect of mental health challenges can lead to chronic medical conditions, which in turn can have social consequences and persist even after internally displaced persons (IDPs) return to their home villages. Therefore, psychological intervention by service providers is necessary to facilitate IDPs' recovery and successful reintegration into society. Emmanuel (20214) further supports this notion, emphasizing that psychotherapy is one of the solution to address the extensive psychological trauma (suffered) by a large number of internally displaced victims.

Numerous studies are being conducted to examine the correlation between psychosocial challenges and mental health problems among IDPs. The research consistently reveals a higher prevalence of anxiety, post-traumatic stress disorder (PTSD), and depression among IDPs (Uphoff et al., 2020; Housen, 2017; Thapa & Hauff, 2025 & Cardozo et al., 2004). To tackle these challenges, psychologists and other mental health professionals collaborate with support organizations.

In Ethiopia, there are several organizations that offer assistance to internally displaced persons (IDPs). However, Sonderegger et al. (2011) point out that once basic needs such as shelter and food are fulfilled, there is often a lack of funding and employed skilled professionals to address the psychosocial needs of individuals affected by conflict. IDPs have limited access to mental health and psychosocial support services, resulting in a treatment gap that requires attention (Hendrickx et al., 2020; Chikovani et al., 2015; Roberts et al., 2019). In this study, the aim is to underistand

comprehensive exploration of mental health and psychosocial support services for internally displaced persons in Debre Brhan IDPs camp.

1.2 Statement of the Problem

The issue of internally displaced persons (IDPs) is a widespread problem globally, particularly in developing nations like Ethiopia. The number of internally displaced individuals continues to rise, as reported by the national disaster risk management commission (NDRMC) since 2016. While various organizations have provided essential supplies and food during these crises, the psychological and social well-being of these individuals has often been overlooked and not adequately addressed (Misiker, 2020). In conflict-affected countries like Ethiopia, where resources are limited and ethnic tensions persist, the assistance provided to IDPs is often insufficient (Hines & Balletto, 2002).

Moreover, research suggests a strong connection between war, political violence, and post-traumatic stress disorder(PTSD). In low- and middle-income countries, it is estimated that a staggering 77% of individuals with PTSD do not obtain the treatment they require. (Dawed et al., 2022).

The issue of internal displacement at various levels has been extensively studied by researchers globally, and locally. In particular, there has been significant focus on the problem of IDPs in Ethiopia, attracting the attention of many researchers and academics. Tadele (2022) conducted a review of 3479 papers to determine the extent, variety, and nature of information available on the primary drivers, as well as the socioeconomic and psychological consequences, of the internal displacement in Ethiopia. Similarly, Yigzaw and Abitew(2019) aimed to characterize and examine the

main contributing factors of internal displacement, along with its socioeconomic and psychological impacts on both the community and the IDPs. Both studies relied on secondary data collected from various sources using a qualitative approach. However, Shambel et al. (2023) conducted their study by personally visiting different IDP camps, gathering data, and addressing the specific issues faced by women live in two camps.

Numerous studies have been conducted on the issue of internal displacement in Ethiopia, with a focus on the socioeconomic and psychological impacts on both the community and the IDPs. However, there is a lack of research specifically examining the role of mental health and psychosocial support services in addressing the challenges faced by IDPs in Ethiopia, and specifically Debre Brhan, Ethiopia. This gap in the literature highlights the need for a comprehensive exploration of how these services can effectively promote the well-being.

By addressing this gap in research, policymakers, NGOs, and healthcare providers can gain valuable insights into how best to support IDPs in Debre Brhan and similar settings. Ultimately, by focusing on the mental health and well-being of internally displaced persons, we can work towards creating a more inclusive and supportive environment for those affected by internal displacement in Ethiopia and beyond.

This research to get comprehensive exploration of mental health and psychosocial support services for internally displaced persons aim to answer the following research questions: What role do MHPSS provider play in responding to the psychosocial need of internally displaced persons (IDPs)? What strategies do they utilize to tackle the psychosocial challenges faced by IDPs? What is the positive changes in IDPs caused by mental health and psychosocial support services provided in the camp? What are

the limitations and challenges encountered in providing psychosocial support for IDPs?

1.3 Objectives of the Study

1.3.1 General Objective of the Study

- A comprehensive exploration of mental health and psychosocial support services for internally displaced persons in Debre Brhan IDPs camp

1.3.2 Specific Objectives of the Study

- To identify roles of mental health and psychosocial support services providers
- To explore the strategies used by professionals to provide mental health and psychosocial support service in the camp
- To explore the positive changes in IDPs caused by mental health and psychosocial support services provided in the camp
- To identify challenges on providing mental health and psychocial service for the IDPs in the camp.

1.4 Significance of the Study

This study has aim to comprehensive exploration of mental health and psychosocial support services for internally displaced persons in Debre Brhan IDPs camp. That may help to improve the mental health and psychosocial support services provided for IDPs. It may contribute in building up the existing academic litrature by identifying the strategies used and the callenges encountered by MHPSS service providers. It can

also inform to decsion makers and practitioners in to adjust th epolices and practices in relation to MHPSS to be provided to IDPs. Other importance of this study lies in its contributions to the academic literature on internal displacement in Ethiopia. Because these study Increases awareness of psychosocial supports currently being provided to IDPs. Beyond that its findings serve as valuable source material for future researchers interested in conducting similar studies on internal displacement, both within Ethiopia and in other locations.

1.5 Scope of the Study

This study aims to thoroughly investigate the involvement of mental health professionals in addressing the psychosocial challenges encountered by IDPs in Debre Brhan, Ethiopia. Utilizing a qualitative research approach that includes interviews, case studies, and the examination of existing literature. On the other hand, in terms of location, the study is conducted in Debre Brhan city, North Showa zone, Amhara region. In terms of time, it covers IDPs who have been in the IDP camp for up to 2 year.

It is crucial to acknowledge that although this study concentrates on the situation of internally displaced persons(IDPs) in Ethiopia, its discoveries & suggestions can be applicable to other countries and regions that share comparable sociopolitical and humanitarian circumstances. As a result, the breadth of this study holds the possibility of advancing global knowledge and comprehension in dealing with psychosocial difficulties encountered by IDPs.

1.6 limitation of the study

This study mainly focused on the comprehensive exploration of mental health and psychosocial support services for internally displaced persons in Debre Brhan IDPs camp. However, this study only done thrugh qualitative method and not check the impact of the MHPSs service on quantitative way. It would be better for future studies to use a mixed research method with a larger number of participants.

1.7 Operational Definitions of Variables

Internally Displaced Persons:- A persons who have been forced or obligate to leave their homes or habitual areas of living owing due to armed conflicts, human rights violations, widespread violence, or natural or man-made disasters and they have been in the camp for at least one year.

Challenges: referes that faced by professionals who are MHPSS providers such as the imbalance of professional and client numbers, security risk, lack of awareness about the service, lack of facility are summed up in the word. In the same way, IDPs who face for example displacement, trauma, starvation, sexually transmitted diseases, lack of education, inadequate shelter, absence of clean water and psychological disorder such as depression, PTSD and anxiety are also included under the term problem.

mental health and psychosocial support:- It refer to the type of support provided by experienced professionals following a scientific method to help IDPs cope with social and psychological challenges and bring about better change.

mental health and psychosocial support service provider: refers to professionals with an educational background such as psychology, psychiatry, or social work. They

are professionals with at least 2 years of work experience in dealing with displaced persons.

CHAPTER TWO

RELATED LITREATUREREVIEW

A literature review is an examination of previously published works on a given topic that provides a summary of current knowledge. It enables researchers to identify applicable theories, techniques, and gaps in existing research (Mohajan & Mohajan, 2022). so, in this section the researcher will discusss the overview of internal displacement and some historical background, the prevalence of internal displacement, cause and consequense of internal displacement, some psychological supportsnprovide by professionals, and challenges in providing the MHPSs service.

2.1 Overview of internal displacement

According to Mujeeb (2015), internal displacement is considered a persistent humanitarian issue that affects human rights and involves political problems. The United Nations High Commission for Refugees (UNHCR) (1998), the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Nwanna & Nimachi, 2018), and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2003) have provided definitions for internally displaced persons (IDPs). According to them, IDPs are individuals or groups who have been forced or compelled to leave their homes or habitual residences, particularly due to armed conflict, widespread violence, human rights violations, natural or man-made disasters, and have not crossed an internationally recognized state border (Ergun et al., 2008; Nwanna and Nimachi, 2018; Oucho, 2007; Richards et al., 2011; Bello et al., 2014; Taghizadeh et al., 2017).

According to UNHCR (2006), the term "homes or places of habitual residence" does not exclusively refer to a physical house or building. It can also include land that is traditionally used or relied upon by certain groups, such as nomads or pastoralists. There are two key aspects of this definition: coercive or involuntary migration and movement within a country's borders. The first aspect, coercive or involuntary migration, sets apart internally displaced persons (IDPs) from individuals who willingly relocate within their own country for better living conditions, work opportunities, education, and so on (UNHCR, 2006). The second aspect distinguishes IDPs from refugees (Nwanna & Nimachi, 2018; UNHCR, 2006).

In light of this, the United Nations High Commissioner for Refugees (UNHCR) differentiates between refugees and IDPs. Both groups often leave their homes for similar reasons, but they are unique in terms of their legal and practical distinctions (UNHCR, 2006). According to Mesfin et al. (2007) and Cantor et al. (2021), civilians who cross an international border to seek safety in another country are classified as "refugees". However, those who are displaced within their own country, for any reason, are referred to as "internally displaced persons" (IDPs).

Mujeeb (2015) further divides IDPs and refugees into three categories. Firstly, refugees are individuals who flee from an external threat, while internal displacement can occur due to man-made disasters, natural disasters, or development projects taking place in the area. Secondly, refugees are relocated to neighboring countries across internationally recognized borders, whereas IDPs are displaced within their own country. Another division among IDPs is based on their place of residency after displacement, whether they live in camps or self-rented houses. In 1992, the Refugee Policy Group expanded its list of reasons for internal displacement to include civil

war, collapse of civil order, ethnic conflicts, refugee repatriation, forced resettlement, and demobilization (Oucho, 2007). As a result, internally displaced persons (IDPs) are now among the world's most vulnerable groups. The global number of IDPs has risen to approximately 26.4 million, with the majority living in low-income nations. In Africa alone, at least two-thirds of countries have experienced conflicts that have resulted in the displacement of millions of individuals (Getanda et al, 2015).

2.2 Historical background of IDPs

The rise of internal displacement as a significant issue in the 1990s can be attributed to three main factors. First, the fall of the post-World War II bipolar world order contributed to this development. Second, there was a large increase in the number of asylum petitions to northern governments in the early 1990s, which coincided with the advent of mixed flows. Finally, the erosion of territorial sovereignty played a role (Hickel, 2001). Following the Cold War, there has been a surge in armed conflicts worldwide, particularly internal conflicts driven by national, ethnic, or religious divides. The tactic of displacing populations has become common among all sides involved in these conflicts, leading to a significant rise in the number of refugees. Furthermore, the number of internally displaced persons (IDPs) has increased dramatically since the conclusion of the Cold War, surpassing the global refugee population (Taghizadeh Moghaddam et al. 2017). The UNHCR did not broaden its mandate to cover IDPs until the 1990s. Previously, the African Union 1960 Convention defined refugees in Africa as those who were refused protection from their state, which in most cases included IDPs but used a different lexicon. Sinistres is becoming a more prevalent term in Africa, coined in the Burundi Peace Agreement to refer to all displaced, regrouped, and scattered individuals, as well as returnees

(Calderon, 2010). In the early 1990s, internal displacement was elevated to the international agenda and acknowledged as a major worldwide challenge. At this stage, internal displacement lacked precise criteria and a normative framework that could guide states and international humanitarian organizations.(IDMC, 2024)

The UN Refugee Agency (UNHCR) distinguishes between refugees and internally displaced persons (IDPs) based on their location. "Refugees" are civilians who flee their homes and cross international borders to find refuge in another country. "Internally displaced persons" remain within their own country for a variety of causes, including armed conflict, human rights violations, and natural catastrophes. These IDPs are forced to leave their homes or habitual dwellings but have not crossed an internationally recognized state border, as defined by the Secretary General's Representative on Internally Displaced Persons (UNICEF, 1998). IDPs, in contrast to refugees, have not crossed international borders for safety, but instead have stayed in their homeland, even though they face similar reasons for flight such as humanitarian disasters, civil conflict, and other issues.

Being internally displaced implies that you are still subject to the jurisdiction of your country and have the same rights as all other citizens. The premise driving IDP treatment is that they should have full equality and the same rights and freedoms as citizens in their home country, regardless of their displacement status. Discrimination against their rights and freedoms as IDPs is prohibited under international and domestic law (OCHA, 2014). The literature studied highlights that internally displaced individuals are separate from refugees and have all of the same rights as citizens of their home country. To achieve this, the government needs to identify their

potential and enable them to exercise their rights and fulfill their obligations (Misiker, 2020).

Because internal displacement has only recently been recognized as a danger to international security, international law protection for internal displacement is also relatively new. Internally displaced people are protected by international human rights legislation just like everyone else (Calderon, 2010). According to International Displacement Monitoring Center (IDMC) 2024 report, The Kampala Convention, which went into effect on December 6, 2012, is a ground-breaking regional treaty that holds states accountable for providing protection and support to internally displaced people (IDPs) in their own nations. This agreement tackles the different causes of internal displacement, such as armed conflict, violence, natural catastrophes, and development projects. It highlights the necessity of national government taking the lead in assisting IDPs and developing long-term solutions to displacement. The treaty also acknowledges the important role civil society organizations and host communities play in aiding IDPs. It urges governments to analyze the needs and vulnerabilities of IDPs and host communities in order to effectively address the consequences of internal displacement. Furthermore, the agreement encourages the passage of national legislation and policies that support the protection and aid of IDPs. As of May 2017, 40 of the African Union's 54 member states had signed the convention, with 25 having ratified it, demonstrating a strong commitment to the safety and well-being of Africa's internally displaced communities.

2.3 The prevalence of internal displacement

The Secretary-General of the United Nations, Ban Ki-Moon, stated in 2014 that displacement remains the most significant humanitarian issue worldwide (Eweka, 2016). These regions experienced a high level of severe internal displacement, with a significant number of individuals forced to leave their homes because of conflicts between different ethnic groups or regions. Ethiopia, the Democratic Republic of the Congo (DRC), and Syria accounted for more than half of all global relocation (Yigzaw & Abitew, 2019). Over 59 million people are currently displaced within their own nations as a result of conflict, violence, and natural catastrophes. Interestingly, just 20 Sub-Saharan African countries account for more than half of global instability and violence (Dawed et al, 2022). because the surge in internally displaced people in Sub-Saharan Africa is mostly due to a shift in armed combat tactics that target civilian populations, as seen in Sierra Leone, Liberia, and Sudan. This has resulted in ethnic cleansings and insecurity among IDPs attempting to return home. Other variables influencing conflict-induced relocation in Africa include resource competition, rebel groups, poverty, and the presence of small guns (d'Orsi, 2012). Ethiopia, a historically diverse and developing nation with a population of over 100 million, has been heavily affected by various crises, leading to the displacement of many individuals (Yaregal & Jemal, 2020). According to the Displacement Tracking Matrix (DTM) (2019) study, Ethiopia ranks high in this category. Specifically, since 2016, the country has faced a serious internal displacement problem triggered by ethnic hostilities. By April 2019, the number of internally displaced people in Ethiopia had reached a staggering 4.38 million, nearly quadrupling the previous figures (Yaregal & Jemal, 2020).

2.4 Cause of internal displacement

According to Cantor et al. (2021), internal displacement occurs in a variety of settings, including conflicts, natural catastrophes, and the detrimental effects of climate change. This displacement frequently results in many human rights violations. According to Akuto (2017), the number of internally displaced persons (IDPs) has risen dramatically in recent years as a result of armed conflicts, widespread human rights violations, and natural disasters such as floods and earthquakes. For example, more than 41 million people were internally displaced globally by the end of 2018, despite conflicts, violence, natural disasters, and climate change (Bayu & Sunjo, 2023). In 2024 (UNHCR), 63 million people would be internally displaced globally owing to conflict and violence. additional Examples of natural disasters causing displacement include the drought of 1983-1985 in Sudan, which led to a food crisis and the displacement of many people, as well as more recent instances like the displacement of IDPs in Burundi due to heavy rains and the displacement of Kenyan IDPs caused by floodwaters (d'Orsi, 2012).

According to Akuto (2017), the majority of internally displaced persons are victims of the cruel behavior exhibited by one individual towards another. Furthermore, as Yaregal and Jemal (2020) discovered, conflict-related humanitarian problems have been progressively increasing in many parts of the world. The study indicates that the 1990s and the end of the Cold War marked the emergence of a different kind of internal conflict, resulting in a significant increase in the number of individuals displaced within their own countries. These conflicts are now commonly referred to as "conflicts based on identities," "ethnic conflicts," or "religious conflicts" in an effort to describe their nature accurately (Hickel, 2001). D'Orsi (2012) and Crisp

(2010) have acknowledged the significant increase in the number of internally displaced persons (IDPs) in sub-Saharan African countries, attributing this rise to ongoing conflicts. These conflicts have evolved to the extent that belligerents now specifically target civilian populations, as seen in examples such as the incursions of Sierra Leone and Liberia into Guinea, or the Sudanese incursions into Chad. As a result, this has led to internal displacement in the invaded countries and ethnic cleansings, which fail to provide a secure haven for returning IDPs. It is important to note that there are also underlying deep-seated factors contributing to this mass displacement.

For instance, causes such as poverty, underdevelopment, unemployment, unequal distribution of wealth, political and economic marginalization of minorities, ethnic tensions, intolerance, lack of democratic procedures, various forms of injustices and violent confrontations, carried out either by their own government or by external forces (such as terrorism, communal clashes, and religious conflicts riots), have been mentioned as contributing factors (Akuto, 2017; Yaregal & Jemal, 2020). Bayu & Sunjo (2023) report that Ethiopia leads in severe internal displacement globally, resulting from various situations with significant impacts on individuals. Additionally, a study conducted by Yigzaw & Abitew (2019) in Ethiopia highlights the following issues: enduring conflicts fueled by ethnic motives, competition for limited resources, land disputes, deficient social services, inadequate infrastructure, and weak governance.

2.5 Theoretical perspectives

2.5.1 Socioecological Perspective:

The socioecological perspective acknowledges the interplay between each person and their social environment, providing a comprehensive approach to addressing the various needs of internally displaced persons (IDPs). This perspective recognizes the intricate factors that impact IDPs' psychological well-being, including family dynamics, community support, and cultural norms. By utilizing this holistic approach, psychologists can develop customized interventions that consider the unique social and cultural context of IDPs, promoting healing in all aspects of their lives. This model considers the intricate interplay of individual, relationship, community, and societal issues, allowing us to better understand the various factors that lead to or prevent violence. The model's interconnecting rings show how characteristics at one level influence factors at another (CDCP, 2016).

2.5.2 The dynamic model of displacement:

Martin et al. (2021)'s latest study presents a thorough and innovative way to analyzing the complex phenomena of displacement. The authors created a dynamic model that stresses the linked nature of numerous variables leading to displacement, such as political conflicts, natural catastrophes, and economic challenges, after conducting an in-depth research of these impacts.One of the model's main features is its ability to account for the ever-changing character of displacement by capturing the dynamic interactions between diverse variables and their impact on individuals, groups, and society as a whole. By incorporating resilience, adaptation, and recovery features, the

model provides a more comprehensive understanding of displacement than standard static frameworks do.

Furthermore, the writers' emphasis on context and nuance in comprehending displacement enriches and deepens their study. This model gives a more complex and accurate explanation of displacement by taking into account a variety of elements that influence it, such as social interactions, power dynamics, and institutional frameworks. This approach not only exposes the particular issues that displaced communities experience, but it also provides vital insights into potential solutions and treatments for dealing with the varied character of displacement.

2.5.3 Cost–Benefit model of internal displacement:

During the early 2000s, Moore and his coworkers studied the impact of structural factors like war, oppression, and economic conditions on individuals' decisions to flee and choose their destination. Their research laid the foundation for understanding how violence plays a crucial role in migration choices. Moore and Shellman (2003) introduced a Cost-Benefit model of internal displacement, positing that individuals will leave their homes if the costs outweigh the benefits of staying. The costs and benefits of remaining at home encompass emotional, physical, social, financial, and environmental factors. Some costs carry more weight than others, such as the threat to one's safety prompting individuals to flee their homes in times of mass conflict and violence. Conversely, deteriorating levels of institutional democracy and income contribute to the decision to relocate. These factors can be classified as push factors that drive individuals away from their homes, as opposed to pull factors that entice

them to leave in search of better circumstances (Mujeeb, A., 2015; Martin et al., 2021).

The Socioecological Perspective, Dynamic Model of Displacement, and Cost-Benefit Model of Internal Displacement are crucial theoretical frameworks for understanding the complexities of internal displacement and its impact on the mental health and well-being of individuals living in IDP camps. The Socioecological Perspective emphasizes the interconnectedness between individuals and their social environment, highlighting the importance of considering the broader cultural, economic, and political factors that influence mental health outcomes. The Dynamic Model of Displacement recognizes that displacement is a continuous and evolving process, where individuals constantly adapt and negotiate their new environments. The Cost-Benefit Model of Internal Displacement assesses the trade-offs between the economic and social costs of displacement, providing insights into the challenges faced by IDPs in accessing mental health and psychosocial support services.

2.6 psychosocial challenges faced by IDPs

Internal conflicts are identified as the primary factor behind the displacement of noncombatant populations, a widespread phenomenon on a global scale (IDMC, 2012). Such displacement has been shown to have significant health and social repercussions for internally displaced individuals (Bayu & Sunjo, 2023). The process of internal displacement puts IDPs at risk of facing new dangers that arise from their unfamiliar surroundings, such as exposure to different infectious agents. Additionally, they face challenges stemming from the inadequate conditions during their journey or in their new settlement, as well as the psychological distress of being forcibly

uprooted.These difficulties are exacerbated by the loss of their belongings and social networks. Extensive research conducted over the past two decades consistently supports the argument that the health outcomes of IDPs are inferior to those of their counterparts who have not been displaced, across various regions and health concerns (Cantor et al., 2021).

According to Bayu and Sunjo (2023), identifying conflict-induced displaced persons can be done by evaluating their access to basic needs, services, and support for survival and resilience. Internal displacement patterns vary depending on the context, but common characteristics of IDPs include coming from poor and marginalized conflict-affected areas, moving short distances within their region, experiencing repeated displacements in some countries, living in host communities rather than camps, and experiencing worse poverty and labor market outcomes than other populations. IDPs also have a greater incidence of disease and death (Cantor et al., 2021). According to Olanrewaju (2018), the lack of proper care, limited freedom, financial difficulties, family breakdown, and inadequate education are common issues faced by displaced individuals living in IDP camps. IDPs lack proper shelter and blankets, leading to food shortages and inability to afford sanitation expenses and medical treatment. This results in child labor, health problems, and children dropping out of school (Bayu & Sunjo, 2023).

Furthermore, a 2017 World Bank research shows that the majority of IDPs live in host communities rather than camps, with less than 1% living in managed camps and an additional 11% living in self-settled camps, predominantly in Sub-Saharan Africa (Canter et al., 2021).

The government and other institutions neglect the needs and efforts of most internally displaced persons (IDPs) who are forced to settle elsewhere. Multiple studies highlight the serious problems faced by these individuals, including coerced sex, gang rape, beating, humiliation, homelessness, and other forms of indignity. They also emphasize the importance of intervention to minimize the extent of these issues (Enwereji, 2009). Akuto's research in 2017 further identifies insecurity, trauma, hunger, bitterness, sexually transmitted diseases, acute malnutrition, starvation, lack of education, violation of IDPs' rights, inadequate shelter, poor waste management, lack of electricity, and absence of clean water as the main social challenges faced by IDPs. For example, the IDPs in Khartoum State are experiencing significant hardship due to their inadequate living conditions, extreme poor health, poverty, and lack of access to social services (Bell et al., 2014). Among this vulnerable population, a shortage of basic necessities such as clothing, shoes, bedding, and blankets is widespread, with 88.3% of IDPs reporting it as a serious issue (Onyencho et al., 2017). In addition, the research by Hassan et al. in 2016 reveals that displacement severely disrupts the social fabric of society, resulting in many Syrian families becoming isolated from larger support systems. Consequently, they experience feelings of estrangement and longing for their previous way of life.

According to research, the lack of essential social necessities like food, water, and healthcare has been found to have a strong connection with the development of PTSD and depression. This correlation between food scarcity and mental health issues has also been observed in studies involving displaced communities. Individuals in countries affected by armed conflict frequently experience deep grief and loss, whether for missing or deceased loved ones or other emotional, relational, and

material losses. Ongoing concerns about family members' well-being are considered to be a substantial source of stress (Hassan et al., 2016). A research undertaken in northern Uganda's Gulu and Amuru districts found alarmingly high rates of civilian exposure to traumatic incidents. The research found that 43% of the respondents had been abducted or kidnapped at some point in their lives. Furthermore, three-quarters of the participants had observed or personally experienced the murder of a family member or friend, and more than half had been physically abused or tortured. Surprisingly, nearly one in every seven respondents had suffered rape or sexual assault.

Furthermore, the study focused light on the dreadful conditions endured by internally displaced people (IDPs) in the region. An overwhelming 90% of respondents reported a lack of food and water, indicating severe deprivation of basic goods and services. Nearly two-thirds of the participants had experienced health issues without access to medical care, highlighting the precarious state of healthcare services in the area. Additionally, over three-quarters of the respondents had to endure homelessness or inadequate shelter.

The study also found that more than half of the individuals had encountered at least eight of the 16 traumatic incidents listed in the questionnaire. These findings highlight the critical need for support and treatments to address the widespread trauma exposure among the local population in the Gulu and Amuru areas. (Roberts et al. 2008).

Displaced persons had greater rates of psychological discomfort, psychosomatic problems, and clinical mental disorders, such as depression and posttraumatic stress disorder, than other groups (Feyera et al. 2015). Pre- and post-traumatic factors have been shown to influence the severity of PTSD. It is also necessary to explore the

resilience of people who have been exposed to trauma but do not exhibit symptoms of PTSD (Kocijan-Hercigonja et al., 1998). The study's findings show that internally displaced persons (IDPs) have experienced more traumatic incidents, including killings, displacement, captivity, and the death of family members and relatives, to a greater extent (Ergun et al., 2008).

A significant amount of research has been conducted on mental health in populations displaced by internal conflicts (IDPs). Many studies have found that adult or mixed-age IDP populations experience high levels of PTSD, depression, and anxiety. This is supported by research conducted by Thapa and Hauff (2005), Makhashvili et al. (2014), Richards et al. (2011), Elhabiby et al. (2015), and Roberts et al. (2019). The evidence suggests that the prevalence of these mental health disorders is higher among Intenaly Diplaced Persons compared to non-IDPs in various countries, as shown by the studies conducted by Siriwardhana et al. (2014), and Schmidt et al. (2008). Systematic reviews and individual studies also indicate that IDPs may have worse mental health outcomes compared to refugees overall, although this varies depending on the context, as seen in the studies conducted by Schmidt et al. (2008), Tekeli-Yesil et al. (2018), and Porter and Haslam (2005). According to Cantor et al. (2021), mental disorders in IDP populations are commonly associated with various factors. Such as unemployment, impoverishment, and prolonged or multiple episodes of internal displacement.

An example of this is how Syrians affected by conflict may encounter various mental health issues. Furthermore, both Syrian refugees and internally displaced people within the country frequently experience a wide range of emotional, cognitive, physical, behavioral, and social issues. Emotionally, they may experience despai,

anxiety, anger, sadness, grief, fear, and frustration. On a cognitive level, they may feel a loss of control, anxiety, helplessness, boredom, and rumination.Furthermore, these people may experience physical symptoms such weariness, difficulty sleeping, loss of appetite, and medically unexplained physical complaints (Hassan et al., 2016).

The research highlights shelters as a contributing factor to negative emotions among displaced individuals, as indicated by Onyencho et al., (2017). Violence and displacement can lead to an increased demand for mental health services, particularly for women and children, but the lack of mental health professionals in crisis regions can exacerbate this issue. Since the onset of the Syrian conflict, there has been a significant rise in psychological distress within the population, with over 50% estimated to require psychosocial support, according to Taghizadeh Moghaddam et al., 2017.

2.7 Some common psychological disorders manifested over IDPs

The rise in individuals impacted by conflict aligns with a rising concern for mental well-being. People living in areas plagued by unrest, violence, or natural calamities, where they experience separation from loved ones, significant modifications in their social and living circumstances, and struggle to support themselves and their families, are prone to endure immediate and enduring psychological distress. This distress often manifests as feelings of hopelessness, anxiety, and can lead to behavioral and social difficulties (Yaregal & Jemal, 2020). Additionally, internally displaced persons (IDPs), especially those impacted by conflict, face a heightened vulnerability to mental health issues. This includes common psychological responses such post-traumatic stress disorder (PTSD), depression, and anxiety disorders.

Psychological distress in post-conflict settings can contribute to detrimental health behaviors such as excessive drinking and smoking (Owoaje et al., 2016).

According to Robert et al. (2008), the study demonstrates that inhabitants in northern Uganda are subjected to exceptionally high levels of traumatic events, including abduction, murder, rape, and other human rights violations. The investigation finds that the IDP camps intended to protect the populace have failed, with several traumatic occurrences occurring within them. This study found some of the highest incidences of PTSD and depression among displaced communities worldwide. Women are more likely to have poor mental health, especially those who have been raped, or tortured. A lack of essential social goods and services such as food, water, and healthcare has a profound impact on mental health outcomes. More research on resilience and post-traumatic elements is required to gain a better understanding of trauma survivors' mental health.

Depression is a prevalent mental condition characterized by a persistent feeling of sadness, lack of interest or enjoyment, reduced energy, feelings of guilt or worthlessness, disrupted sleep or appetite, and difficulty concentrating. If left untreated, these symptoms can become long-lasting or recurring and significantly hinder an individual's ability to fulfill their daily obligations. In extreme cases, depression can even lead to suicide. Notably, when people are exposed to traumatic stressors related to war, depression is the most frequently observed mental health consequence (Feyera et al., 2015).

Anxiety disorder symptoms include excessive fear, worry, and anxiety, as well as associated behavioral abnormalities. Fear is an emotional reaction to a real or imagined current risk, whereas anxiety is the anticipation of a future threat.

Individuals with anxiety disorders may also have symptoms such as exhaustion, restlessness, irritability, problems sleeping, and difficulties focusing. It is also worth noting that generalized anxiety disorder and post-traumatic stress disorder may coexist in some circumstances (Uphoff et al, 2020).

Post-traumatic stress disorder (PTSD) is the prevailing mental disorder that follows exposure to a traumatic event. PTSD is marked by symptoms such as re-experiencing the trauma, avoidance, and hyper-arousal, which can have detrimental effects on both mood and physiological well-being (Dawed et al., (2022); Uphoff et al., (2020); Teshome et al. (2023). Trauma is described as an emotional reaction to extreme events like accidents, rape, or natural disasters. Following violent incidents, individuals are likely to encounter obstacles and endure substantial psychological, social, occupational, and emotional struggles (Sambu & Mhongo, 2019).

Experienced horrific occurrences such as hunger or thirst, homelessness, the unnatural death of a family member or friend, witnessing strangers' murders, or being tortured or abused. Also, forced separation from family, abduction or kidnapping, being coerced into accepting ideas against one's will, suffering from illness without access to medical care, narrowly escaping death, sustaining serious injuries, enduring forced isolation from others, being in a war zone or imprisoned against one's will, and experiencing rape or sexual abuse (Robert et al, 2008).

Previous research has shown that in northern Uganda, 44.5% of individuals met criteria for depression and 74.3% met criteria for post-traumatic stress disorder (Sonderegger et al., 2011). In the Kashmir Valley, a study found a high prevalence of depression (90%) and anxiety (71%) among internally displaced people (Housen, 2017). Similarly, in Nepal, another study reported 80.7% anxiety symptoms and

80.3% depression symptoms among displaced individuals (Thapa & Hauff, 2005). The prevalence rates of depression in North Korea (81%), Myanmar (41%), Colombia (41%), Afghanistan (39%), South Darfur of Sudan (38%), Sri Lanka (22%), Nigeria (16.3%), Ethiopia Gedeo (18.5%), Ukraine (3.3%), and Georgia (13%) have also been documented (Cardozo et al., 2004; Yaregal & Jemal, 2020; Elhabiby et al., 2015; Kozhyna & Korostiy, 2015; Lee et al., 2017; Lee et al., 2018; Makhashvili et al., 2014; Richards, 2011; Sheikh et al., 2015; Siriwardhana et al., 2013).

Several studies have found remarkably high levels of psychiatric morbidity among the internally displaced population in the districts of Gulu and Amuru, with 54% of respondents meeting the criteria for symptoms of post-traumatic stress disorder (PTSD) (Roberts, 2008). Similarly, rates of PTSD and depression were found at 11.8% and 38%, respectively, among Guatemalan refugees in Mexico. A survey of Bosnian refugees in Croatia found that 5.6% and 18.6% of respondents had PTSD and depression, respectively (Roberts, 2008). The prevalence rate of PTSD was discovered to be 59.8% in Northwest Ethiopia, while Nigeria indicated a prevalence rate of 60% (Dawed et al., 2022).

2.8 Some psychosocial supports provided by MHPSS providers

Recognizing the importance of addressing mental health in populations affected by humanitarian crises such as forced displacement, efforts are shifting toward providing psychosocial interventions to alleviate daily stressors and promote positive well-being (Miller and Rasmussen, 2010; Nguyen et al., 2023). The government bears major responsibility for addressing the issues that IDPs experience; therefore, it is critical to recognize the implication of counseling. Counseling is a critical procedure that aids in

the resolution of emotional, mental, psychological, social, and economic issues for people, communities, and society at large. In addition to basic essentials like food, shelter, clothing, and physical well-being, IDPs require psychological services (Akuto, 2017).

There are two basic approaches for addressing the psychological well-being of populations affected by violent conflict scenarios. The clinical trauma-focused approach emphasizes clinical intervention to reduce the discomfort produced by war-related traumatic events. In contrast, the psychosocial support approach relates suffering to ordinary life stressors that are not necessarily related to conflict, and proposes alleviation by reducing these stressors and improving self-recovery capacity (Alfadhli & Drury, 2016).

2.8.1 Psychological First Aid (PFA)

Disasters can have a wide range of direct and indirect impacts. These may include the sad loss of loved ones, a sense of losing control over one's own life, or a lack of access to crucial resources and social support. The psychological effects can appear in a variety of ways, impacting both individuals and larger portions of society. It is crucial to emphasize that these reactions do not always indicate a pathological condition and should not be interpreted as predictors of future mental problems. Providing proper assistance and facilitating access to services will facilitate a return to normalcy, encouraging healing and resilience in the afflicted population (Weissbecker et al., 2019).

2.8.2 Mental health and psychosocial support (MHPSS)

The Interagency Standing Committee (IASC) Reference Group on MHPSS in Emergency Settings defines MHPSS as any form of support, whether from within or outside the local community, that is intended to safeguard and improve psychosocial well-being and/or address mental health conditions (Inter-Agency Standing Committee (IASC), 2007). Mental health and psychosocial support (MHPSS) interventions take a variety of forms, ranging from incorporating MHPSS principles into basic services to providing social and psychological activities such as social groups and family strengthening to targeted clinical treatments like psychotherapy or medication. In comparison to standard mental health treatment interventions, psychosocial interventions are more comprehensive and attempt to satisfy the support needs of a broader segment of the affected community (Nguyen et al., 2023).

Furthermore, while developing mental health and psychosocial support (MHPSS) interventions for IDPs, age and gender must be taken into account. These factors significantly influence IDPs' mental health symptoms and coping behaviors. Therefore, incorporating age-specific and gender-specific approaches into MHPSS interventions is necessary. Lastly, if IDPs experience high levels of depression and anxiety symptoms upon arrival at a new location, providing MHPSS interventions at this point may yield the most effective long-term results. This timing can be crucial in addressing and mitigating mental health challenges among IDPs.

2.8.3 Psychotherapy

According to Emmanuel (2021), psychotherapy stands as the sole remaining option for the restoration, rehabilitation, and reintegration of the numerous psychologically harmed victims inhabiting ill-equipped and isolated camps throughout the country. To address the mental and emotional difficulties faced by internally displaced persons

(IDPs), including depression, anxiety disorders, substance issues, and co-occurring disorders, professionals advocate for the creation of rehabilitation centers. These centers would be dedicated to offering psychotherapeutic services, aiding in adjustment, and providing psychosocial support. Additionally, the implementation of Psychosocial programmes in nonpsychiatric settings, including community centres, general medical clinics, women's groups, child-friendly spaces, schools, and other locations, can contribute to improving access and reducing stigma. Creating safe spaces is of utmost importance, especially for women and girls who experience physical and social isolation. These safe spaces allow people to form social relationships, talk about personal issues including life changes and emotions, and handle delicate topics like domestic abuse (Hassan et al., 2016).

In Uphoff et al.'s (2020) research, they discuss how mental health promotion interventions can be implemented at both an individual and group level. For instance, efforts to promote good mental health and foster growth in children can occur in settings such as classrooms or refugee camps. These projects can also be implemented in villages or communities, particularly in low- and middle-income nations facing humanitarian crises.

In a study conducted by Mohlen et al. in 2005, a multimodal psychosocial treatment program was implemented for 10 Kosovan refugee children who were residing in Germany. This program included activities delivered on an individual, family, and group basis. The findings revealed that 9 participants' psychological well-being improved significantly after the intervention, particularly in terms of lowering traumatic experiences, anxiety, and depressive symptoms. According to the study, the psychosocial treatment program could help alleviate psychiatric symptoms and

improve functioning among young individuals affected by war. However, it is crucial to remember that research undertaken on individual refugees in wealthy countries may not apply to the majority of refugees and internally displaced people worldwide (Sonderegger et al., 2011).

According to Ekezie et al. (2020), anxiety and coping skill education has proven to be the most helpful in relieving mental health symptoms. Furthermore, group treatment techniques have been shown to be the most accepted and cost-effective interventions. However, it is important to note that mental healthcare interventions for internally displaced persons (IDPs) should not only focus on addressing their mental health needs, but also on restoring community, family, and other social support structures. These essential resources have often been disrupted due to the challenges faced by IDPs in maintaining sustainable economic and livelihood activities. It is crucial for mental health interventions to take into account the specific contextual factors related to internal displacement. Accordingly, Cognitive Behavioral Therapy (CBT) is mainly mentioned among the therapies that are being used to help IDPs, and for depression, anxiety, and PTSD addresses thought patterns, particularly negative ideas and beliefs, and seeks to change them as well as the behaviors that may accompany them (Uphoff et et al., 2020).

2.9 The challenges in providing psychosocial support for IDPs

In comparison to other conflict-affected, disadvantaged, or mobile populations, such as refugees and migrants, IDP health is little understood. Given the magnitude of internal displacement caused by conflict or violence, and the fact that IDPs are among the poorest individuals in afflicted nations, this is unusual (Cantor et al, 2021). Many

people suffering from PTSD in African countries, notably Sub-Saharan Africa, do not obtain adequate treatment, increasing their risk of acquiring chronic symptoms. Post-conflict communities require immediate mental health interventions, since PTSD can have long-term detrimental consequences for social and functional well-being. According to studies, a considerable number of adult war survivors match PTSD diagnostic criteria, emphasizing the necessity of managing mental health difficulties in post-conflict situations (Madoro et al., 2020).

Kim et al. (2007) emphasized the importance of ongoing assessments and program monitoring in the establishment of mental health and psychosocial interventions. The Sphere Guidelines, established in 1997, seek to give uniform criteria for the humanitarian sphere. These standards include five primary categories of criteria: protection, water and sanitation, food and nutrition, shelter, and health, with a strong emphasis on addressing the psychosocial needs of populations affected by catastrophes or conflicts, as underlined by Alfadhli in 2016. The World Health Organization's Global Forum for Health Research considers addressing the mental health of those exposed to violence or trauma to be an important priority (Uphoff et al., 2020). According to research, people who have experienced war or political violence are more likely to develop post-traumatic stress disorder (PTSD). However, in low- and middle-income countries, an estimated 77% of PTSD patients do not obtain the essential care (Dawed et al., 2022). Recognizing this urgent need, humanitarian agencies are increasingly aware of the importance of providing psychosocial interventions within war-affected areas. Unfortunately, it is difficult for practitioners to engage with communities in active conflict zones, making it nearly impossible to offer adapted interventions post-conflict. After satisfying the basic

needs of food and shelter, there is generally inadequate financing and a shortage of competent practitioners to address the psychosocial needs of war survivors (de Jong & Kleber, 2007; Medeiros, 2007).

The majority of internally displaced people (IDPs) live in war-torn low-income countries where their psychosocial well-being is not sufficiently addressed (Thapa & Hauff, 2005). IDPs have limited access to mental health and psychosocial support services, resulting in a treatment gap that requires attention (Hendrickx et al., 2020; Chikovani et al., 2015; Roberts et al., 2019).

Even when MHPSS services are available, displaced Syrians and refugees from Syria may face hurdles to use them. Language hurdles, stigma around mental health care, and power dynamics in the helping relationship can all have an impact on their capacity to seek these services (Hassan et al., 2016). In sub-Saharan Africa, particularly in African countries, a large number of individuals with PTSD do not receive treatment, placing them at a higher risk of developing chronic symptoms. The effects of violence on mental health last long after the events have passed, making mental health interventions just as important as physical health and other emergency interventions for post-conflict populations. If not treated, PTSD can have long-term negative consequences, including social and functional impairments among conflict survivors (Dawed et al., 2022).Furthermore, there is insufficient research to determine the availability of mental health care and psychosocial assistance for conflict-affected communities in low- and middle-income nations. In the Republic of Georgia, internally displaced people with mental illnesses use mental health treatments at a low rate. Murphy et al. (2018).

The government is responsible for safeguarding and aiding internally displaced individuals. However, even though Colombia has made strides in enacting laws to protect these individuals, their access to essential resources like food, shelter, education, and healthcare is still lacking. Furthermore, there is a severe scarcity of mental health treatment options available (Richards et al., 2011). In 1988, the international community failed to react when 250,000 Sudanese people died from starvation because their government denied humanitarian assistance to them. It is crucial to establish an international system for internally displaced persons to prevent such tragedies from occurring (Uphoff et al., 2020).

Nocon et al. (2017) state that health care professionals widely agree on the need for specialized assistance for these young individuals. However, several challenges obstruct the provision of psycho-social support. These include a scarcity of trained psychotherapists, limited access to effective treatment for refugees due to factors such as location and finances, cultural differences in understanding and motivation for psychotherapy, and a lack of clear recommendations regarding the effectiveness and suitability of Western evidence-based treatments for this particular group.

2.10 Conclusions

In this chapter, the previously developed data are presented in such a way that they can help this study. First, we seen the nature of IDPs and looked at the definition set by the United Nations as IDPs who are forcibly displaced from their home areas but live in their country without crossing international borders. Next, we got information from studies about the history of IDPs and the privalence of IDPs in the world at current time. The other, we seen the reason for the displacement of IDPs such as

conflicts, natural disasters (for example flood and earthquake), and mass violation of human rights. IDPs are exposed to various physical and social problems during displacement, and studies have shown that these problems can lead to mental illness. In relation to this, it has been stated that displaced persons may be exposed to various challenges, like physical attacks in the area or camp where they live, lack of basic needs such as shelter and food, and lack of medical treatment. Although the support is provided by experienced professionals, but there are challenges that have prevented the service from achieving the desired change. Finully, This research has been able to identify the situation and the role of professionals and challenges in the IDPS camp in Debere Brhan, and we will look at them in the next chapters.

CHAPTER THREE

RESEARCH METHODS

In this chapter we will research approach and design, description of study area, sampling, data collection method and procedure, data analyis and ethical consideration.

3.1 Research Approach and Design

This study used a qualitative research approach to comprehensively explore the mental health and psychosocial support services for internally displaced persons (IDPs) in the Debre Brhan IDPs camp. Qualitative research is crucial in gaining an in-depth understanding of complex phenomena such as mental health and psychosocial support, as it allows for the collection of rich and detailed data through interviews.

From qualitative research the researcher select case study to this article. Because, this type of research is conducted when there is a need for a comprehensive understanding of a complex problem in specific context. The breadth and depth that can be gained from the case study research design, and the intrinc strength of case studies in exploring the nuances of complex phenimena and investigates the case within its natural setting.

3.2 Description of Study Area

Data is collected in Amhara region, north shewa zone, in Debreberhan IDPs camp. The place was chosen because the researcher knows about the surroundings and the camp and it is not far to the area where the researcher is located. There are three

camps where IDPs live in the city, the first is known as China (09), the second is Wineshet (07) and Bakelo. In general, the number of IDPs in the camp is above 23000, and at the time of this study, work was being done to return IDPs to their areas, and as a result, about 1500 to 2000 IDPs were returned. Therefore, the number of IDPs in the camp is around 20500 to 21000 (this numerical data only baout 3 IDPs cam in Debre Brhan). Most of the IDPs are due to the security problem in the Oromia region. Or they are displaced persons who have been displaced from Wolega and west Showa area of Oromia region due to conflict. At the time of this study, it was almost four years since the camp was established, and most of the IDPs had stayed in the camp for more than one year, and it was known that the maximum stay was more than three years.

3.3 Population of the study

The population of the study, consisting of both service providers and IDPs themselves, offers valuable insights into the current state of mental health and pscyhosocail support within the camp. The expertise of the service providers, combined with the lived experiences of the IDPs, provides a well-rounded perspective on the effectiveness of the existing support services.

The seven experts who participated in the study are from three fields. 2 of them are psychiatrists, 3 are psychologists and 2 are social work professionals. In Debre Brhan IDPs camp there are number professional who provide other services for IDPs, but in this resarch data collection time the resercher found seven professionals who provide services in the mental health and psychosocial support service center. Another 15 who participated in the study were recruited from the same camp and were willing to

provide data related to the mental health and psychosocial support service as they use the service.

3.4 Sampling Method and Sample Size

For the semi-structured interviews, the researcher use a convenience sampling method to include all seven experts (mental health and psychosocial support service providers) working within the camp. While convenience sampling may introduce some bias, it is often practical and efficient in research settings where access to participants is limited.

For the IDPs, a sample size of 15 individuals was selected using a convenience sampling method. Where participants are selected based on thier availability and willingness to participate in the study. In this case, including 15 IDPs allows for a sufficient depth of understanding of their experiences and perceptions regarding mental health and psychosocial support services within the camp.

3.5 Research Methods

The researcher was using In-depth semi-structured interviews method to collect data, for the study an comprehensively explore the mental health and psychosocial support services for internally displaced persons (IDPs) in the Debre Brhan IDPs camp. Because, in-depth interview allows researchers to get deeper into the meaning behind participants' actions and behaviors by engaging in conversation or presenting semi-structured questions.

Firstly, the researcher developed an interview guide based on the specific objectives of the research, which was carefully crafted in consultation with advisor to ensure that

the questions were focused and appropriate. The interview guide was then reviewed and reshaped to enhance clarity and depth of exploration.

Then, two semi-structured interview guides were developed, one for the professionals and one for the IDPs in the camp. When interviewing the professionals, the questions were formulated on the basis of the role of mental health and psychosocial services provided by the camp, the strategy they use and the challenges they are facing. The questions to the clients focused on their individual perspective and perceptions about mental health and psychosocial support service, and their individual needs concerning recommendations to make the service better. The guides for professionals contained five main questions and the guide for IDPs contained five main questions, without background information questions. The full guides are presented in Appendix A,B, C and D in the back of this paper. All interviews were conducted by the same researcher by phisical meeting in IDPs camp, in MHPSS service center/office and were audio recorded. The interviews lasted between 15 and 35 min and were transcribed verbatim.

3.6 Data Collection procedures

The procedures used to collect data is the following. First, the researcher asks about the willingness of the participant to interview. Before the interview, they informed of the main objective and the significance of the study, and their confidentiality would be strictly maintained.This will encourage the participants and enhance their commitment.

Interviews were conducted using sound recording devices to capture detailed responses accuratel. For IDPs who are not comfortable with audio recording, the researcher takes extensive notes during the interview, which allows them to capture

essential information and nuances in their comments. Throughout the interviews, the researcher and participant communicated in Amharic to ensure clear understanding. Participants have the option to stop the interview at any time and resume at their convenience.

After collecting the interview data, the researcher meticulously prepared and organized the information for analysis, considering the complexities of the participants' experiences. This involved categorizing and coding the data to identify patterns and themes related to mental health and psychosocial support services in the IDPs camp.

3.7 Data Analysis

Thematic analysis has been used to identify recurring themes and patterns in the data. The resercher use it because according to Janet et al. (2023) Thematic analysis enables the identification, analysis, and reporting of repeated patterns of meaning (themes) within a dataset. To do the thematic analysis, the researcher followed manual analysis. In this way, the data that was first recorded in the interview was transcribed. Some participants are known to have handwritten interviews because they do not want to be recorded. The researcher has done the work of becoming familiar with the concept by carefully reading the two(interivew notes and transcribed data) documents. Then, translated the transcribed data from Amharic to English. Next, the rexercher check validity by looking at the recorded voice, the transcribed Amharic data and the translated English.

Next the researcher carefully examining and classifying the data, looking for recurring themes and patterns. After familarazing the data by repeated reading and creating the

code. The researcher idetnified 10 themes in this article:- First one is roles of mental health and psychosocial support services providers, second strategies used by professionals, thrid the positive changes in IDPs caused by mental health and psychosocial support services, fourth Lack of adequate resources, fivith Security issues, six Lack of awareness, seven Lack of integration of in-kind and psychosocial support, eight Lack of facilities, nine Uncertainty about the future, and the last one is Challenges in updating experts are other themes under challenges.

In qualitative research, ensuring the validity and trustworthiness of the study is crucial. According to Creswell (2007), validity refers to the accuracy of the findings achieved through specific procedures. To ensure validity in this study, data from multiple sources were triangulated. Additionally, to enhance the trustworthiness of the qualitative findings, the recorded data underwent double-checking to prevent obvious mistakes during the transcription process.

3.8 Ethical Considerations

The research follow ethical guidelines to ensure informed consent, confidentiality, and voluntary participation. Cooperation letter was obtained from the Addis Ababa University School of Psychology. Permission was also obtained from the heads of Debre Berhan IDPs camps administration office. Prior to data collection, participants were informed about the study and provided written consent. They were informed of the study's objectives, selection procedures, and assurance of confidentiality. No identifying information was used to reduce social desirability bias and maintain anonymity. Participants were free to withdraw from the study at any time without facing any harm or receiving monetary incentives. Participation was completely

voluntary. The investigator handled and secured the collected data on each data collection day, ensuring that it was used exclusively for the purposes of this study.

CHAPTER FOUR

FINDINGS

This section of the research discusses the outcomes gained by qualitative methodologies. The analysis of the findings begins with the participants' demographic data as well as the primary study results.

4.1 Background of the respondents

Table: 01

code	geneder	profession	year of experiance
expert 1	F	psychiatrist	5 yrs
expert 2	M	psychiatrist	15 yrs
Expert 3	M	psychologist	18 yrs
expert 4	M	psychologist	10 yrs
expert 5	M	psychologist	10 yrs
expert 6	M	social worker	3 yrs
expert 7	M	social worker	10 yrs

Upon seeing the data in table one, it is apparent that we have a diverse group of experts in the field of mental health. Among them, we have two psychiatrists, one female and one male, who bring their specialized knowledge and expertises. Additionally, we have three male psychologists and two male social worker, each with their own unique perspectives and skills to offer.

Table: 02

code	gender	age	educational Status	camp stay	times of follow service
IDP 1	M	74	illiterate	2 yrs	1 yr
IDP 2	M	63	illiterate	2 yrs	8 month
IDP 3	M	65	illiterate	3 yrs	1 yrs
IDP 4	M	40	primary education	2 yrs	1 yr
IDP 5	M	45	primary education	1yr	4 month
IDP 6	M	30	secondary education	2 yrs	1 yr
IDP 7	M	32	secondary education	3 yrs	above 1 yr
IDP 8	M	45	primary education	1yr	4 month
IDP 9	M	40	primary education	2yrs	above 1 yr
IDP 10	F	42	primary education	1 yrs and half	5 month
IDP 11	F	38	primarry education	2 yrs	above 1 yr
IDP 12	F	42	primary education	3 yrs	above 1 yr
IDP 13	F	48	illitrate	2 yrs	8 month
IDP 14	F	35	secondary education	3yrs	1yr
IDP 15	F	40	primary education	1 yrs and half	6 month

4.2 The role of mental health and psychosocial support providers

There is a team in the camp to provide Mental Health and Psychosocial Support to the displaced. This team consists of psychologists, psychiatrists and social workers. During the initial phase of entering the camp, IDPs are provided with reassurance and support from PFA on how to overcome their distresses. As they get long time, they will have individual and group sessions. For this, the professionals first go to the shelter and use various events to create awareness and psych education about mental health. By screening at every shelter and describing various mental health problems, encourage people with symptoms to come to the office and get the services. The expert five described this process as follows:- Our main task is to identify problems and provide support until they can be managed.

When they come to use the service, the first assessment work will be done jointly by experts working in different fields. The expert number four explian the reason about the need for the experts to assess patients together as folloew; The service for the psychologist and the psychiatrist to do a joint assessment is based on the assumption that the user can get tired of repeatedly explaining the problem to different people.

This does not mean that they necessarily see all clientss together. Sometimes, one of the professionals may be doing a separate assessment or a joint assessment and monitoring with the other, there may be a person with co-occurring problems. The practitioner will follow up with referrals and links if relevant problems are seen in the client. This is also seen as a method in psychology, psychiatrist or social work. The expert 4 explains the situation to me as follows.

"Among clients who attend counseling sessions, I come across clients who have problems that cannot be resolved through counseling alone. I referred a client of mine with insomnia to a psychiatrist because I believed she needed medication in addition to the activity I was giving her. The improvement in her sleep status with the medication she was given made it possible to provide other psychological support. I also refer clients to the social worker who need financial or in-kind support. Being able to resolve the underlying need as forgetfulness creates a good environment for continuing counseling."

This referral and link system help those who are under the supervision of psychiatrists or social workers and who are showing signs of psychological problems to receive support from the psychologist. At the same time, those who need medication while participating in the counselling session will be directed to a psychiatrist, and those who need material support will be linked to the social worker, Because connecting Client with different support institutions is done through the Social Work.

The team use diagnostic tools prepared by the sector such as tools that measure stress, depression and trauma. Whether support from a counselor, psychiatrist, or social worker is needed is determined based on the results of the diagnostic tools.

Based on the diagnostic result psychotherapy part is done by a psychologist and can be given individually or in groups. Patients with similar problems are identified and given group therapy. According to some experts, group psychotherapy is often used in sessions designed to address family problems, especially children's behavior. Timewise, the initial focus is on crisis intervention, and as time goes on, experts are focus on sessions of therapy. Psychotherapy is also used in counseling to prevent

relapse and detect residual symptoms. Ever now and then new clients come to the center. Similarly, the most commonly used psychotherapy for mental health is CBT, which helps to bring about cognitive and behavioral changes in IDPs.

Psychiatrists often follow up with serious cases. Relatedly, IDPs who benefit from the service are prescribed medication for their mental health problems when needed. They monitor the medication status of IDPs. In general, Mental Health works to prevent health problems that may be caused by their current situation.

The social worker creates mental health awareness for IDPs, visit the IDPs in each shelter and make them come to the service center if they need to. In order for the psychological support to be effective, social workers try to make links based on IDPs need of support. Fore example they facilitate the link for support from government bodies, NGOs and the community.

In addition, they conduct psychoeducation and advocacy work on a selected issue in which all experts read. In general, this social and psychological support center, which has three sectors, is primarily responsible for providing MHPSS services.

4.3 Strategies used to provide mental health and psychosocial support in the camp

Mental health and psychosocial support providers use various strategies to provide service. Most of the IDPs in the camp are from rural areas, so their level of education is low. They have little knowledge about psychology and mental health. So, the experts use Community meetings as strategy to increase awarenes about the service. At that day the experts provide psychoeducation by taking a few minutes.

In addition to creating awareness, the following activities are carried out by experts to ensure that IDPs receive the social and psychological support provided by the camp. The IDPs are provided with psychological First Aid support at all times from the moment they arrive in the camp. In addition to conducting awareness creation and screening work, the experts move to each shelter and mobilize IDPs to come to the center where services are provided. And experts integrate the oral psychological services with other supports to motivate client. In addition, when a sponsor is found, they prepare and distribute a brochures to create awareness for IDPs.

The expert three respond that he moved to Debreberhan from the Shewarobit area due to security problems, explained that in the area he came from, they use elders and religious leaders to provide IDPs with social and psychological services and to increase their awareness of mental health. As an example, the expert three mentions a situation where a married couple divorced due to GBV was brought together with their repentant father to get education and reconcile.

The psychologist, the psychiatrist and the social worker do the assessment together to avoid the boredom of the displaced people, and they work on summarizing the results together. In psychotherapy, they mainly focus on psych education and behavior-oriented exercises to bring about changes in thoughts and behavior. Also, apart from the individual counseling therapy as mentioned above, group counseling sessions are facilitated so that they can improve their social life and learn each other's coping methods. Similarly, information has been obtained from the experts and IDPs who use the service that users of the service will be made to activate IDPs who do not use the service. The code IDP 12 is a 42-year-old woman who has been in the camp

for three years. She describes the benefits of receiving the services provided by the center for one year as follows.

> "The service in this center makes me calm down and improve my communication with people. So, Because I have been a change in myself so I am motivating others to find his service."

Accordning to above statement, IDp 12 has a better change in Mental Health and Psychosociocial Suppport service, and she invites her friends in the same situation to use the service. Other customers also has the same response, for example IDP 2 is a 63-year-old man who lost his son during the crisis that led to his displacement. Although he has been in the camp for 2 years, it has been eight months since he started counseling. They described the problems they faced as a result of the conflict and the importance of counseling services as follows.

> "My son died while we were in battle. At that moment I didn't do anything. I was very worried about this. I was very angry with people. But since I started coming to this house, I have become calmer. I am amazed at the change I have seen in myself, so I invite my friends who have the same problem to come here."

4.4 The positive changes brought about by the mental health and psychosocial support provided in the camp

The IDPs were able to bring about a positive change with the mental health and psychosocial support they received through the monitoring and evaluation conducted by experts and the interviews given by IDPs. so, the IDps were able to make a

difference with the social and psychological supports given to those who are often alone, do not take care of themselves, and have problems in communication. For example, those who started to communicate with people, those who started going to church and mosque. The experts say that they have started to take good care of themselves and eat food properly. In addition, the symptoms of depression, anxiety and trauma have been reduced.

In the interview with the IDPs, they testified that their mental health started to improve and their social life improved due to the psychosocial support provided to them. For example, IDP 13 is traumatized by seeing her son killed during the conflict and has lost all her possessions. She is 48 years old and has described the changes she has brought about following 8 months of psychological session from her 2-year stay in the camp.

> *"The psychiatric treatment provided here has eased all my problems. During the conflict, they killed my son i was watched him from my house. People stopped me when I tried to save my dead son when they burned his body on fire. When I got justice for my dead son, I abandoned my property and fled. After that, I couldn't sleep properly because I had nightmares every night. I never sleep. And food is not eaten properly. I don't get along with people either. I feel anger. And cry all the time. Because I couldn't forget my son. After I came to this house, everything started to improve. It is now almost 8 months since I started the speech therapy. I was able to communicate with people, eat well and sleep well."*

The change that the clients brought from this idea is related to the idea that the experts mentioned. For example, another client IDP 2 said that before coming to the service center, he does not get along with people and is not interested in taking medication. However, he testified that with the support given by the center, the problems were solved and he was able to bring about a positive change.

> *"I used to fight with everyone I met face to face. I refused to take the medicine that the doctors gave me. Praise is to Allah; these children of mine advised me as adults and made my life better. After I started coming with them, I was able to talk to my children in peace. The voice that just screamed in my ears is gone."*

Also, whether IDPs are able to forget the trauma with the psychosocial services they receive as soon as they start following up on the medication properly. Those who have been addicted to being able to quiet their addiction; those with marital problems solved their problems through psychotherapy. In general, the IDPs have expressed that the social and psychological services they receive have helped them to bring about a change in behavior and thinking. At the same time, when the level of interaction with people increases, they notice a positive change in personality and the experts also testify that. The main goal of therapy is to identify and change their thoughts. During the therapy, the trauma narration is done carefully so as not to re-traumatize them.

With the social and financial support provided by link, there are those who are involved in business activities and are able to manage independently. The change brought about by the IDPs who benefited from the service is causing other IDPs to come to the center where social and psychological services are provided.

4.5 challenges on providing mental health and psychosocial services for the IDPs

4.5.1 The imbalance between the number of professionals and displaced persons

There are three IDPs camps in Debrebarhan city called Winshet, Bakelo and China, and there are about 23,000 IDPs in the camps and in the city as a whole. There are about seven to eight thousand displaced people in one camp, and the ratio of professionals providing social and psychological services to the number of displaced people is not balanced. All IDPs in the camp have directly or indirectly experienced a traumatic event. According to the IDPs and experts who participated in this study, the IDPs living in the camp have seen people killed, lost their families, destroyed their property, suffered physical injuries, and some have been subjected to inhumane attacks. IDPs who have experienced a traumatic event try to forget the situation and have a claim for justice other than having no clear hope for themselves. There are not enough human resources in the camp to assist IDPs who have experienced such a serious case.

IDPs need adequate PFA services to prevent them from developing serious psychological disorders even without adequate psychological supervision. For example, there is one psychologist in the China camp, one of the three camps, and efforts are made to provide psychological services to 8000 IDPs with one psychologist. Exper 4 says that as follow

> *"The number of professionals and displaced persons in the camp is not proportionate. Especially in the field of psychology, I was the only one here. Others you see now are from other areas due to security issues. There are about 8000 displaced persons in this camp alone. All have*

experienced a traumatic event. They saw people being killed in front of them. Then they went through a lot of hardships on the way when they moved to get out of the area. Although there were some people who left earlier, they lost their relatives who remained there. Thus, they are exposed to a traumatic event. So it is unthinkable to provide psychological support to eight thousand people by one professional. There is a lot of tension with that. If we look at the psychiatrists, we have one psychiatrist and another psychiatrist who comes once a week. And there is a similar shortage of social workers"

According to above response, the shortage of manpower is all professions. Anther expert 2, who is an expert in the field of psychiatry, explained as follows that the number of experts in the feild and clients is not balanced in relation to the quality required by the profession.

"According to the principle of the profession, a psychologist should see 8-10 clients per day. Individual counseling is 40 minutes to 1 hour. If a counselor uses his full time in a day, that means he sees eight cases. Thus, we do not have enough manpower to make the ratio for the displaced. As a result, the professional is under stress and there is a situation where it is difficult to get the services that the clients need."

At the same time, there is a shortage of psychiatrists and social workers. It takes a long time for a person to undergo psychotherapy. However, once he begins to receive psychological services and begins to share his personal problems with a professional, the experts may be transferred to another area by the interprofessional. At this point, there is a situation where the client of the service is asked to explain the problem

again and again, which can cause boredom. In addition, Expert 7, who worked as a social work professional at the camp for 2 years, stated that due to human resources, the professional is forced to provide services in two camps and clients find it difficult to find the professional at the time they want.

> *"I don't think the manpower is enough. For example, in the morning they provide service at China Camp and come to weynishet in the afternoon. It means that in after noon anyone who wants the service from China Camp will not find them."*

4.5.2. Security issues

In security-prone areas, practitioners are not adequately protected, so it is difficult for them to provide their services without risk. In relation to the security problem, there is a problem in the supply of medicine and basic needs, so the change brought about by social and psychological support will go backwards. It is difficult to try to reassure the IDPs with only words when they are at risk of not being able to enter a safe situation. For example, when the researcher was conducting this research, he observed that due to a security problem in the Shewarobit area of the North Showa zone in the Amhara region, causing mental health and psycho-social support professionals to stop providing services to IDPs and come to Debreberhan.

4.5.3. Lack of awareness

Mental health, especially MPHSS services are new to our country, so there is a lack of awareness. Most of the IDPs from rural areas have a low level of education and have little knowledge of psychological services. They don't know the field of psychology very well. So, this makes an interruption when they start the service and make

changes. They don't follow sessions for long times, and there is a trend toward a religious solution. Relatedly, there is a gap in the understanding of mental health on the part of government bodies working with displaced persons. For example, one expert explained that there is a situation of leaving the job and becoming "budget oriented".

Often it is common to focus only on physical ailments. Most of the people focus on the external signs and do not focus on the invisible causes and problems. Counseling services take a long time to see change, but there is a situation where clients quitting due to lack of awareness. For this reason, it takes a lot of time to convince the counseling service itself, and it creates obstacles to achieve the desired counseling results.

4.5.4. Lack integration of in-kind and psychosocial support

Mental health is an issue that goes hand in hand with other needs. Lack of basic needs reduces people's desire for mental health needs. There is a shortage of medicines and basic needs which are a priority for IDPs. While this research is being done, the experts stated that for different reason there is a reduction in the support of various NGOs to the IDPs camp in Debrebrhan. As NGOs are the main providers of in-kind and medicine drug support, their withdrawal will create a supply shortage. Expert 5, a psychologist providing counseling services at the camp, gave an example of the impact of inadequate support on the counseling services.

> *"There is a good effort by professionals in all three sectors. But the supporting system is yet to come. If a woman comes to counseling and says she is hungry, it is difficult to continue the counseling. If there is a*

strong supporting system, it increases the effectiveness of psychological support.

Expert 5 explains that psychological support for IDPs can be effective if it is combined with in-kind support. In addition, Expert 7, a social work expert, explained that since psychological support is mostly oral, it can be a result of being associated with in-kind support.

"They tend not to come for counseling sessions only once. Because there is an expectation of in-kind support. Because they need material support, they are not interested in coming back if it is only oral. They will accept the psycho education, but they will tell you that they have no food and are hungry."

4.5.5. Lack of provision of facilities at the service center and the camp

There are many issues that remain to be said for being environmentally friendly. For example, there are IDPs living in shelter. They will struggle if it is too sunny or rainy.

The incompleteness of the social and psychological services office is difficult for both IDPs and professionals. In particular, the privacy and confidentiality of clients must be protected in order to provide psychological services. In this case, there are problems that make clients feel disturbed while accessing the services of counselors. One problem for this is that the office is not well prepared. There is a lack of resources to make the service privacy protected and professional. Professionals working in different fields share one office. In one camp with up to 8000 IDPs, there is only one counseling office and physical therapy clinic.

4.5.6. absence of clear decision on the future status of IDPs

The fact that the government and relevant bodies are not making a clear decision regarding the future of the displaced is an obstacle to social and psychological support. IDP asked the expert, "What are we going to do?" Where are we going?" they ask a question that cannot be answered by a psychosocial support provider.

IDPs regularly receive information about the area they are displaced from. In this way, they are told that the security problem is not fixed properly. During this period, IDPs are told to return to their displaced areas. Hearing that the security problems have not been solved and because of the trauma they have gone through, the positive change they have been showing will decrease. Some are also prone to re-traumatization.

Due to the environment they live in and the fact that their questions are not getting enough answers, there is a situation where their problems go back in the process of following counseling. For example, because they don't get out of the environment that got them into addiction, they may end up back in the middle of it. Similarly, as mentioned above, the decision to return to the area from which they were displaced re-traumatizes them.

4.5.7. challenges to update the expert

There is a gap in terms of providing training to enable professionals to become adept in every season. It can create fear or anxiety in professionals because they are dealing with so many horror stories.

4.6 Actions and recommendations to fill the gaps in mental health and psychosocial services

Positive efforts are being made by experts to provide mental health and psychosocial support in a better way by solving the problems listed above. Thus the first act is awareness creation.. At the same time, the role of government bodies and religious leaders is important, so there is a situation to work closely with them. Efforts are being made to link with various organizations so that other issues do not neglect the mental health situation. It is also observed that professionals are forced to solve financial related problems as much as they can by contributing.

They set the following main points that should be worked on:-

It is necessary to make a clear decision regarding the future situation of the displaced and inform them. Regarding returning to the displaced area, a clear explanation of the situation in the area should be given. Additionally, the responsible party should work properly to avoid further displacement problems.

It is expected that new client will come and get the services. The work of creating Awareness should be done intensively and it would be good if it involved government bodies, religious leaders and elders. If possible, by distributing brochures, they should be made to understand and help themselves, and psychological education should be given using mini media. Also, humanitarian organizations in the camp should improve work in an integrated way. For example, if there are those who teach, it would be good if you can provide psych education in the classrooms.

If the government or NGO should focus on human resources and the necessary materials to provide the service in a sufficient manner. Similarly, every site needs its

own convenient office to provide counselling services. Even if it is not possible to build a house, it is necessary to be able to protect their privacy. Short training should be given to the practitioner’s. Relatedly, work should be done to solve the stressors that cause mental health, that is, to meet basic needs and medication. Accomplishing these will reduce the practitioner's burden.

In areas with security problems, there is a need for a body to take responsibility for practitioners as they are a risk area. In connection with the activity to provide the service, the support of the government bodies is needed, so it is necessary to give them sufficient recognition for the work.

CHAPTER FIVE

DISCUSSION

In this research finding the social and psychological service professionals in in Debre Brhan IDPs camps provide support for IDPs from identifying their problems to managing it. Thus, IDPs get PFA and psychoeducation from the moment they come to the camp. The practitioners create awareness by using various events and in IDPs shelters. They also create linkages for social support through psychologists, psychiatrists, and social workers by making an assessment for an individual who comes to the center with symptoms. The previous studies of Nguyen et al., (2023) for volunteers to get out of their problems with Mental health and psychosocial support (MHPSS), Weissbecker et al. (2019) research also states that psychological first aid (PFA) is used to reduce the consequences of various disasters, while Emmanuel's (2021) research states that psychotherapeutic services, aiding in adjustment, and providing psychosocial support are carried out for displaced persons in camps with various psychological problems.

According to Nguyen et al.'s (2023) research, they emphasize the relevance of psychological assistance in addressing the mental health needs of displaced people, arguing for the introduction of such interventions in humanitarian contexts. Other example, Nwanna and Nmachi's (2018) primary finding is that social workers may play an important role in providing psychosocial support, access to vital resources, and advocating for IDP rights.

It is known that the experts working in the IDP camps in Debre Brhan city organize individual and group sessions in addition to psych education to address the

psychosocial problems of the IDPs. Previously, Ekezie et al. (2020) also states that psychoeducation, especially group therapy, has a better chance of bringing about change for displaced persons. In addition, the CBT therapist, which is mainly used in the camp, is preferred to address anxiety, depression, and PTSD, Uphoff et al. (2020).

In finding of Nocon et al.,(2017) study, psychosocial interventions were effective in improving mental health outcomes for war-traumatized refugee and internally displaced minors. The meta-analysis showed a significant reduction in symptoms of anxiety, depression, and post-traumatic stress disorder following these interventions.

IDPs that are in the Debre Brhan IDP camp and participated in this study stated that they have experienced various traumatic events and suffered psychological pressure. According to the results of the study, there are evacuees who have seen the death of people, their houses have been burned, and they have lost their property. Based on the assessment done by the experts and interviews with the displaced people, it has been found that there are psychological problems such as PTSD, anxiety and depression. In previous studies, IDPs suffer from insecurity, bitterness, trauma, acute malnutrition, hunger, starvation, sexually transmitted diseases, lack of education, violation of IDPs' rights, inadequate shelter, poor waste management, lack of electricity, and absence of clean water (Akuto's , 2017) that they experience; They stated that inadequate living conditions, extreme poverty, poor health, and lack of access to social services (Bell et al., 2014) are the main challenges. Relatedly, as Feyera et al. (2015) study results revealed that displaced people are more vulnerable to clinical mental disorders, psychosomatic complaints, and psychological distress, such as depression and and post-traumatic stress disorder (PTSD), depression, panic attacks, and anxiety disorders are mainly mentioned (Owoje et al., 2016).

According to Mesfin et al.'s (2007) study on the impact of trauma on the quality of life of post-conflict displaced Ethiopians, mental distress mediates the impacts, while coping techniques and social support moderate the effects. The study discovered that trauma had a considerable impact on the quality of life of the displaced population, with mental anguish serving as an important mediating factor.

In this research finding the main problem that hinders mental health and psychosocial support is that the number of professionals and IDPs is not balanced; Security problems have created a challenge for both. Clients have lack of awareness of psychosocial problems, especially mental health problems; The role of in-kind support for mental health is high and there is a gap; Lack of facilities at Camp and Psychosocial Support Service Center; Not being able to make a predictable decision about the next situation of the displaced and the fact that the expert is not trained regularly have been identified as major challenges. This result was found to be similar to the study of de Jong & Kleber (2007) and Medeiros, (2007). In their study, in the process of providing social and psychosocial support, after meeting the primary needs of shelter and food, there is typically limited funding and a shortage of skilled practitioners available to address the psychosocial needs of individuals affected by war. Relatedly, Chikovani et al. (2015), Hendrickx et al. (2020), and Roberts et al. (2019) articles stated that the mental health and psychosocial support services provided to IDPs have a gap that needs attention.

If we see the main objective of Hendrickx et al.'s (2020) article is to investigate the prevalence of mental disorders and access to mental health and psychosocial support services among Syrians in Syria and adjacent countries. The researchers used a systematic review to examine the existing literature on this topic. One of the article's

primary findings is that Syrians, both within Syria and as refugees in neighboring countries, face a large burden of mental problems. Furthermore, there is little access to mental health and psychosocial support services, worsening the region's mental health problem.

Government bodies indicated that there is a lack of awareness in relation to services. In a previous study done in Colombia, IDPs are exposed to various social problems due to the lack of adequate laws, according to Richards et al. (2011) pointed out, and it has been written in studies that the IDPs were starving to death due to the lack of attention given to IDPs by the government in Sudan (Uphoff et al., 2020).

The authors of Hines and Balletto's (2002) study discovered that internally displaced people in Colombia confront a variety of obstacles, including a lack of access to key services such as healthcare and education, as well as high levels of poverty and security. Their research demonstrates that there is an urgent need for tailored interventions to address these challenges and enhance the lives of this disenfranchised group.

CHAPTER SIX

CONCLUSION, LIMITATION OF THE STUDY AND RECOMMENDATION

6.1 Summary

The objective of the study was A comprehensive exploration of mental health and psychosocial support services for internally displaced persons in Debre Brhan IDPs camp.

Generally, four research questions were, formulated for the study The first one is identify roles of mental health and psychosocial support services providers. The second explore the strategies used by professionals to provide mental health and psychosocial support service in the camp. The third to explore the positive changes in IDPs caused by mental health and psychosocial support services provided in the cam. Final one is identify challenges on peroviding mental health and psychocial service for the IDPs in the camp.

The research was done by following the qualitative method and about 22 people participated in it. The participant of the study are 7 professionals who provide mental health and psychosocial services. 15 IDPs were interviewed for validation by triangulating the information obtained from the experts.

The interviews were transcribed and translated. The data was analyzed using a thematic analysis method. It has been identified that the mental health and psycho-social support that is being provided at the IDPs camp in Debarbarhan has problems that need attention.

6.2 Conclusion

The study conducted at the IDP camp in Debrehan revealed that while psychosocial support is being provided, there are several challenges that need to be addressed. While the camp has a dedicated center for Mental Health and Psychosocial Support, including professionals like psychologists, psychiatrists, and social workers, there are issues that are hindering the effectiveness of the services being offered. One major problem identified is the lack of proportionality between the number of professionals and the number of displaced persons, leading to challenges in providing adequate support. Additionally, security issues create difficulties for both the professionals and the individuals seeking help.

Another finding is the lack of awareness among clients about psychosocial problems, particularly mental health issues. There is also a gap in integration of in-kind support and mental health support, as well as a shortage of facilities at the Camp Psychosocial Support Service Center. Furthermore, the unpredictability of decisions regarding the future status of the displaced individuals and the lack of regular consultation with experts are additional challenges that need to be addressed. It is evident that solutions need to be found to improve the effectiveness of the social and psychological support being provided in IDP camps, such as integrating psychological support with in-kind assistance and increasing awareness among users and staff interacting with the service to enhance its efficiency.

6.3 Recommendations

First and foremost, there must be an adequate number of specialists accessible to satisfy the need of the displaced population. This comprises psychologists,

psychiatrists, and social workers who can provide a variety of services to meet the mental health and psychological support need of IDPs.

Second, it is critical to strengthen the role of material support in providing mental health care. This could entail ensuring that people have access to basic needs like food, shelter, and medical care, as well as more specialized services like counseling and therapy. Individuals who meet these basic needs may be more equipped to engage in and benefit from psychological interventions.

Next, continual education and awareness-raising activities are required to assist individuals in better understanding and accessing mental health and psychosocial support services. Individuals may be more likely to seek help and actively participate in the treatment process if they have a better awareness of these services.

Finally, efforts should be undertaken to improve the facilities at the Camp Psychosocial Support Service Centre. This may entail providing a secure and comfortable environment for those receiving care, as well as ensuring that personnel have the resources to do their jobs. Furthermore, it is critical to include displaced people in decision-making processes linked to their care. Regular interaction with experts and stakeholders can assist guarantee that services meet the requirements and preferences of the public. Mental health and psychosocial support services may be more effective if individuals are given a say in their own care.

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Appendix A: Background information for professionals

Instructions: Please checkmark (✓) the information that applies to you and write your comment in the blank space provided.

Geneder: male female

Age:

Profession and Position:

Academic qualification: diploma…. degree….. master….phd….

Year experiance:

Appendix B: Interview Guide for professionals

1. Can you explain to me the support that the social and psychological experts give to the displaced persons in the camp?

2. Can you tell me the strategies that show the reasons for referral of social and psychological services by displaced people?

3. How do you describe the changes in IDPs following MHPSS?

4. As a professional, what are the challenges that hinder social and psychological support for displaced people?

5. What do you think should be done to improve the social and psychological support given to displaced people?

Appendix C: Background information for IDPs

Instructions: Please checkmark (✓) the information that applies to you and write your comment in the blank space provided.

1. Geneder: male female

2. Age: Adolescents (13-17 yrs.) Adulthood (18-64 yrs.) Older adults (65 and above)

3. Education status: Secondary……. Primery…….. Ilitrate…… B.Sc……

4. How many times have you been in the IDP camp in Debre Berhan?

5. Do you follow the mental health and counseling services provided at the camp?

6. If the answer to the 5th is yes, how long have you been following the service?

   3-6 month…….. 7 month -1 year…….. Above one year

የተፈናቃዮችን የግል መረጃ የተዘጋጀ መጠይቅ

መመሪያ፡ እባኮትን የሚመለከተውን መረጃ ምልክት ያድርጉ (✓) እና አስተያየትዎን በተዘጋጀው ባዶ ቦታ ላይ ይፃፉ።

1. ጾታ፡ ወንድ ሴት

2. ዕድሜ:

3. የትምህርት ደረጃ፡ ሁለተኛ ደረጃ……. የመጀመሪያ ደረጃ……. ያልተማረ…….የመጀመሪያ ድግሪ……

5. በደብረ ብርሃን በተፈናቃይ ካምፕ ውስጥ ምን ያህል ጊዜ ቆይተሃል?

6. በካምፕ ውስጥ የሚሰጠውን የአእምሮ ጤና እና የምክር አገልግሎት ትከተላለህ?

7. ለ 7 ኛው መልሶ አዎ ከሆነ, አገልግሎቱን በመከታተል ምን ያህል ጊዜ ቆይተሃል?

3-6 ወር ..... 7 ወር - 1 አመት ..... ከአንድ አመት በላይ

Appendix D: Interview Guide for IDPs

1. If you could tell me about the problems before coming to this social and psychological support center?

2. What kind of support did the experts at this center give you for your problems?

3. Could you tell me the benefits of the support provided by the experts at this center?

4. How willing are you to continue with the speech therapy offered here?

5. What are your recommendations on the social and psychological support provided by the center?

ለተፈናቃዮች የተዘጋጀ የቃለ መጠይቅ መመሪያ

1. ወደዚህ ማህበራዊና የስነልቦና ድጋፍ ወደ ሚሰጥበት ማዕከል ከመምጣትህ በፊት አጋጥመውህ የነበሩ ችግሮች ብትነግሩኝ?

2. በዚህ ማዕከል በሚገኙ ባለሙያዎች ምን አይነት ድጋፎች ተደርገውልሃል?

3. በዚህ ማዕከል የሚገኙ ባለሙያዎች ባደረጉት ድጋፍ ያገኘውን ለውጥ ብትገልጽልኝ?

4. እዚህ በሚሰጠው የንግግር ህክምና ለመቀጠል ምን ያህል ፍቃደኛ ነህ?

5. በማዕከሉ እየተሰጠ ባለው የማህበራዊና ስነልቦናዊ ድጋፍ ላይ አሉ የምትላቸው ችግሮች እና የርሶ ምክረሃሳብ?

Declaration

I, the undersigned student declare that this thesis has not been presented for any degree in any other university and all the references used for the thesis have been duly acknowledged.

Name: Amen Begidu

Signature:_____

Date:_____

This thesis has been submitted for examination with my approval as a University advisor.

Name: Dr. Abera Tibebu

Signature:_____

Date:_____