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Norwegian University of Science and Technology
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Department of Psychology

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Adolescents' Perspectives on Well-Being and Mental Health in the Flight Phase: A Mixed Methods Study With Syrian Adolescent Refugees in Lebanon

Graduate thesis in Clinical Psychology
Supervisor: Solfrid Raknes, Katrin Glatz Brubakk & Trond Nordfjærn
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all figures and tables. This cooperation has exceeded all expectations, and we are both most thankful the other was crazy enough to go along with the idea of this thesis.

During our stay in Lebanon in April, one of the refugee camps was leveled with the ground by the Lebanese army (Appendix A), and we wrote a status report (Appendix B) on the situation of the refugees to the Norwegian government. We are most proud that our works with Solfrid and MAPs resulted in Norway financing four of their schools for one year.

Abstract

The armed conflicts in Syria have caused the most extensive refugee crisis of our time, and a great proportion of the refugees are children and adolescents. This mixed methods study was conducted in Lebanon, and has aimed at giving Syrian adolescent refugees a voice on how their situation affects well-being and mental health. The study contributes with long-awaited knowledge on adolescent refugees in the flight phase. It was conducted in collaboration with Multi Aid Programs, an NGO founded and run by Syrian refugees. The first phase consisted of five focus group discussions amongst adolescents, parents of adolescents and teachers of adolescents. The second phase consisted of a survey completed by Syrian adolescent refugees (*N=174*). The adolescents report the daily stressors of the refugee situations as great threats to well-being and mental health. Furthermore, they estimate mental health literacy (MHL) amongst their peers to be low. Through a set of three multiple regression analyses, this study has also found that the estimated level of MHL weakly predicts how useful the adolescents consider learning about three different topics through a mental health awareness program. A central implication of these findings is that facilitating personal and social resources available to refugees can reduce the stress of the situation and increase well-being. Nevertheless, it is also necessary to ameliorate the conditions they live under in order to satisfy basic human rights.

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Abbreviations

AITC	Average Corrected Inter Item-Total Correlations
EFA	Exploratory factor analysis
IASC	Inter-Agency Standing Committee
KMO	Kaiser-Meyer-Olkin
MAPs	Multi Aid Programs
MCAR	Missing Completely at Random
MHL	Mental health literacy
MHPSS	Mental health and psychosocial support
MSF	Doctors Without Borders
NGO	Non-governmental organisation
PAF	Principal axis factoring
PTSD	Post-traumatic stress disorder
Qual	Qualitative
Quan	Quantitative
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
VIF	Variance Inflation Factor
WHO	World Health Organisation

Introduction

Background

By the end of 2018, the global population of forcibly displaced persons reached 70.8 million individuals, remaining at a record high (UNHCR, 2019a). According to the UNHCR (2019b), more than half of the refugee population worldwide is under the age of 18 years, with an even higher percentage of children and adolescents residing in refugee camps. Syrians continue to be the largest forcibly displaced population in the world (UNHCR, 2019c), and the current conflict has caused the most extensive refugee crisis of our time (The World Bank, 2019). The neighbouring countries have been greatly affected by the armed conflicts and host millions of Syrian refugees (UNHCR, 2019c). In Lebanon, where more than 1 million Syrian refugees reside (UNHCR, 2019c), there are no official refugee camps and more than 70 % of the refugees live below the poverty line (USA for UNHCR, 2019), a great proportion of these are children and adolescents (UNHCR, 2019c). Little attention has been offered to research on their well-being and psychosocial needs, in spite of the high amount of young refugees (Nakeyar, Esses & Reid, 2018). Even though displacement is challenging across age, young people are considered especially vulnerable in the process of displacement.

Humanitarian organisations have urged for action to prevent young Syrians from becoming "Syria's lost generation" (Watkins, 2016). At baseline, interventions that target a refugee population should build on general knowledge about basic human needs. These are hierarchically systemised by Maslow (1943), with physiological needs at the bottom, followed by the need for safety, love and esteem, with the need for self-actualisation as the highest achievable level. Furthermore, interventions targeted towards a population of children and adolescent refugees should also build on a foundation of knowledge about their specific needs in a humanitarian crisis, as well as incorporating their perspectives (Jones, 2008). Syrian adolescent refugees in Lebanon are the focus of this present mixed methods study, which is conducted in collaboration with the non-governmental organisation (NGO) Multi Aid Programs (MAPs).

The Universal Human Rights (UN General Assembly, 1948) are supplemented by the Convention relating to the Status of Refugees (UN General Assembly, 1951), acknowledging the particular vulnerability of these populations. A refugee is defined as "someone who is unable or

unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (UN General Assembly, 1951). Adolescent refugees are also under the protection of the Convention of the Rights of the Child (UN General Assembly, 1989). Despite these three proclamations, the Syrian adolescent refugees are still exposed to a series of risk factors and human rights violations during their flight. The term refugee is not used officially about Syrians in Lebanon; hence there exists no refugee camps, only so-called settlements for displaced people. The Syrian population in Lebanon is well covered by the UN definition of a refugee, and this thesis will therefore refer to the Syrians accordingly.

The process of displacement can be divided into three phases: pre-flight phase, flight phase and post-flight phase (Thomas & Thomas, 2004), all associated with specific risks and exposures (Kirmayer et al., 2011). The Syrian refugees in Lebanon are still in the flight phase. This entails that they might have been exposed to factors associated with the pre-flight phase, such as disruption of community networks, disruption of education, loss of social support and roles, separation from family, and traumatic events. In addition, they might currently be facing exposure to violence, harsh living conditions, poor nutrition and uncertainty about the future (Kirmayer et al., 2011). Refugees endure multiple losses throughout their displacement process. In addition to losing their communities, homes, loved ones, and nation, refugees also experience a partial or total destruction of a meaningful cultural framework to make sense of both the joy and pain of life (Porter & Haslam, 2001). It has been argued that the loss of this cultural framework might be even more fatal than experiencing a traumatic event (Eisenbruch, 1991), for instance considering the persistent grief that refugees are prone to experience, due to multiple deaths, disappearances and separations during the flight (Rask, Kaunonen & Paunonen-Ilmonen, 2002; Silove, Ventevogel & Rees, 2017). The high amount of losses the Syrian adolescent refugees have experienced, in addition to the complexity and harshness of their current situation implies that the present study has been conducted under severely fragile conditions.

The years from early adolescence until young adulthood are crucial for developing a sense of belonging with peers, autonomy from parents, identity and development of emotional regulation processes (Baker et al., 2019; Nakeyar et al., 2018; Vossoughi, Jackson, Gusler &

Stone, 2018). Several sources point to the enhanced risk of developmental delays and mental health issues when encountering multiple stressors in this vulnerable period (Juang et al., 2018; Vossoughi et al., 2018). As acknowledged by Article 25 in the Declaration of Human Rights (United Nations General Assembly, 1948), children and adolescents need special care and assistance.

Multi Aid Programs (MAPs). This study was a by-product of MAPs' evaluation of their services. MAPs is an NGO founded and run by Syrians in Lebanon, and the organisation provides education, health care and relief for Syrian refugees and others in need in the Bekaa valley and in Arsal. Their slogan is "One family towards dignity", and the organisation builds on collective efforts to advance together. Their education programs benefit more than 15 000 children, adolescents and young adults per year (MAPs, 2019a). The objectives of the education programs are to increase the access of learning opportunities, building and developing their skills within the field of innovation, and empowering Syrian teachers' competency. Since MAPs was established in 2013 (MAPs, 2019b), more than 540 000 refugees have benefited from their medical and relief services (MAPs, 2019a).

Article 26 in the Universal Declaration of Human Rights (UN, 1948) states that "everyone has the right to education." Nevertheless, as part of a broader policy to protect the host countries against the cost of hosting refugees, education is rarely formalised. The education MAPs provides for the young Syrian refugees, does not lead to any formal certificate. However, it is crucial to support competency, hope and the sense of meaningfulness in the adolescents' lives. The Syrian refugees have few legal rights in Lebanon, and their weak juridical position and harsh living conditions put them in a fragile state. The uncertainty of their situation and future forces the refugees to live in a state of limbo. The president of MAPs puts it as follows "We have to build a life as if we were leaving tomorrow, and at the same time build a life as if we will stay here forever." The vision of the organisation is to secure a dignified society through enabling children to reach their potential, and build capacity in the Syrian refugee population through employment and through engaging them in the community.

Previous research on refugees' mental health and well-being. A systematic review of the great journals Cochrane Library, PubMed and PsychNet indicate a limited amount of

research on refugees and their well-being. A leading theoretical perspective in refugee mental health research has been, and is still, the medical model (Ryan, Dooley & Benson, 2008). The natural focus using this model is on pathological conditions, diagnoses, epidemiological studies and treatment of psychiatric symptoms. This is only a part of the picture when it comes to examining the psychological well-being of refugees (Ryan et al., 2008). The World Health Organisation (WHO) stresses that mental health is not fully understood by the absence of mental disorders, but defines the concept as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004, p. 12). The definition by the WHO has by some been criticised for being incompatible with the refugee situation, through a focus on individual realisation and positive emotions as key concepts of mental health (Galderisi, Heinz, Kastrup, Beezhold & Sartorius, 2015). This study aims to provide a holistic perspective on the refugee experience and its implications for mental health and well-being.

Several factors that have been associated with reduced well-being and impairment of mental health in other populations are highly relevant to the refugee situation. For instance discrimination (Stark, Plosky, Horn & Canavera, 2015), family violence (McCloskey, Figueredo & Koss, 1995; UN Women, 2013), parental stress and impaired mental health of parents (Ajduković & Ajduković, 1993; Smith, 2004), poor life conditions (Jordans, Semrau, Thornicroft, & van Ommeren, 2012), and poverty (Davidson & Carr, 2010). When considered in association with the tremendous amount of losses and risk factors refugees endure, a high amount of psychological distress would be expected. But how many develop mental disorders? A recent systematic review conducted on behalf of the WHO found a higher prevalence of mental health disorders in conflict settings than earlier assumed (Charlson et al., 2019). The review estimates that one in five people in conflict-affected areas have depression, anxiety disorder, post-traumatic stress disorder (PTSD), bipolar disorder or schizophrenia (Charlson et al., 2019).

A particular interest for trauma and levels of post-traumatic stress among refugees arose as the diagnostic category of PTSD was introduced (Ryan et al., 2008) in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1980). Understanding how trauma affects psychological well-being in the refugee population is

definitely important. However, a narrow focus on traumatic events in the pre-flight environment poses a risk of overshadowing how unmet basic needs in the present lives of refugees affect their mental health and well-being (Ryan et al., 2008). Miller and Rasmussen (2010) argue that daily stressors work as mediators of the relationship between traumatic events and mental health, and that there has been an overemphasised focus on the directly traumatising effects of exposure to war, rather than the impact of daily stressors present in post-conflict environments.

Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo and Kirmayer (2016) emphasise that psychological and social distress among refugees is manifested in a broad range of emotional, cognitive, physical, behavioural and social problems. These include internalising and externalising symptoms, difficulties with sleep and eating, interpersonal conflicts (Hassan et al., 2016), as well as symptoms related to trauma as described by several researchers (Dimitry, 2011; Kirmayer et al., 2011; Vukcevic, Dobric & Puric, 2014). While these symptoms are commonly reported among refugees, it is important to note that they do not necessarily indicate mental disorders. Most refugees are extremely resilient, considering the losses and trauma they have experienced (Hassan et al., 2016; Masten, 2011).

Most research on mental health of refugees has been conducted with adults, and WHO's systematic review of mental disorders in conflict-affected areas were age-standardised (Charlson et al., 2019). Several researchers have urged for an enhanced focus on displaced children and adolescents' needs and mental health outcomes (Jones, 2008; Vossoughi et al., 2018). Most literature reviews on young refugees' mental health have focused on the post-flight phase (Vossoughi et al., 2018). This is in accordance with reports from Inter-Agency Standing Committee (IASC) stating that almost all research on refugees and mental health is done years after the acute phase (IASC, 2007). A mental health and psychosocial assessment of Syrian adolescents living in a refugee camp in Jordan revealed that sadness, fear and grief were the most prominent issues, with 85 % of the adolescents reporting concerns about camp conditions (Song, 2016).

Vossoughi and colleagues (2018) claim to be the first to carry out a systematic review of mental health outcomes in adolescents while they still live in a refugee camp. The articles included in the study were found through four major scientific databases, and included articles

based on the following criteria: 1) refugees or internally displaced living in camps during the study, 2) participants 18 years or younger, 3) explicitly state the focus on their mental health, and the results had to directly assess mental health outcomes for these adolescents. They found great variation in the prevalence of mental health disorders, with a range from no significant level of post-traumatic stress symptoms (Miller, 1996), to a study where 87 % of the children met the criteria for PTSD (Ahmad, Sofi, Sundelin-Wahlsten & von Knorring, 2000). The authors presumed that this major variation in prevalence is due to the varying methodology of the studies included, and argue that different reporters, measurement tools and translation processes make it difficult to compare findings (Vossoughi et al., 2018). It is further found that unaccompanied minor refugees are particularly vulnerable and show higher levels of PTSD and depression symptoms than accompanied minor refugees (Eide & Hjern, 2013; Huemer et al., 2009).

Interventions. Several studies emphasise how daily stressors and unmet needs affect mental health among refugees in conflict or post-conflict areas (Jones, 2008; Jordans et al., 2012; Miller & Rasmussen, 2010). The scarce resources in the flight and post-flight areas may involve malnutrition, limited access to clean drinking water, poverty and overcrowding (Jordans et al., 2012). In the flight phase, accommodation in refugee camps is associated with greater impairment of mental health, more so than private housing (Porter & Haslam, 2001). Furthermore, access to educational services is highly restricted for the displaced children. Approximately 2.5 million school-aged children are out of school in Syria and the neighbouring host countries (The World Bank, 2019). Jones (2008) argues that children's need for security and education is intimately linked with their mental health needs and problems. Miller and Rasmussen (2010) state that the available data suggest that addressing daily stressors should be a priority in the development of mental health policy, the allocation of scarce resources, and the design of interventions to assist war-affected communities. The daily stressors are strongly related to the severity of psychological pathology. By targeting daily stressors, Miller and Rasmussen (2010) believe this will ultimately result in a reduction of the severity of psychological difficulties.

The World Health Organization Constitution of 1948 (WHO, 2019a) established everyone's right to the highest attainable standard of physical and mental health. For a refugee

population, this may require modifying or improving regulatory and legal frameworks to address the specific health needs of these populations (WHO, 2019b). In dealing with difficulties concerning refugees, UNHCR (Hassan et al., 2015) emphasises the importance of a multi-layered system of services and supports, ranging from distribution of food and covering other basic needs, to clinical services provided by mental health professionals. They specifically argue that this is necessary in order to efficiently promote mental health and psychosocial well-being of people affected by the crisis in Syria. Again, Miller and Rasmussen's (2010) argument on daily stressors is relevant. MAPs can be considered a multi-layered system by the definition of UNHCR (Hassan et al., 2015), and this research can contribute to an improvement of their services.

Barriers for seeking mental health services. According to the WHO (2005), barriers for mental health care exist in all countries and at all levels. The most important barriers are lack of resources, for example limited financial resources, and stigma, among others (WHO, 2005). Overcoming these barriers is essential for the delivery of mental health services (Dardas & Simmons, 2015).

Mental health care expenses. Despite international human rights standards and conventions as formulated by the WHO (2019a), many refugees often lack access to health care services and financial protection for health. Syrian refugees report cost as the main barrier for health care access (Al-Rousan, Schwabkey, Jirmanus, & Nelson, 2018). One way to give access to health care in a larger scale is community-based psychosocial activities and other health promoting interventions which can be implemented efficiently in large groups (Hassan et al., 2015). This is a way of making psychological knowledge available to the public, in accordance with Miller's work on psychology as a means of promoting human welfare. Miller states that psychology is something that we should "give away to the people that really need it" (Miller, 1969, p. 1071), and this would have to be done in a wider sense than only through face-to-face psychological interventions.

Stigma. Stigma connected to mental health difficulties is one of the most common reasons for not seeking mental health care (Dardas & Simmons, 2015). Stigma is embedded in its social context and relative to a given culture. In most Arab countries, mental health care services

are scarce and people with mental health difficulties are often associated with poverty and illness stigma (Dardas & Simmons, 2015), linking mental health difficulties with additional negative properties. In general, mental health difficulties are viewed as a flaw within the individual or their upbringing (Nasir & Al-Qutob, 2005). Stigma is evident at all levels of society (WHO, 2005), and combating it is a critical step towards promoting health and well-being (Dardas & Simmons, 2015). Arabs are more likely to seek mental health care from religious leaders rather than professional services, given the religious or supernatural beliefs associated with mental health difficulties (Dardas & Simmons, 2015). Additionally, there are negative attitudes towards formal psychiatric services (Nasir & Al-Qutob, 2005). How stigma manifests within Arab communities is not well known, making it difficult to design interventions for treating Arab individuals with mental health difficulties and support their families (Dardas & Simmons, 2015).

Mental health literacy. Furthermore, research on refugees (Slewa-Younan et al., 2014; Yaser et al., 2014)) suggests that poor mental health literacy (MHL) is a major factor in low or inappropriate seeking of treatment among individuals with mental health problems. MHL refers to "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (Jorm et al., as cited in Slewa-Younan et al., 2014, p. 2). Increasing MHL can be beneficial in two ways. Firstly, by empowering the public with an understanding of mental disorders, thereby facilitating prevention, early intervention and treatment within the community (Jorm, 2012). Secondly, by empowering individuals with the means by which to make an informed decision about accessing mental health care (Slewa-Younan et al., 2014).

Low MHL is associated with reduced mental health service utilisation, and is not uncommon in refugee populations (Slewa-Younan et al., 2014). This is despite the fact that resettled refugees are a particularly vulnerable group who have very high levels of mental health problems, particularly trauma-related disorders (Slewa-Younan et al., 2014). Other researchers (May, Rapee, Coello, Momartin, & Aroche, 2014) recommend that promotion of MHL might include education about specific symptoms and causes of mental health disorders and the effectiveness of psychiatric treatments. These suggestions provide useful directions for the promotion of optimal service utilisation among such communities. By mapping specific aspects of MHL, these can be targeted by customised programs. This can include MHL in different

groups in the society, and how different levels of MHL is connected with different needs.

Doctors Without Borders (MSF) argues that a comprehensive assessment of MHL has never been done with Syrians, neither in Syria nor in the neighbouring countries (Hitchman et al., 2018). They stress the necessity of understanding the cultural framework of this population, and how they comprehend and relate to mental health. It is further necessary to understand how these cultural constructs change as a result of conflict and displacement (Hitchman et al., 2018).

Taking the Perspective of Adolescent Refugees

Little attention has been offered to research on adolescent refugees and their well-being (Nakeyar et al., 2018). Additionally, research concerning adolescent refugees' perceptions of risk factors and their impact on health and well-being, is scarce (Meyer, Meyer, Bangirana, Mangen & Stark, 2018). Most research in this area has been conducted months or years after the end of the acute emergency phase (IASC, 2007), when the refugees are resettled. This study is unique in focusing on adolescents and well-being rather than adults and mental health disorders, refugees in the flight phase, and the considerations and perspectives of the refugees themselves.

The Present Study

The overall purpose of this study is to provide knowledge on resources that can be promoted to make the situation of refugees more bearable. This paper aims to inform which factors young Syrians consider important for their psychological well-being, and provide implications for mental health and psychosocial support (MHPSS) programs. These overall purposes are conceptualised in two specific aims:

1) Describe what Syrian adolescent refugees consider to affect their well-being, and to what degree these factors are considered to have an impact on well-being.
2) Investigate the relationship between estimated mental health literacy and perceived usefulness of different components in mental health and psychosocial support programs.

Theoretical framework

Research on human life experiences faces a barrier in terms of the very nature of these experiences. They are immensely complex, and researchers examining the well-being and mental health of a refugee population cannot investigate every single aspect of those refugees' lives. They have to make a selection. To guide which factors to examine, and how to do it, researchers lean on theoretical models (Ryan et al., 2008).

Social constructivism. Social constructivism, as formulated by Berger and Luckmann (1966), was one of the paradigms in which the study was conceptualised. Berger and Luckmann (1966) state that "knowledge" and "reality" are found to pertain to specific social contexts. This means social scientific knowledge is shaped by societal forces (Collin, 2013). Research on any aspects of a society, in this case the Arab culture and the refugee situation, would have to take the context into account (Psathas, 2013). Psathas (2013) indicates that conducting research in a specific culture forges the researchers to be willing to understand the world from that given perspective. The qualitative phase of this study was conducted with the intention of exploring the paradigm of this population and how they speak about mental health.

Cross-cultural research entails several challenges in terms of methodology and ethics (Liamputtong, 2008). When researchers and participants have widely different cultural backgrounds, the researchers can build trust by humility, cultural sensitivity and caring (Eide & Allen, 2005). Cultural sensitivity refers to knowing the cultural context of the group in which one wishes to conduct research, and this is demonstrated through knowing key values and stakeholders (Liamputtong, 2008). Katyal and King (2014) further stress the importance of the context in which the research is conducted. In this case, understanding the socio-cultural context of which the Syrians in Lebanon are a part of, will lead to an enhanced understanding of the issue at hand.

Pragmatism. The present mixed methods study was also conceptualised from a pragmatic theoretical paradigm (Hanson, Creswell, Clark, Petska & Creswell, 2005), which is proposed as the best paradigm for mixed methods research (Tashakkori and Teddlie, as cited in Hanson et al., 2005). A thesis of incompatibility has been prevailing in modern research, asserting that it is not possible to combine qualitative and quantitative methods, because the

paradigms they build on are so fundamentally different (Brierley, 2017). Constructivism, as discussed above, has been the leading paradigm for qualitative methods, while a positivistic paradigm has been prevailing in quantitative methods (Brierley, 2017). Pragmatism is a philosophical paradigm concerned with practical consequences (Cherryholmes, 1992), thus considering "what works" to answer a research question, rather than taking a stand in the debate between positivism and constructivism (Brierley, 2017). As stated by Cherryholmes (1992) "Pragmatic choices about what to research and how to go about it are conditioned by where we want to go in the broadest of senses." (p. 13). For instance, this includes choosing variables for analysis based on their practical implications.

A Resource-Based Model. Ryan and colleagues (2008) claim that the major theoretical approaches that have guided research on psychological well-being of refugees are: the medical model, the psychosocial stress model (Lazarus & Folkman, 1984) and Berry's (1997) acculturation framework. Furthermore, Ryan and colleagues (2008) assert that these models have limitations in focusing on deficiencies within individuals rather than grasping the holistic view of the refugee experience (Ryan et al., 2008). To bridge this gap, they propose the Resource-Based Model of Migrant Adaptation (Ryan et al., 2008). This is an eclectic model based on the acculturation works of Berry (1997), Lazarus and Folkman's psychosocial stress model (1984), and Hobfoll's Conservation of Resources Theory (1998).

Ryan and colleagues (2008) define resources as "the means by which individuals satisfy needs, pursue goals and manage demands" (Ryan et al., 2008, p. 7). Furthermore, they argue that an individual is likely to experience psychological well-being if he or she has the possibility to satisfy basic needs, pursue valued goals and manage demands effectively. A resource perspective is thus essential to understand the refugee adaptation process (Ryan et al., 2008). Resources can further be categorised under the following four headings: personal resources (e.g. hope, self-esteem), material resources (e.g. money, property), social resources (e.g. social support, sense of belonging) and cultural resources (e.g. linguistic skills, literacy). Ryan and colleagues (2008) argue that the pre-flight and flight phases will first and foremost be characterised by resource loss, especially in terms of personal, material and social resources.

Choice of Research Design

To address the two specific aims of the study, a mixed methods approach was used, combining both qualitative and quantitative methodologies. Qualitative investigations of multicultural issues within psychology has been called for by several researchers (Ponterotto, 2002; Umaña-Taylor & Bámaca, 2004), arguing that such approaches can provide better understandings of new phenomena or understudied populations without presuming that there is "one universal truth to be discovered" (Auerbach & Silverstein, 2003, p. 26). This statement is in accordance with a paradigm of social constructivism. Qualitative methods are suitable to investigate the Syrian adolescent refugees own perspectives. In addition, the study aimed to examine the relationship between estimated MHL and usefulness of three different components for a mental health awareness program. This investigation of a relationship is closely linked to quantitative methodology through testing of hypotheses. Three multiple linear regressions were conducted to examine if estimated MHL significantly predicted how useful the adolescents considered the components. A pragmatic approach permits application of both a qualitative and a quantitative methodology, instead of viewing them as contradictory. Mixed methods research may be especially useful when the goal is to gain an understanding of a complex topic (Hanson et al., 2005), like in this study, where it is advantageous to integrate both the unique perspectives of adolescent refugees and tendencies in the general population.

Methods

Study Design

The present study was a by-product of the work conducted by the local non-governmental organisation, Multi Aid Programs (MAPs), in the Bekaa Valley, Lebanon. In addition to the two main researchers, the research team consisted of Solfrid Raknes (PhD and specialist in clinical psychology), Dr. Fadi Alhalabi (M.D. Neurosurgery resident, President of MAPs), Dr. Bayan Louis (M.D. General medicine, Project Coordinator of the Higher Education Platform at MAPs) and Tuqama Issa (English teacher at MAPS).

This was a mixed method-study. A sequential multi-strand design was used, starting with an exploratory qualitative phase followed by a quantitative survey phase. The study was implemented with a qual + QUAN design (Teddlie & Tashakkori, 2006). As proposed by Teddlie and Tashakkori (2006), findings from the first phase guided the formulation of questions and data collection in the second phase. Initially, focus group discussions were conducted to explore how the participants speak about mental health and psychological well-being, and what factors they consider to be helpful when promoting well-being. Five focus group discussions were carried out, with different informants: 1) female adolescents, 2) male adolescents, 3) mothers of adolescents, 4) fathers of adolescents and 5) teachers of adolescents, mixed-gender group. The inclusion criteria of the qualitative focus group phase was either being a Syrian adolescent in the age range 13 to 17 years enrolled in one of MAPs' education programs, or a parent or a teacher of a Syrian adolescent meeting the same criteria.

Based on the results of the analysis of the qualitative data, a survey was developed and conducted. The inclusion criteria of the quantitative survey phase was being a Syrian adolescent in the age range 13 to 17 years that was involved with MAPs. There were no exclusion criteria for either of the phases.

Participants

Qualitative focus group phase. The female adolescent group consisted of seven girls from both cities and villages in Syria. The male adolescent group consisted of five participants, all from cities and suburbs in Syria. All participants in the adolescents' groups lived in camps in

the Bekaa Valley. Both the parent groups consisted of six participants. There were five participants in the teachers' group. The majority of the participants in the adult groups lived in camps, a minority of the participants were accommodated in apartments. They were all from cities and suburbs in Syria.

Quantitative survey phase. Participants in the quantitative survey phase were Syrian adolescent refugees (N=174) from various schools run by MAPs. A small group of participants outside the inclusion criteria of age ranging from 13 to 17 years (n = 21) were excluded from the analyses. Of this final sample of 153 Syrian adolescent refugees, 91 (59,5 %) were girls, 61 (39,9 %) were boys, and 1 person (0,7 %) did not answer this question. They had a mean age of 14 years (range 13 - 17 years). The participants had varying housing facilities, with 114 (74,5 %) reporting that they live in a tent, 31 (20,3%) in an apartment, 1 (0,7%) living in a shed and 7 (4,6%) reporting other housing arrangements.

Procedures

Qualitative phase. Multiple purposive techniques (Teddlie & Yu, 2007) were used to collect participants for the qualitative phase, with the intention of enriching the demographics of the sample. These include where in Syria they formerly lived, where and how they live in Lebanon, parents' educational level and their family constellations. The students in the adolescent groups were included with the intention of covering the whole age span. All teachers were currently or formerly teaching adolescents, and connected to one of MAPs' nine schools in the area. The parent groups consisted of parents of adolescents enrolled with MAPs. The recruitment of participants took place in February-March 2019 and was conducted by the co-researchers.

The participants in the focus group discussions received information about the study and their right to withdraw at any point without any consequences. In addition, MAPs have written consent by all parents of the children in their schools. The focus group discussions lasted for approximately one to one and a half hours. All participants stayed throughout the discussions. The participants in the focus group discussions were given a refund for transport expenses as well as a meal after the focus group discussions.

Quantitative phase. The recruitment of participants for the survey followed a convenience sampling, in this case on the basis of their availability, common for this type of sampling (Waterfield, 2018). Participants were recruited in two ways: (1) Students from the nine schools were invited to participate by the principals, and (2) the vocational training students were recruited by the Project Coordinator of the Higher Education Platform. The recruitment of participants for this phase took place in April 2019. Generally, a convenience sampling can create issues with generalisation (Waterfield, 2018), but the participants included in the survey were highly theoretically relevant to the purpose of the study as they possess demographics and other characteristics of the relevant population. UNHCR's numbers regarding the demographics of Syrian refugees in Lebanon indicate that the distribution of sex in the age group 12-17 years is even (UNHCR, 2019d).

The questionnaire was administered once at eight of the schools, and twice at one of the schools where not all students had been present for the first administration. In addition, the questionnaire was administered to an additional three classes of vocational training where students met the inclusion criteria. It took the participants 20-120 minutes to complete the questionnaire. Before completing the questionnaire, all participants received information orally about the study and their right to withdraw, in addition to the written information in the questionnaire. Since some of the participants had limited reading capacity, each question was read collectively and explained by a bilingual facilitator, before the participants were provided time to complete their answers. Groups with sufficient reading skills completed the questionnaire in silence. All participants completed the questionnaire individually. The facilitator was present to answer questions and explain when the participants had difficulties.

Data Collection and Analysis of the Focus Group Discussions

Initial data were collected through five focus group discussions. They were held in Arabic, and our Arabic co-researchers served as translators. The focus group guide was developed through discussion within the research team, based on existing literature (e.g. Hassan et al., 2016; Zolezzi, Alamri, Shaar & Rainkie, 2018). Dr. Farooq Naeem at University of Toronto, who has conducted research on cultural adaptation of Cognitive Behavioral Therapy (Naeem, Phiri,

Rathod & Ayub, 2019), was consulted regarding the development of a focus group guide. Dr. Naaem provided examples of focus group guides used in his research. In addition, the supervisors, one of the co-researchers and the president of MAPs were invited to give feedback. A culturally appropriate story was added to the interview guide for the adolescents groups to have them reflect on the situation of a young girl with symptoms, similar to what the parent groups had reported. Key areas explored in the interview guide were: 1) what mental well-being is according to the Syrian adolescents, 2) what kinds of mental health difficulties Syrian adolescent refugees face, and 3) where Syrian adolescents would seek support if they were to experience mental health difficulties.

All the discussions were simultaneously transcribed by one of the researchers, thus not recorded. This strategy was chosen for ethical reasons, to make sure no personal data was collected. The risk of information being missed poses a limitation to the study. The transcripts were analysed within the framework of an inductive thematic analysis (Braun & Clarke, 2006). Braun and Clarke's (2006) six-step method of thematic analysis was used as a guideline. As they state, guidelines need to be applied flexibly to the research questions and specific project. Because this was an initiating project with a strict time frame, a brief analysis was conducted. Following a detailed reading of the transcripts, themes and sub-themes were identified. Semantic coding was applied. The two main researchers analysed and coded the transcripts independently to strengthen the reliability. Before joining the two analyses together to a unified coding system, they were carefully compared and discussed. The joint coding system was then cross-checked with the transcripts. A table (Appendix C) was created with an overview of the themes, the sub-themes and excerpts from the transcripts.

Ethical Considerations

This study was conducted as a by-product of the evaluation of MAPs community services and educational programs. As part of the inscription to their various programs, MAPs reserve the right to evaluate their services. Written consent has therefore been provided by parents of all adolescents, in both stages of the research, and of parents and teachers in the first stage. In addition, all participants received oral information on their right to withdraw at any point without

any consequences. MAPs held all personal data, and there was no link between personal information used to recruitment and data used in the analyses. The questionnaires were completed anonymously with no link between participants' names and responses. The whole Syrian population connected to the organisation can benefit from adjustments made as a result of this study.

Norwegian Center for Research Data was contacted as to clarify if the study should be formally reviewed by this board. Research should be reported to them in the case of data being trackable to a given participant. None of the responses in this study can be connected to a participant. No information was collected on personal health nor other recognisable personal data, for instance recording of voices. Regional Committees for Medical and Health Research Ethics' guidelines (Regionale komiteer for medisinsk og helsefaglig forskningsetikk, 2019) were consulted, and this study was not considered to coincide with research that should be followed up by the committee.

Respect for people, beneficence and justice are basic ethical principles in research on human subjects (U.S. Department of Health & Human Services, 1978). It is considered particularly challenging and important when concerning children (Graham, Powell, Taylor, Anderson, & Fitzgerald, 2013). Raknes (2018) argues that risks include the burden of having to complete a survey, as well as potential associated discomfort, embarrassment and difficulties completing the survey. This might also include triggering of symptoms with adolescents suffering from anxiety (Raknes, 2018). The potential burden of participating in the study and the benefits from it, have been weighed carefully.

Article 17 from the UN Convention of the Rights of the Child (UN, 1989) states that it is the duty of state parties to ensure that children have access to information and material from a diversity of national and international sources, especially those aimed at the promotion of their social, spiritual and moral well-being, as well as physical and mental health. In respect to mental health, there lies an assumption that the given information must be adapted to its receivers. Interventions addressed to children and adolescents should therefore include the perspectives and needs of the group. This forges the necessity of this type of research, where the product is the result of expressed needs amongst adolescents, and where the product will give way for

interventions. This research on individuals in a pressured situation is conducted with the intention of reducing this pressure to some degree.

Development of Questionnaire

Based on the thematic analysis of the focus group discussions, a 114-item questionnaire was generated for the purpose of this study (Appendix D and E). An intention to cover the most prominent themes and sub-themes from the qualitative phase laid the foundation for the survey. The questionnaire was generated using an inductive approach.

Translation. The questionnaire was written in English and then translated into Arabic by a professional translator service (Salita Tolke- og Translatørtjeneste AS). It was a direct translation with a key informant validation as suggested by Vossoughi, Jackson, Gusler, & Stone (2018). The translated questionnaire was then checked with three different persons fluent in English and Arabic, and familiar with the study. Minor adjustments were made to the questionnaire in accordance with their comments, before they were printed, and completed by pencil and paper by the participants.

Measurement instruments. The demographics part of the questionnaire contained 17 categorical items, e.g. items covering age, gender, parental educational level and housing facilities (Appendix D). The part of the instrument that covered psychological well-being and mental health, consisted of 92 items that used a five-point Likert Scale, in addition to five categorical items and a text box where the participants could write freely about what they considered important to include in a MHPSS program. The participants were asked to rate how much a list of presented items (e.g. *To what degree does familial violence affect the well-being of the adolescents?*) were considered to affect well-being on a 5-point Likert Scale (1 = to no degree, 2 = to some degree, 3 = neither nor, 4 = to a moderate degree, 5 = to a high degree). These ratings were used to describe the adolescents' perspective on how strongly the different factors affected their psychological well-being. The item used as a measure of estimated mental health literacy was: *"How would you describe the knowledge about mental health among these groups?"* The participants rated the knowledge on a 5-point Likert Scale (1 = poor, 2 = limited, 3 = good enough, 4 = good, 5 = very good), and they gave separate responses for these three

groups in the refugee society: adolescents, parents and teachers. To collect data on how useful the adolescents considered different components of an awareness program for mental health, the item was phrased: "*How useful would the following be to include in an awareness program?"* It was followed by a list of components (e.g. *Addressing causes of mental health difficulties*) the participants rated using a 5-point Likert Scale (1 = not useful, 2 = a little useful, 3 = neutral, 4 = useful, 5 = very useful).

The measurement level of the variables. A wide range of parametric tests presuppose continuous measurement levels of the variables, either ratio or interval. However, Sullivan & Artino (2013) argued that such parametric tests can nevertheless be used on Likert Scale responses (ordinal level). In an extensive simulation study, parametric tests were found to be more robust than non-parametric tests when handling ordinal variables, even though the measurement assumption was violated (Norman, 2010). The variables measured on the ordinal level in this study were thus treated as continuous variables in the statistical analyses.

Statistical Procedures

The statistical software used to run the analysis was IBM SPSS version 25. Little's Missing Completely at Random (MCAR) test was conducted to test if values were missing at random (Little, 1988). The result of Little's MCAR test was significant, thus indicating that values were missing completely at random. None of the variables included in the statistical analyses had more than 5 % missing values. Cases with missing values were excluded pairwise in the principal axis factoring (PAF) analysis and listwise in the regression analysis.

Preliminary analyses included assumption tests for normality, multicollinearity, linearity and homoscedasticity. The assumption of normality was violated. Meanwhile, Schmidt & Finan (2018) argued that non-normality does not influence results noticeably when the study has a large sample size. A pragmatic indication of >10 observations per variable has been suggested (Schmidt & Finan, 2018). The study met this criterion of a large sample size. It is nevertheless noteworthy that a violation of the normality assumption might affect the validation of test results when parametric tests are used. The Variance Inflation Factor (VIF) was used as an indicator of multicollinearity, with a cutoff value of VIF < 5. There is weak consensus on appropriate cutoff

values for the VIF. However, Stine (1995) argued that VIF values in the range of 5-10 could suggest multicollinearity. A conventional p-value of .05 was used (Bangdiwala, 2016).

The first aim of the study was to describe what is considered to affect well-being among Syrian adolescent refugees, and to what degree these factors were considered to have an impact on their well-being. A PAF analysis was conducted to investigate the dimensionality of the instrument used to measure the first aim. PAF analysis is an exploratory factor analysis (EFA) approach, and both terms will be applied further. A threshold of 0.70 for Kaiser-Meyer-Olkin (KMO) was applied in assessing sampling adequacy (Kaiser, 1974). A significant result on Bartlett's test of sphericity was required to proceed. The PAF analysis used a Direct Oblimin rotation with Kaiser Normalization. Kaiser's criterion of eigenvalues > 1.00 (Kaiser, 1960) was used in the PAF analysis. Factor loadings under 0.35 were excluded (Plucker, 2003). Reliability within the factors were assessed using Cronbach's alpha and Average Corrected Inter Item-Total Correlations (AITC). Cronbach's alpha above 0.70 and AITC above 0.50 were considered satisfactory (Nunnally, 1978). After conducting the PAF analysis, new variables were computed for each of the factors.

The second aim of the study was to investigate the relationship between estimated mental health literacy and the considered usefulness of different components in a mental health awareness program. A series of three multiple linear regressions were conducted to investigate this second aim. The outcome variables were ratings of usefulness of three possible components in mental health awareness programs: addressing causes of mental health difficulties, addressing what could help when dealing with mental health difficulties and addressing shame associated with mental health difficulties. To separate the components, three multiple linear regression analyses were conducted. The predictor variables were measures of estimated mental health literacy in three different groups: adolescents, parents and teachers. An enter method with one block was used. Initially, age, sex and parent's educational level was controlled for. An inclusion method of qualification by significance was used. Only statistically significant control variables were retained in the further regression analyses. The scatter plot of the studentized residuals against the dependent variable was visually inspected to check the assumptions of linearity and

homoscedasticity. The Durbin-Watson test was used to check for autocorrelation. A rule of thumb of $1 > d < 3$ served as an indication of no autocorrelation (Field, 2013).

Challenges with the statistical assumptions. Treating ordinal data as continuous can create some issues in a statistical analysis. The mean and standard deviation does not necessarily represent the distribution of responses adequately. In this case, the distribution of responses covering the first aim of the study are therefore presented in pie charts for each factor to better reflect the reality. In addition, the assumption of normality is clearly violated, creating some statistical limitations.

Results

Dimensionality of the "Well-being and Mental Health amongst Syrian Adolescents in Lebanon" Instrument

Initially, Kaiser's criterion of eigenvalues > 1 was used (Kaiser, 1960). However, as argued by Kaiser (1960), the interpretability of extracted factors is the most important criterion for determining the number of factors. Since the PAF analysis is an example of an EFA approach, it is considered more fruitful to choose the number of factors relying on interpretability rather than applying stringent psychometric criteria. The PAF analysis that used Kaiser's criterion resulted in eight factors. The distribution of factor loadings indicated that four factors would be plausible. A new PAF analysis was conducted with the number of factors constrained to four.

As discussed in the statistical procedure section, the assumption of normality was not met. Tests for skewness and kurtosis were satisfactory for three of the factors, but not for "Absence of family members." Violation of these criteria is consistent with non-normally distributed data. Furthermore, the assumption of sampling adequacy was met by a satisfactory Kaiser-Meyer-Olkin (KMO = .82). Bartlett's test of sphericity was significant. Tests of multicollinearity showed no multicollinearity for any factors (VIF < 5).

As shown in Table 1, the analysis segmented the items into factors connected with socioeconomic status, absence of family members, mental health difficulties in family members and violations. Socioeconomic status is highly associated with the life situation of many of the refugees. Living in a camp implies a very restricted economic situation, scarce space often shared between many people and basic needs not being met. Absence of family members includes the impact of family members being deceased or missing. Mental health difficulties of family members include the impact these difficulties can have on the well-being of an adolescent. Violations includes issues on a familial, communal and governmental level.

Table 1: Dimensionality of the "Well-being and Mental Health amongst Syrian Adolescents in Lebanon" Instrument

Loadings for Principal Axis Factoring

Item	Socio Economic Status	Absence of Family members	Mental Health Difficulties of Family Members	Violations

Parent(s) being unavailable to adolescents because of work	**.69**		
Having to work instead of going to school	**.66**		
Discrimination because of Syrian background	**.63**		
Poor study conditions in the home	**.58**		
The household's income restricting what they can do in their spare time	**.57**		
Not being able to go to school because the transportation was too expensive	**.57**		
Not being able to buy new clothes because of limited income in the household	**.53**		
Worry about weather conditions affecting the home	**.48**		
The water is cut	**.41**		
Not having enough space in the home to get privacy	**.41**		
Being away from one's country	**.38**		
Absence of both parents		**.87**	
Absence of the father		**.83**	
Absence of the mother		**.71**	
Absence of siblings		**.66**	
Mental health difficulties of older siblings			**.93**

Mental health difficulties of younger siblings			**.81**	
Mental health difficulties of the mother			**.78**	
Mental health difficulties of other relatives			**.71**	
Mental health difficulties of the father			**.71**	
Serious familial conflict				**.77**
Having too much responsibility				**.64**
Being exposed to abuse				**.58**
Familial violence				**.56**
Legal injustice				**.45**
Cronbach's α	.84	.89	.91	.78
AITC*	.52	.77	.78	56

*Average Corrected Inter Item-Total Correlations

As shown in Table 1 the reliability of the four factors was satisfactory.

Descriptive Statistics of the Factors Considered to Affect Well-being

The mean score of the factors (Table 2) indicates that the respondents have a general tendency to answer "to a moderate degree" and "to a high degree". The participants considered mental health difficulties of family members to have the least impact. The absence of family members were on the contrary considered to have the most impact on the well-being of an adolescent. The distribution of proportions for each factor is presented in the figures below.

Table 2: Descriptive Statistics of the Four Factors

Factor	Mean	SD	Range	Min	Max
Socioeconomic status	3.72	0.92	3.91	1.09	5.00
Absence of family members	4.60	0.83	4.00	1.00	5.00

Mental health of family members	3.66	1.35	4.00	1.00	5.00
Violations	4.16	0.91	3.40	1.60	5.00

1 = to no degree, 2 = to some degree, 3 = neither nor, 4 = to a moderate degree, 5 = to a high degree

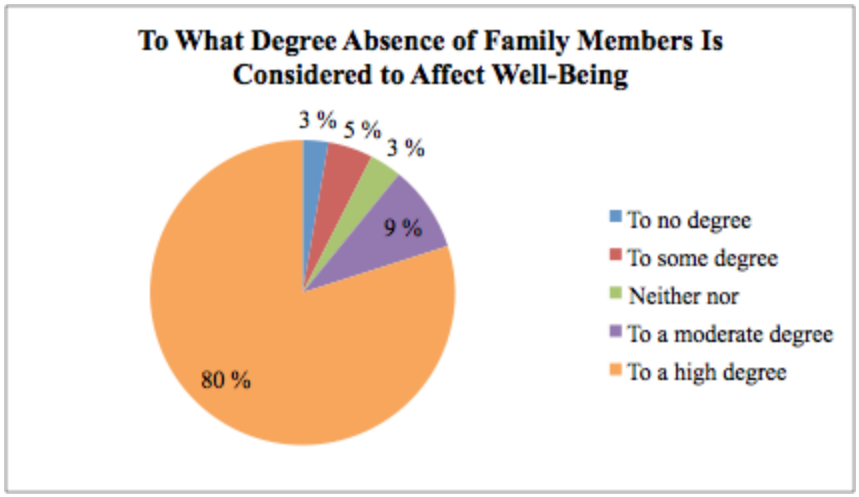

Figure 1: Absence of Family Members

Generally, almost all participants, 97%, considered absence of a family member to affect well-being at least to some degree. A great majority, 89%, considered this to affect well-being to a moderate degree or more. Of these, 80% reported this to a high degree. Several examples were given in the focus group discussions of losses of family members that affected the adolescents' well-being and mental health: "After my oldest child died, the younger brother's health was very bad."

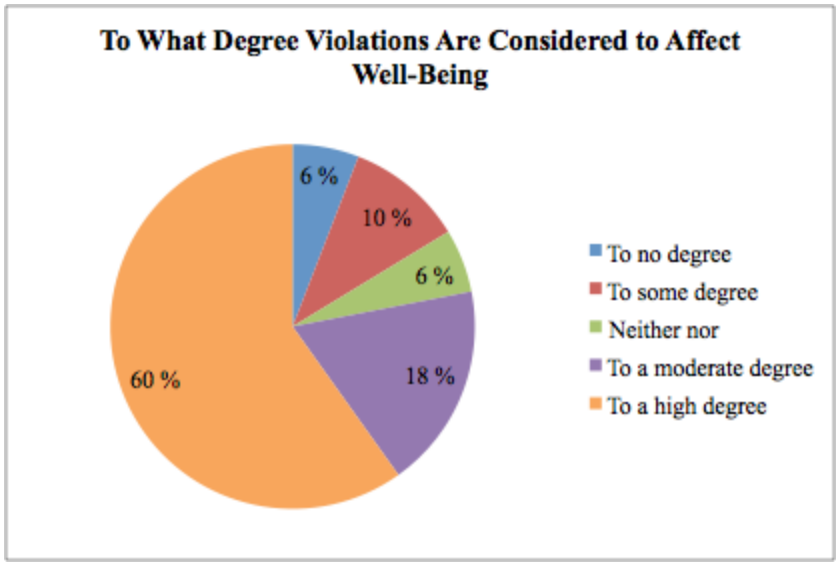

Figure 2: Violations

As presented in Figure 2, 78% of the participants considered violations to affect well-being to a moderate or a high degree. A clear majority, 60%, reported violations to affect well-being to a high degree. 16% reported that violations affect well-being to some or no degree.

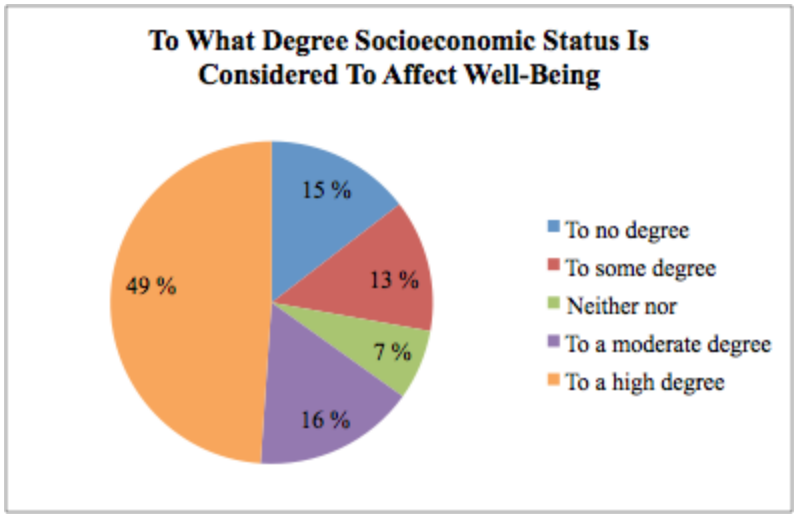

Figure 3: Socioeconomic Status

As shown in Figure 3, 49% of the participants reported that socioeconomic status affects the well-being of an adolescent to a high degree. An additional 16% reported that this affects

well-being to a moderate degree. This gives a total of 65% of adolescents reporting that socioeconomic status affects the well-being of an adolescent to a moderate degree or more, in accordance with results from the focus groups discussions where several of the participants reported an impact of basic needs not being met. One of the participants in the discussion put it like this: “It is a small tent, and we are eight or ten people in this small space. This also affects your mental health.” Notably, 15% reported that socioeconomic status does not affect well-being.

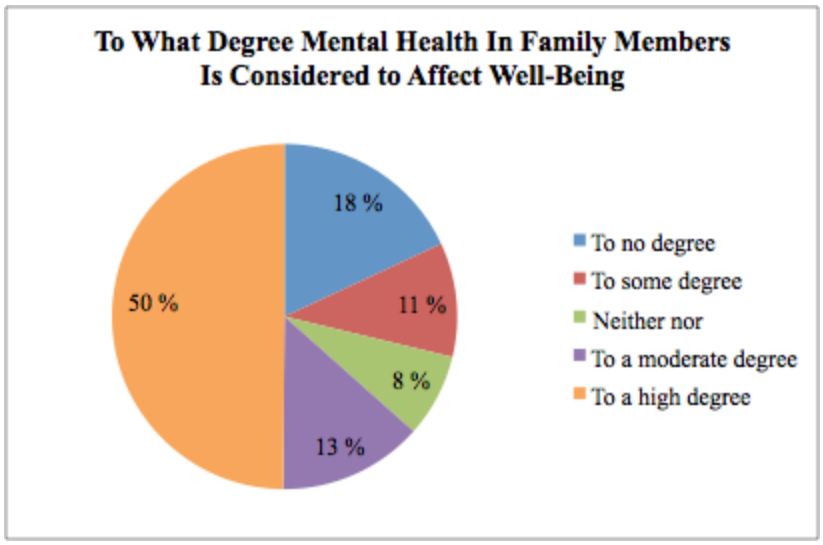

Figure 4: Mental Health In Family Members

There were greater differences in the responses regarding mental health of family members. In total, there was still a majority, 63%, who reported that mental health difficulties of family members affected the well-being of an adolescent to a moderate or a high degree. 29% reported this to have little or no effect. Of these 18% reported that mental health difficulties of family members have no effect on adolescents’ well-being.

The Relationship Between Estimated Mental Health Literacy and the Usefulness of Components in a Mental Health and Psychosocial Support (MHPSS) Program

The second aim of the study was to investigate the relationship between estimated mental health literacy and the usefulness of possible components in an awareness program.

Description of variables included in analysis. As shown in Table 3, the participants reported the highest average mental health literacy for parents, and lowest for adolescents. The three outcome variables were ratings of usefulness of three different components that are possible to address in MHPSS programs: addressing causes of mental health difficulties, addressing what could help when dealing with mental health difficulties and addressing shame associated with mental health difficulties. To separately evaluate how the predictor variables predicted these three outcome variables, three multiple linear regression analyses were conducted.

Table 3: Descriptive Statistics for Predictor Variables
Estimated Knowledge About Mental Health in Different Groups

	Mean	SD	Range	Min	Max
Adolescents	2.37	1.57	4	1	5
Parents	3.73	1.51	4	1	5
Teachers	3.10	1.74	4	1	5

Estimated Mental Health Literacy as Predictor of Considered Usefulness of Components in MHPSS programs

As discussed under the statistical procedure section, the assumption of normality was violated. The scatter plot of the studentized residuals and the dependent variables showed satisfactory linearity and homoscedasticity. The Durbin-Watson test for the three regression analyses showed values of 1.76, 1.87 and 1.47, none of them indicating an issue with autocorrelation. There was no sign of multicollinearity, with all of the VIF values < 5, none of them exceeding 1.40.

Initially age, sex and parent's educational level was controlled for, and the only significant relationship was found between participants' age ($\beta = -.38$, $p < .05$) and how useful they considered it to include a component of addressing shame associated with mental health difficulties in MHPSS programs. The other control variables were removed from the further

regression analyses, because they accounted for an insignificant amount of the variance. A series of three multiple regression analyses were conducted.

Table 4 provides the results of the first multiple regression analysis. The analysis examined how the estimated level of mental health literacy predicted considered usefulness of addressing causes of mental health difficulties. The main effects of adolescents' knowledge (β = .24, $p < .05$) and teachers' knowledge (β = .32, $p < .001$) were statistically significant. All three predictors accounted for 12,5 % of the variance in usefulness of addressing causes of mental health difficulties in a MHPSS program. An increase in estimated knowledge among adolescents and teachers was associated with a higher rating on usefulness of addressing causes of mental health difficulties.

Table 4
Regression Analysis of the Estimated Mental Health Literacy in Different Groups And Usefulness of Addressing Causes of Mental Health Difficulties in a MHPSS program

	Unstandard-ised β	Standardised Coefficients β	t	Sig.	95.0 % Confidence Interval for β		Collinearity Statistics	
					Lower Bound	Upper Bound	Tolerance	VIF
Adolescents	.24	.24	3.06*	.003	.09	.40	.94	1.06
Parents	-.16	-.16	-1.80	.073	-.34	.02	.76	1.31
Teachers	.32	.36	4.14***	.000	.17	.48	.77	1.30

* significant at p < .05; *** significant at p < .001
Adjusted $R^2 = .125$

As presented in Table 5, the effects of parents' knowledge (β = .18, $p < .05$) and teachers' knowledge (β = -.15, $p < .05$) were both significant. In total, the three predictors accounted for 5,5 % of the variance in the outcome variable. An increase in parents' knowledge was associated with a .18 higher rating on usefulness of addressing what could help when dealing with mental health difficulties, while an increase in teachers' knowledge was associated with a decrease in rating of the outcome variable.

Table 5

Estimated Mental Health Literacy in Different Groups as Predictor of Perceived Usefulness of Addressing What Is Helpful When Dealing with Mental Health Difficulties

	Unstandard-ised β	Standardised Coefficients β	t	Sig.	95.0 % Confidence Interval for β		Collinearity Statistics	
					Lower Bound	Upper Bound	Tolerance	VIF
Adolescents	-.02	-.04	-.43	.668	-.13	.08	.95	1.06
Parents	.18	.27	2.93*	.004	.06	.30	.76	1.31
Teachers	-.15	-.25	-2.77*	.006	-.25	-.04	.77	1.30

* significant at $p < .05$
Adjusted $R^2 = .055$

As shown in Table 6, the control variable age is included in the regression analysis ($\beta = -.27$, $p < .05$). An increase of one point on the age scale was associated with a decrease in the rating of how useful it would be to address shame associated with mental health in a MHPSS program. Of the predictor variables connected to mental health literacy, significant main effects were adolescents' knowledge ($\beta = .21$, $p < .01$) and teachers' knowledge ($\beta = -.17$, $p < .05$). In total the three predictor variables and the control variable age accounted for 11,1 % of the variance in the outcome variable.

Table 6

Estimated Mental Health Literacy in Different Groups as Predictor of Perceived Usefulness of Addressing Shame Associated with Mental Health in a MHPSS program

	Unstandard-ised β	Standardised Coefficients β	T	Sig.	95.0 % Confidence Interval for β		Collinearity Statistics	
					Lower Bound	Upper Bound	Tolerance	VIF
Age	-.27	-.19	-2.49*	.014	-.48	-.06	.99	1.01
Adolescents	.21	.21	2.69**	.008	.05	.36	.94	1.06
Parents	.00	.00	-.01	.994	-.18	.18	.76	1.32
Teachers	-.17	-.19	-2.17*	.031	-.32	-.02	.77	1.31

* significant at $p < .05$; ** significant at $p < .01$
Adjusted $R^2 = .111$

Discussion

This study has given a voice to adolescent refugees in Lebanon. The following discussion will be centred around three key findings: 1) Syrian adolescents find themselves in an acute situation with multiple ongoing stressors affecting their well-being; 2) they estimate the level of mental health literacy (MHL) amongst peers to be low; 3) the considered usefulness of different components in an awareness program is only to a low degree associated with estimated levels of MHL. This discussion will focus on the implications of our findings. This will be done through investigating how an increase of resources can be protective, based on what the adolescents themselves consider most urgent to address.

Loss of Resources

The first key finding in this study is that multiple, ongoing stressors in the refugees' present situation are perceived by the adolescents as serious threats to their well-being and mental health. The foundation of well-being is the satisfaction of basic needs, both physiological and psychological (Ryan et al., 2008). The adolescents in this study seem to have a clear opinion on which losses are most crucial to them. The most prominent factor is the absence of family members, especially parents, reported by 89% of the adolescents to have a great impact on well-being. This is in accordance with existing literature, showing that unaccompanied refugee minors are particularly vulnerable (Eide & Hjern, 2013; Huemer et al., 2009). Unaccompanied refugee minors are found to have higher levels of post traumatic stress symptoms than accompanied refugee minors (Huemer et al., 2009), with similar tendencies found for depressive symptoms (Eide & Hjern, 2013).

Absence of family members is a social resource loss that might affect the adolescents in multiple ways. Firstly, the loss of a loved one is an event that usually involves a period of grief (Rask et al., 2002), and for refugees this grief might be persisting due to multiple deaths, disappearances and separations during the flight (Silove et al., 2017). Being a refugee might further affect their opportunity to process the loss of a loved one, due to the chaotic situation of a conflict zone or because the struggle to satisfy basic needs ties up resources that are necessary for emotional processing. Secondly, from a developmental perspective, a child's need for

security, love and esteem, makes the loss of parental support fundamentally challenging (Eide & Hjern, 2013). Good parental support has been seen to reduce the risk of developing psychiatric disorders after facing potentially traumatic events (Eide & Hjern, 2013). Our finding supports the importance of facilitating other close relationships of the adolescents, to help them cope when facing losses, trauma and everyday difficulties. Thirdly, the loss of one or both parents is likely to make the adolescent obliged to work, an obligation that might be an obstacle for education. Inability to attend school affects their resource pool dramatically, by closing in on personal resources as knowledge, hope, literacy and meaningfulness (Ryan et al., 2008). The adolescent years are also crucial for identity formation (Baker et al., 2019) and being obliged to work surely affect this process.

The qualitative and quantitative findings converge regarding absence of family members and how excessive responsibility might be troubling for adolescents. One of the fathers in the focus group discussion illustrated this issue with his statement "The wishes of the teenagers are like children. The responsibility of the teenagers, as adults." The phenomenon of having too much responsibility is in this study classified within the factor *Violations,* though the connection to the absence of family members is evident. Being obliged to adult responsibility is understood as a violation of their need for a protected childhood. The violations adolescent refugees endure are on different levels, from issues on a familial level to the experience of little protection by the Lebanese law. 78 % of the adolescents reported that such violations affects psychological well-being to a great extent. This finding is expected, due to the well-known associations between mental health and violations like exposure to abuse, familial conflicts and family violence (McCloskey, Figueredo & Koss, 1995). Adolescents' rights to be protected are declared in the Convention of the Rights of the Child (UN General Assembly, 1989). Nevertheless, the situations reported by the Syrian adolescents demonstrate extensive violations of human rights.

The loss of material resources is prominent in a refugee population. The majority of the Syrian refugees in Lebanon live in the unofficial refugee camps, and previous research has found that living in a camp is associated with greater impairment of mental health than private housing (Porter & Haslam, 2001). 65 % of the adolescents in this study reported that lack of material resources affect their well-being to a moderate or high degree. This is in accordance with a prior

mental health and psychosocial assessment in a refugee camp in Jordan, reporting that a high proportion of the adolescents (85 %) were concerned about camp conditions (Song, 2016). The adolescents in the current study reported that living in one single room in a tent with one's whole family is stressing in several ways; the tent is often overcrowded, there is no room for privacy, and access to both water and electricity is scarce and unpredictable. One of the girls stressed how too little space causes conflict when stating "Before the war, we were living in a huge home. Each of us had a private room, and if you were sad, you could be by yourself. Now I am always in front of my sister's face, and we fight all the time." These daily stressors cause misery, as reported by the focus group discussions, and might be most urgent to address to ameliorate the situation of the general refugee population. With regards to Miller and Rasmussen's (2010) work on daily stressors as mediators of the relationship between traumatic events and mental health, addressing such daily stressors can prevent the development of mental health problems and slow down the worsening of existing difficulties.

One of the mothers illustrated how the decrease of living standards is particularly hard to cope with, when stating "The difference is in the shelter. We were living in apartments and homes, we now live in tents and camps, which don't have the basics of a normal life. It affects our mental health." Reduced socioeconomic status is also associated with poorer mental health service utilisation, with low income reported as the main barrier for making use of such services (Al-Rousan et al., 2018). Additionally, time and energy being tied up by working to satisfy basic needs also becomes a barrier for attending to mental health problems. The parents' perspectives shed light on how scarce resources limit their ability to attend to their own and family members' mental health problems. This is illustrated by a statement of one of the fathers "The last thing I think about is the mental health of the child, because I am busy with covering other needs."

Parental mental health status is connected to the well-being of their children (Ajduković & Ajduković, 1993), as thoroughly covered in the literature (Smith, 2004). 63 % of the adolescents reported that family members' mental health problems affect their psychological well-being to a great extent. This implies that supporting struggling parents and other family members may be a way of strengthening the social resources of the adolescents. Again, providing for accessible mental health services should be included in a multi-layered program, as

formulated by Hassan and colleagues (2015). On the other hand, 18 % reported that mental health difficulties of family members had no effect on the well-being of an adolescent. This might be understood as different reactions to the potentially stressful factor of familial psychopathology. Prior research in the field of childhood development and stress has found prominent variations in the development of psychological difficulties amongst children in high-risk groups (Masten, 2011). This is furthermore illustrated in Rutter and Quinton's work on children of mentally ill parents (as cited in Smith, 2004), which showed that one third of the children did not show emotional or behavioural disturbances, one third showed only transitory difficulties and one third developed mental health problems.

Even though a separation of the different resources makes sense in an analytical perspective, it is important to be aware of how personal, social and material resources interrelate (Ryan et al., 2008). Wilkinson's work on the social and psychological impact of material deprivation shows that it affects people in the lowest parts of the social hierarchy in multiple ways. In addition to suffering the massive material deprivation, refugees also suffer a great social, psychological and emotional deprivation (Wilkinson 1996, as cited in Ryan et al., 2008). One of the many ways of understanding this is how having too little money results in a diminished control over one's life.

Addressing the stressors specific to the refugee situation is necessary in order for WHO's (2019a) declaration of everyone's right to the highest attainable standard of physical and mental health to include refugees. Leaving refugees in such a state, living in overcrowded spaces and with extremely limited sanitary facilities, is thus a further violation of their rights as human beings (UN General Assembly, 1948), and may give rise to the development and worsening of mental health issues. As stressed by several researchers (Hassan et al., 2015; Maslow, 1943; Miller & Rasmussen, 2010), the resources needed to satisfy basic needs should always be addressed at baseline, for instance securing safe shelters and access to food, water and sanitary facilities. The absence of parental support makes adolescents particularly vulnerable, and it seems essential to build supportive networks around unaccompanied minors. Strengthening the mental health of the adult population is also a way of reinforcing the adolescents' social resources, ensuring that they receive proper support to cope with their difficult situation.

Mental Health Literacy And Implications for Mental Health Care

The second key finding of the study is that adolescents estimated the mental health literacy (MHL) amongst their peers to be low. This confirms previous findings on low levels of MHL amongst resettled refugees from the Arab world (May et al., 2014; Slewa-Younan et al., 2014; Yaser et al., 2016). Previous investigations of MHL in refugee populations have mostly been done with adults, and a thorough exploration of adolescents' MHL should be subject to further research. Doctors Without Borders (MSF) argues that such a comprehensive assessment has never been done with Syrians (Hitchman et al., 2018). To address this gap, they initiated a project of field research investigating the MHL of young Syrians (Hitchman et al., 2018). The results are yet to be published. However, they may shed a long-awaited light on MHL in the Syrian population, in the Arab culture, and how years of conflict has affected this population.

Our finding of low estimated MHL among Syrian adolescent refugees is central because it has several implications. Firstly, low MHL indicates little knowledge in the general public on what can promote good psychological health. The adolescents estimate MHL amongst teachers and parents to be slightly higher than amongst adolescents, but still somewhat limited. Knowledge on what can promote psychological well-being is the foundation of health promoting societies. As stated in Miller's influential work, psychological knowledge should be something we "give away to the people that really need it" (Miller, 1969, p. 1071). This would include enhancing the knowledge about the complex interactions between factors influencing our psychological well-being. According to Maslow (1943), this knowledge can include how central the need for education and safe employment is for well-being. Having something meaningful to do and being able to contribute to the community are thus health promoting activities. The limited possibilities for Syrians to work in Lebanon and the lack of formal education for many of the adolescents are further obstacles for well-being.

Secondly, MHL can be understood as a key concept in the development of preventive programs. Raised MHL can contribute to prevention of mental health difficulties. An intervention to improve MHL can efficiently be implemented in large groups (Jorm, 2012), for instance in schools. MSF (Hitchman et al., 2018) argues that in order to promote a mental health campaign, it should be customised to the level of MHL in the targeted population. They also

stress the necessity of understanding the cultural framework of this population, and how they understand and relate to mental health, thus forging a social constructivist approach. It is further necessary to understand how these cultural constructs change as a result of conflict and displacement (Hitchman et al., 2018).

Thirdly, researchers state that a limited MHL indicates low or inappropriate seeking of treatment among individuals with mental health problems, and that this is not uncommon in refugee populations (Slewa-Younan et al., 2014). In association with help-seeking, the limited MHL implicates that the adolescents will have a reduced mental health service utilisation (Slewa-Younan et al., 2014), an important aspect when such services are available. In reality, face-to-face mental health services for refugees living in poverty are a scarce (Al-Rousan, et al., 2018; WHO, 2019a). For refugees to seek mental health services, as a minimum, there must exist accessible services, meaning they should ideally be provided free of charge and placed in arenas they can easily and safely access. Considering the current situation of refugees in Lebanon and similar countries, the finding of low MHL might therefore be more useful in regards to its implications for health promotion and preventive strategies. Efforts should nevertheless be made to improve the accessibility of both primary and specialised mental health care services for this population.

Furthermore, MHL can be associated with stigma. As stated in the works of Dardas and Simmons (2015), there is stigma connected to mental health difficulties in Arab cultures. This was prominent in the focus group discussions, where one of the adolescent boys said "Hypothetically: If I spoke about my mental health, my friends would maybe think I was crazy and back off." Developing a sense of belonging with peers is crucial during adolescence (Baker et al., 2019), and fear of being excluded might be connected to a restriction on speaking about mental health difficulties. The adolescents expressed that the stigma was associated with having little knowledge about mental health and mental health care services, thus implicating that an elevation of MHL might reduce the stigma. Consequently, knowledge about mental health seems to be a way of reducing shame. The association between limited knowledge and stigma is further illustrated by the adolescents' belief about adults being less likely to stigmatise a person with mental health difficulties because they were thought to have more knowledge on the subject.

One of the boys stated "Adults don't call teenagers crazy because they better understand what is going on."

Considering the implications that MHL can have for health promotion, development of preventive programs and mental health care utilisation, it was hypothesised that estimated MHL would predict how useful the adolescents perceived possible components for a mental health awareness program. This could have paved the way for targeting interventions to specific groups depending on their prior knowledge about mental health. The study's third key finding is that this hypothesised prediction was weak. The highest explained variance was 12.5% and was the prediction of how useful they considered the component of addressing the causes of mental health difficulties for an awareness program. Estimated MHL explained 11.1% of the variance in the perceived usefulness of the component of addressing shame. Finally, addressing what could help when facing mental health difficulties is the component where least of the variance is explained (5.5%) by estimated levels of MHL.

Generally, one can argue that estimated MHL does not explain much of the variance for how useful the adolescents considered the three possible components of an awareness program. When the immensely complex situation of the adolescent refugees is taken into consideration, this should not be surprising. It might simply indicate that most adolescents can benefit from a general program. It is important to not confuse the low explained variance with whether the components are useful or not. On the contrary, the component of addressing what could help when facing mental health difficulties might for instance be closely connected to improving MHL, as argued by Slewa-Younan and colleagues (2014). However, further research on customisation of preventive programs is needed.

Our findings indicate that adolescents will benefit from an improvement of MHL, both amongst peers and in the general population. This implicates an empowerment of the public and of the individual (Slewa-Younan et al., 2014). Furthermore, knowledge on what affects mental health and how people can care for themselves and each other can be considered a resource worth increasing, particularly considering its implications for health promotion. In addition, although improving MHL can facilitate prevention of mental health difficulties (Jorm, 2012), thus implying that the adolescents can become more resilient in facing the challenges associated

with different phases of the displacement process (Kirmayer et al., 2011), it is important to recognise that the refugee situation causes great distress, and that mental health difficulties are often provoked by situational causes more than by maladaptive coping strategies. Efforts should therefore be made to ameliorate their situation, in addition to helping the refugees to cope.

Strengths and Limitations

Limitations of the current study should be noted. Conducting research in another culture implies challenges in association with language and with understanding a new cultural paradigm. Language is central in all psychological work, and is very much a topic for discussion in this study. English is not the mother tongue of neither the researchers nor the participants. Though the translation was secured as best within the time frame and available economical frames at all stages of the study, it is not without risks of information getting lost or misunderstood. Additionally, this study has some statistical limitations, for instance that the assumption of normality was violated and that ordinal data were treated as continuous. Such methodological limitations are typical for this field of research as a whole, and are difficult to avoid as long as research in the field remain scarce.

Using mixed methods research is considered beneficial when a field of study is somewhat uncovered in the literature (Hanson et al., 2005). An evident strength of this approach is the opportunity of staying close to the participants' experience and letting what the adolescents consider important guide the development of the research. A further advantage of using a mixed methods approach is the concept of triangulation (Hanson et al., 2005). Using different methods to investigate the same phenomenon enriches the results, and is especially useful when studying a complex topic like the refugee experience. By integrating qualitative and quantitative findings, one can get a better understanding of the numbers from the quantitative phase, and better grasp the whole experience of being a Syrian adolescent refugee in Lebanon.

Furthermore, our study has had Syrian co-researchers who have contributed in the development of the research and who also served as references to the Syrian culture and the situation of Syrian refugees in Lebanon. Young Syrian adult refugees, working as teachers, managers and relief workers, have been involved in each step of the research, strengthening the

internal validity of the study. This mixed methods study is a contribution to a field where knowledge is still needed, and particularly on the experience of refugees in the flight phase. This study further supplies the field with the perspectives of adolescents.

Implications And Future Directions

The following are the most important implications of this study. Firstly, an amelioration of the living conditions and reduction of daily stressors can improve the psychological well-being of refugees considerably. Secondly, both preventive programs and specialised mental health care services should be available and accessible for Syrian adolescent refugees. Thirdly, raising MHL amongst adolescents could be an important step towards improving psychological well-being, and can be done through mental health awareness programs. This is proposed because this study indicates a low MHL amongst the Syrian adolescent refugees, and due to the implications raised MHL has for health promotion, prevention of mental health difficulties, reduction of stigma and better mental health care utilisation. Future directions of the research should generally be to gain more extensive knowledge on mental health in non-Western cultures, and more specifically focus on refugees during the flight phase, particularly the perspectives of children and adolescents.

Conclusion

Syrian adolescent refugees residing in Lebanon endure multiple ongoing stressors, and perceive these as serious threats to their well-being and mental health. Considering the great amount of losses, trauma and daily stressors this vulnerable group suffers from, psychological distress is to be expected. Their distress should be understood as normal reactions to an abnormal situation. Whilst the losses of resources the adolescent refugees suffer are devastating, the resource pool each person has at their disposal is nevertheless dynamic; it is possible to increase the amount of resources already present, as well as acquire new ones through supportive interventions. Our findings further indicate that Syrian adolescents have low levels of mental health literacy. Both preventive programs and specialised mental health care is much needed. The present situation of adolescent refugees calls for action from humanitarian agencies and the international community to collectively ameliorate their situation through reducing daily stressors, strengthening their mental health literacy and further reinforce personal, material and social resources they need to survive.

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URDA | اتحاد الجمعيات الإغاثية و التنموية
Union of Relief & Development Associations

Official Statement by Union of Relief and Development Associations

On April 24th, 2019, a Lebanese Army force has managed to raid Al Yasmine Syrian refugee camp in Bar Elias, Beqaa. The camp was initially established in 2016 in coordination with the Lebanese Ministry of Interior and UNHCR to accommodate the refugee population in Aarsal due to the series of events in that area. With time, Al Yasmine camp became an emergency camp in cases of emergencies where it managed to host a large number of displaced families who lost their tents to fire in summer and the flooding of the Litany River, all that in coordination with the ministry of interior, UNHCR and the Lebanese security forces.

However, it was surprising to us that a Lebanese Army force has suddenly managed to tear down around 110 tents that were set up for emergencies claiming they were unoccupied, then arrested all males residing in the camp.

We appreciate the role of the Lebanese Army in maintaining security and addressing any arising disruptive phenomena, and we support any step taken to prevent any illegal or dangerous behaviors as we believe in their role as custodians of peace and security in this country.

We nonetheless note the following:

First: This camp is not considered unoccupied by refugees as it is established to host families in cases of emergencies based on a prior agreement with the former minister of interior and the UNHCR, knowing that this is a well-known matter among the Lebanese forces, be they represented by the army, security forces or the mayor.

Second: The Lebanese security forces did not provide us with any warning prior to tearing down the tents so that we could have done the necessary from our side. Instead, it has surprised us with its sudden raid, tearing down the tents and bringing bulldozers, thus demolishing the tents, their infrastructure, and other facilities. Knowing that those supplies were properties of our organization, it was both logical and legal if they have provided us with a reasonably sufficient period of time to dismantle the tents and contact the concerned parties to study the matter before the end of the warning period.

Third: Many of our supplies present in the camp have been vandalized during the demolition and we lost a huge number of equipment and materials including water tanks, wood and health facilities that, after the departure of the force, were left unattended and vulnerable to thieves and burglars until the arrival of URDA's team which managed to save the remaining supplies. This matter will have a great impact on the reputation of our country and our organization.

Fourth: We are sorry that this has been the price we had to pay for serving our country and providing shelter to anyone who was displaced from Aarsal, noting that we have intervened only after being notified by several official entities about the need to secure a shelter for them as certain expected incidents in Aarsal might force a large number of displaced people to move to Beqaa and so incidents happened with the “Fajr Al Jurood” military operation. We have always maintained the image of Lebanon as a country that believes in the humanitarian aspect when it comes to any critical event where we managed to host various families who lost their homes to flooding and fire whether it be in Aarsal, Khiyam area, and locations near the Litany River. URDA provided hundreds of displaced families with shelter and thus doing its best to prevent them from staying on the streets of the nearing villages and any other problems that may arise due to this matter.

Fifth: We fear that 465 families of those residing in this camp and its surroundings will be homeless. This incident has caused everyone to feel threatened, mainly after hearing a direct threat from security agents who told many individuals that "they are next".

Finally, we invite the Lebanese government and its security services to take their full role in handling such matters using wisdom and balance while preserving the rights and properties of local NGOs in a way that guarantees the rule of law by giving credit where credit is due.

Union for Relief and Development Associations - URDA

Board of Directors

30.04.2019

Statusrapport angåande situasjonen til syriske flyktningar i Bekaadalen, Libanon

Natt til torsdag 25.april 2019, rundt 0400 lokal tid, tok den libanesiske hæren seg inn i flyktningleiren Al Yasmine camp i Bar Elias, Bekaa. Organisasjonen som har oppført leiren og står ansvarleg for vedlikehald og drift, Union of Relief & Development Associations (URDA), melder i sin offisielle rapport at dette skjedde utan forvarsel og på ein særs brutal måte.[1] Al Yasmine camp blei etablert i 2016 i samarbeid med UNHCR og det libanesiske innanriksdepartementet. Formålet med leiren var å innlosjere flyktningane i Aarsal som mista husly i denne perioden, grunna den særs urolege situasjonen i byen. I denne perioden var Aarsal okkupert av IS og både lokalbefolkning og flyktningane i byen leid under ei rekke valdelege samanstøyt og sjølvmordsaksjonar. I august 2017 gjekk den libanesiske hæren inn med ein militær offensiv for å drive IS ut av Aarsal, som førte til at ytterlegare syriske flyktningar mista tak over hovudet og måtte flykte lenger ned i Bekaadalen.

Seinare blei Al Yasmine camp brukt som ein avlastningsleir som skulle vere tilgjengeleg i krisesituasjonar. Døme på slike kriser var teltbrannar eller overfløyming av andre flyktningleirar. Når no den libanesiske hæren tok seg inn i leiren, med bulldosarar og militære køyretøy, reiv dei ned 110 av desse avlastningstelta på ein brutal og øydeleggande måte, som i tillegg til å jamne telta med jorda, førte til store skadar på URDA sitt materiale og helseustyr. Hæren hevdar at dei berre fjerna telt som ingen budde i, men dette kan ikkje seiast å vere korrekt når telta stod tomme for å vere klare i krisesituasjonar. Soldatar gjekk frå telt til telt og arresterte alle menn i leiren, totalt rundt 80 stykk, og etterlet seg kvinner og barn i frykt og uvisse om kva som vil hende med fedrane og ektemennene deira. Ei kvinne fortel til ein lokal nyheitsoperatør at soldatane banka på døra på ein vill måte. Då ho forsøkte å be om eit par minutt til å kle på seg sjølv og ungane, spurde han kor mannen hennar var. Ho rakk å svare at han er død, før soldaten slo døra open og storma inn i teltet, til ungane sin store skrekk. Ein treng ikkje vere faglært for å skjønne at ei slik hending er særs skakande, spesielt for små barn. Eit militærraid som dette kan vere til forveksling likt det dei allereie har flykta frå i Syria, og fleire av dei syriske mennene står framleis i fare for å bli arrestert dersom dei returnerer til heimlandet.

Ei ytterlegare uro, halde fram både av URDA og oss andre som jobbar med denne særs sårbare gruppa menneskje, er at dette vil ramme fleire av familiane i same situasjon. Totalt bur det 465 familiar i Al Yasmine camp og dei nærliggande leirane, og desse familiane lev no

[1] Official Statement by Union of Relief and Development Associations, 2019 (lagt ved)

i frykt for å bli drivne ut av heimane sine. Denne frykta er ikkje utan grunn, og botnar i ein direkte trussel frå ein av soldatane som under raidet fortalte fleire personar i naboleirane: «Neste gong er det dykk!»

Det er i det heile ein opprivande offensiv av den libanesiske hæren, som kjem på toppen av dei allereie umenneskjelege forholda flyktningane lev under. Dei sanitære fasilitetane er enkle og fleire av leirane luktar intenst av kloakk. Det fløymer over av søppel. Små barn ned i to-treårsalderen går rundt i slippers i den kalde gjørma. Fleire bur i telt utan golv, som i periodar med mykje regn er umoglege å opphalde seg i. Dei har ingen rettigheiter i libanesisk helsevesen eller i det juridiske systemet. Dei har berre lov til å jobbe i utvalde næringar, som reingjerarar, handtverkerar eller jordbrukerar, og vidare blir flyktningane ofte utnytta av arbeidsgjeverar og får lønningar det omtrent er umogleg å klare seg med. Fleire fortel at dei må velje mellom å bruke pengar på mat eller bensin til oppvarming, eit val som er hjarteskjerande å ta for familien sin. UNHCR rapporterer at omlag 70 % av dei syriske flyktningane i Libanon lev under fattigdomsgrensa.[2] Dei opplever hets på gata og får beskjed om å returnere til eit land dei sårt saknar, men ikkje er trygge i. Årets vinter har vore spesielt lang og vanskeleg for dei syriske flyktningane i Bekaadalen. Dette er delvis på grunn av uvanleg hardt vêr, til dømes snødde det seinast no i april. Vidare har libanesiske myndigheiter intensivert sine forsøk på å drive flyktningane ut av landet og tilbake til Syria.

Vår rolle i Bekaadalen har vore å samarbeide med organisasjonen Multi Aid Programs, ein syrisk driven organisasjon som både driv grunnskule, yrkesopplæring og helsetenestar for dei syriske flyktningane i Bekaadalen. [3] Me er to psykologstudentar frå NTNU som har vore med og evaluert tilbodet og undersøkt korleis det står til med tenåringane som er tilknytt skulane og yrkesopplæringa. Til no har me levert ut spørjeskjema til 174 syriske flyktningungdommar, for å kartleggje kva for faktorar som påverkar denne gruppas mentale helse og kva som trengs for å hjelpe dei. Funna frå denne undersøkinga skal danne grunnlag for hovudoppgåva vår på profesjonsstudiet i psykologi ved NTNU. Sjølv om datamaterialet enno ikkje er analysert, er det ingen tvil om at denne gruppa er sårbar. Den særs ustabile oppveksten dei har hatt er ikkje berre full av potensielle traume, men hindrar dei òg i å nå grunnleggande utviklingsmål. Me møter ungdommar som ber eit vakse ansvar, med å til dømes jobbe for å forsørgje mor og småsøsken, og som samtidig oppfører seg som små barn. Nokre av desse ungdommane har levd halve livet sitt i ein flyktningleir. Slik skal ikkje ein oppvekst vere.

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[2] Syria emergency, henta frå: https://www.unhcr.org/syria-emergency.html
[3] Multi Aid Programs, henta frå: http://multiaidprograms.org/

I følgje UNHCR husar dei omkransande landa Jordan, Irak, Tyrkia og Libanon meir enn 5,6 millionar syriske flyktningar. I det vesle landet Libanon er det per 31. mars 2019 registrert 944 613 flyktningar, og talet er estimert å vere endå høgare sidan fleire av flyktningane ikkje er registrerte hjå UNHCR. Amnesty oppfordrar innstendig om at talet blir spreidd meir utover og at land i Europa tek sin del av dette som må sjåast som eit globalt ansvar.[4] 5,6 millionar i desse fire landa gjer at dei 2120 kvoteflyktningane Noreg vedtok å ta i mot i 2018, bleiknar.[5] Denne krisa er ikkje over. Desse menneskja treng at Noreg og verdsamfunnet elles er oppdatert på situasjonen, bryr seg og tek sin del av ansvaret, vere det å hjelpe dei i Europa eller i nærområde som Libanon.

Taanayel, Bekaadalen, Libanon
April 2019

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6




[4] Freezing conditions, forgotten camps – refugees from Syria in Lebanon's Bekaa Valley, henta frå: http://amnestymena.org
[5] Kvoten for overføringsflyktninger 2018 – kvotesammensetning, henta frå: https://www.udiregelverk.no
[6] Bilete frå Al Yasmine camp etter raidet (Foto: privat)

Appendix C: Overview of Coding From the Thematic Analysis
Table of Themes, Sub-Themes And Quotations From the Qualitative Phase

Main themes	Sub-themes	Data extracts
Housing	Necessities not covered in camp	"The electricity is cut sometimes three hours at night." "It is often the water is cut."
	Overcrowded	"To compare, before we lived in an apartment, now we are five, six, seven who live in a small tent." "We also live in one place, and if I want to study there is no space. Also if we have guests, I cannot study." "Because of this pressure and the huge amount of people in the same place, I had to marry of my son on 21 years old. He has two children now. Also my son 16 years old, I let him get married this year just so we will be less people in the small place. At this point this is totally right."
	Cultural differences	"Difference from the earlier life to the camp: Different cultures." "Two points: when we were in Syria, in a town we were all having the same culture with the same lifestyle. In the camps maybe five hundred cultures. I am trying to learn my children what is right and wrong. He will notice something is different from the neighbour. It is difficult and a bad effect of the war."
	Worry about weather conditions and fire	"If you life in a camp, in a tent, in the winter what happened last month there was a storm. So there was flooding. Everyone is worried here will be flooding and fire in the tent."
Finances	Uncovered needs	"My son is registered in a school in a different town, one day last week I didn't have the money to cover public transportation." "Also finances, one of the parents who work need to provide for food and housing. They can't afford the other things." (as a response to the question: What makes seeking help difficult?) "We don't have enough money to let them go out playing and entertainment

		activities. For example activity centres, it can help them feel good.”
	Parents unavailable	“I need to work and leave them because I am alone, that is a problem.” “By the time the parents are to teach the children, they are busy elsewhere.”
	Child labour	“Some parents let their children work. It should be a law by government to stop children from working, like selling things by the road.”
Being an immigrant in Lebanon	Loss of home country	“My opinion is that for the children to be in their own country.” (as a response to the question: What do you think is important for adolescents’ to feel well?) “Also to be in your own country. You can feel that you are similar.”
	No due process of law	“The government, if a problem happened with me, I am very weak in the Lebanese law because I am a refugee.” “If any abuse happens to a girl, she will not speak about it, no one will ask who did this and nothing will happen.”
	Discrimination	“For example a Lebanese will rent you a place for animals for 100 dollars.” “We all hear discrimination, along the road you hear “you are Syrian, you are Syrian.”
Benefits of education	Education for building a future	“Learning is important to build our future.” “With education we can let our dreams be real.”
	Education for helping others	“I want to be in an important place in the future, so that I can have an important position, to help others.”
	Education for well-being	“If I have been studying I can feel happy and comfortable, because I can gain my goals.” “Education is important. If it is available for me, I can feel comfortable.”
	Education for pressure relief	“Also going to school will help, because the education will help me and take

		away the negative inside." "Also from my experience with the Aneera, one girl came to Aneera just to escape from her brother who bit and hit her."
Everyday activities with health promotive qualities	School	"This school is open we can say all the time. After school it is still open, without complaints from the management" "As I work in this school, I see that they are more relaxed"
	Being with friends	"I can see when he is with his friends, he looks more comfortable" "Agree when the teenagers are with their friends." (about being more relaxed when with friends)
Psychosocial support programs	Awareness programs	"To let the community know that there are mental health difficulties. It is not dangerous, and it is not crazy because there are problems. This is normal." "The security for the girls depend on the education of the father, if he lets them go to work on the farm. If he is uneducated, he might have lack in awareness about child rights and difficulties girls might face. It is an issue because she will be alone in a place with strangers, and she might be exposed to abuse, especially from males"
	Supporting the supporters	"Support the supporters. The parents need specialists to teach them how they can communicate with their teenagers." "They should arrange first training for the teachers, for psychosocial support for the teenagers."
Communication about mental health issues	Openness	"We talk about it, it is normal to speak about our mental health" "Easy to speak about this, I like it."
	Stigma	"Hypothetically: If I spoke about my mental health, my friends would maybe think I was crazy and back off." "If a person withdraws and shouts and acts aggressive, people will think the person is crazy"

	Health literacy	“The other teenagers could say that a person experiencing mental health difficulties would be crazy, because they do not have the knowledge and awareness” “Adults don’t call teenagers crazy because they better understand what is going on.”
	Non-verbal communication	“I express how I feel through drawing, and my mother sees what I draw so she will ask me” ”Also they draw to express their feelings”
	Indirect speech	“I try to give her a story about someone else to give her a way of speaking about it. Sometimes she relates and speaks about it, sometimes she just gets the solution without having to speak about her own problem” “We try together to find solutions. I don’t give him solutions at once, but I want him to find them.”
Supportive network	Family	“I prefer to speak with my mother with everything” “Sometimes they are more open with their siblings” “From my experience, working as a social worker with female teenagers, most of them cannot tell everything to their parents. They prefer to speak with friends, aunts or other relatives”
	Friends	“Yes, I speak with my friend. It is easier to speak with my friend than with my parents” “If all of us are in bad mental health, we can find something to do together outside and support ourselves.”
	Teachers	“The best place to express is to friends and teachers, because they know you the best” “I have a teacher, also she studies psychology, and I like speaking with her. She uses some words to explain, and she understands me well.”
	Religious leaders	“Maybe religious leaders can help”

		"It depends on the person" (about if a religious leader can help)
	Health care professionals	"It is possible for a doctor to help me, maybe he can listen or give me medication" "Safe zones with psychological specialists for those children, who have negative pressure inside, so that they can be under their supervision, improve and reduce their suffering"
Familial factors affecting mental health	Mental health of family members	"If the mental health of the parents is good, it will affect good on the child" "He was aggressive, did not eat, did not want to do activities. And that affected the other children."
	Loss of family member	"After my oldest child died, the younger brother's health was very bad." "She is always nervous at home, with a really loud voice. She is jealous of her sister. If I bring anything to her sister, she will shout, wanting to attract care from the whole family. I feel that her attitude is more like a male than a female. It is totally different before and after. This difference happened after the father died."
	Familial issues	"In the family, problems like financial needs, or problems that happen to the parents, this affects the children." "I don't like speaking outside the family if there are some problems within the family."
Adolescents' characteristics connected to mental health	Adaptability	"My daughter is 14 and is really hard working and achieves good grades in school, her teacher recommends her." "Although with these difficulties, we should face our difficulties. If you cannot study during the day, you can study during the night."
	Faith	"Our children have faith, also this helps good health."
	Family bonds	"Because we speak about mental health, we can say our children have a good

		mental health because we still have our family and the family bond is strong. A big family or a small family it doesn't matter." "And also from my family, my parents, my siblings should support me."
	Role conflicts	"The wishes of the teenagers are like children. The responsibility on the teenagers as adults." "Because we are speaking about teenagers. Because we are refugee, there are no teenagers. They have the pressure of adults. During the distributions, the children will argue with the teenagers to get something. They make a mess. Some of them are like children and at the same time they have the responsibility of adults."
	Vulnerability	"In general children in this age are vulnerable for abuse of others." "I prefer just the parents or the elder brother, sibling, because us girls in this age, if I want to use WhatsApp, it is usual to get a message from a strange number, like a bad word or something. And this can affect my mind or my studies, so I prefer that the parents have the phone and I can use WhatsApp from their phone."
Symptoms of mental health problems	Internalising difficulties	"When I feel bad, I try to withdraw and cry by myself." "If we want to speak about what happened before, the children have phobia from loud noises, helicopters, smells of chemicals." "Stop eating or drinking." "She will stay inside. Also she doesn't want to go to school."
	Externalising difficulties	"Yes boys express in this way, sometimes with violence. This might be because the strength in the male bodies, they could bite or do things like this." "She is jealous of her sister. If I bring anything to her sister, she will shout, wanting to attract care from the whole family. I feel that her attitude is more like a male than a female." "Others get hyperactive. He wants to let others notice something on his inside, but they don't get it."
Self-help	Focusing on others	"Helping others might help."

		"The orphans who lost their parents, now it is our role to support them since we are their friends."
	Creative self-expression	"I already like expressing myself in writing when I feel bad." "Also they draw to express their feelings."
	Physical activity	"If I am feeling sad, playing outside will help and reduce the pressure." "In her situation I would advise her to go out to walk and reduce the pressure."
E-health	Access	"It depends. Some have one phone with the parents. For example, my friend works and has her own phone because of the financial situation. Me, I worked for a month, and I could buy my own phone." "The schools have this from one week ago. The tablets."
	Usage	"We have only this way through phone to know about the family for example in Syria." "I don't like to use my phone if I feel sad."
	Openness	"Yes, we will use it if it can solve our problems. If not, we will have tried." "After trying, we will continue and spread the word if we found it useful." "If these tools are available, and I don't have to write my name or give any information, yes I will use it."

Well-being and mental health amongst Syrian adolescents in Lebanon

Thank you for contributing to our research. The purpose of this survey is to study attitudes towards mental health. The survey is part of a Master's degree project at the Norwegian University of Science and Technology (NTNU), in collaboration with Multi Aid Programs (MAPS). The results may also be published in scientific journals.

Participation is voluntary, and all participants are anonymous. You consent to participate in the survey by answering the questions and submitting the questionnaire. Until you have submitted the questionnaire, you are free to withdraw at any time, and without any consequences.

In this survey, we are interested in the general experiences of all adolescents in your situation. Please answer according to your general impression of this population. We do not seek information on your personal experiences, but aim to understand the overall situation.

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Demographics

1) What is your age? (under 13/13/14/15/16/17/over 17)
2) Gender
    a) Boy
    b) Girl
    c) Other
3) Are you married? (Yes/No)
4) Do you have children? (Yes/No)
5) How many children live in your household? (0/1-2 / 3-4 / 5-6 / 7 or more)
6) How many adults live in your household? (0/1-2 / 3-4 / 5-6 / 7 or more)
7) How do you live?
    a) In a tent
    b) In a shed
    c) In an apartment
    d) Other arrangement
8) Is your mother literate? (Yes/No)
9) If yes, what is her level of education?
    a) Less than high school
    b) Higher education
10) Is your father literate? (Yes/No)

11) If yes, what is his level of education?
    a) Less than high school
    b) Higher education
12) Do you have access to a smartphone? (Yes/No)
13) If yes, how many people do you share this device with?
14) How often do you use it?
    a) Several times a day
    b) Daily
    c) Weekly
    d) Rarely
    e) Never
15) Do you have access to a tablet? (Yes/No)
16) If yes, how many people do you share this device with?
17) How often do you use it?
    a) Several times a day
    b) Daily
    c) Weekly
    d) Rarely
    e) Never
18) Do you have access to a computer? (Yes/No)
19) If yes, how many people do you share this device with?
20) How often do you use it?
    a) Several times a day
    b) Daily
    c) Weekly
    d) Rarely
    e) Never

Environment

1) **To what degree are these factors an issue in the everyday life of a Syrian adolescent?**

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Not having enough space in the home to get privacy
b) Poor study conditions in the home
c) The electricity is cut
d) The water is cut
e) Worry about weather conditions affecting the home
f) Being surrounded by people from different cultures

2) **To what degree are these factors an issue in the everyday life of a Syrian adolescent?**

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Parent(s) being unavailable to adolescents because of work
b) Not being able to buy new clothes because of limited income in the household
c) The household's income restricting what they can do in their spare time
d) Not being able to go to school because the transportation was too expensive
e) Having to work instead of going to school

3) To what extent do adolescents experience the following situations?

(never - rarely - occasionally - often - very often)

a) Being treated badly by the police/general security because of their Syrian background
b) Being treated badly because of their Syrian background
c) Getting negative comments on the street because of their Syrian background

4) To what degree do these kinds of situations affect negatively on the well-being?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

5) If a Syrian adolescent experienced a serious assault (ex. rape, robbery, violent attack), who would they tell? (More than one answer is possible)

a) No one
b) Mother
c) Father
d) Teacher
e) A friend
f) Other relatives
g) The police
h) Others (textbox)

6) To what degree do you think that Syrian adolescents would be taken seriously if they reported a criminal offence to the police?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

7) To what degree does legal injustice affect the well-being of Syrian adolescents?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

8) To what degree does being away from one's own country affect negatively on the well-being?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

9) How much do you agree with the following statements?

(totally disagree - disagree - neither nor - agree - totally agree)

a) Education is important to build a future

b) Educations is important because it gives you the chance to help others
c) Education is important because it makes you feel well
d) Education is important to release negative mental pressure
e) Education is important because it creates hope

f) Being with friends is very important for an adolescent to feel well

10) How would you describe the knowledge about mental health among these groups?
(poor - limited - good enough - good - very good)

a) Adolescents
b) Parents of adolescents
c) Teachers

11) To what degree is mental health difficulties associated with shame?
(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

12) How useful would the following be to include in an awareness program?
(not useful - a little useful - neutral - useful - very useful)

a) Addressing causes of mental health
b) Addressing what could help
c) Addressing treatment
d) Addressing shame associated with mental health difficulties
e) Ways to talk about difficult feelings
f) Stories about others who experience similar difficulties
g) Stories about people who recovered from mental health difficulties

13) Anything else that would be important to include in such programs? (textbox)

14) To what degree do these factors affect how you speak about mental health?
(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Openness about mental health in the society
b) Mental health difficulties being associated with craziness
c) Being able to express yourself creatively (ex. drawing and writing)
d) Being invited to discuss a story about someone experiencing mental health difficulties

<u>Social network</u>

15) To what degree can these people help when adolescents experience mental health difficulties?
(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Parents
b) Older siblings
c) Younger siblings

d) Other relatives
e) Friends
f) Teachers
g) Religious leaders
h) Health care professionals

16) To what degree do mental health difficulties of these family members affect the well-being of the adolescents?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Father
b) Mother
c) Older siblings
d) Younger siblings
e) Other relatives

17) Some families experience the absence of a family member. To what degree does the absence of these people affect the well-being of the adolescents?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Father
b) Mother
c) Both parents
d) Siblings
e) Other relatives

Some families experience serious familial conflicts.

18) How common is this?

(very unusual – quite unusual – neither nor – usual – very usual)

19) To what degree does this affect the well-being of the adolescents?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

In some families there is violence.

20) How common is this?

(very unusual – quite unusual – neither nor – usual – very usual)

21) To what degree does this affect the well-being of the adolescents?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

<u>The adolescent</u>

22) To what degree do you think the following characteristics is important for Syrian adolescents to feel well?

(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Being hard working
b) Being able to adapt to a given situation
c) Having faith
d) Having strong family bonds
e) Individual freedom

f) Being able to play and have fun

23) To what degree do you think the following affect well-being?
(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Having too much responsibility
b) Being exposed to abuse
c) Bullying

24) To what degree do Syrian adolescents experience the following difficulties?
(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Nervousness/anxiousness
b) Withdrawal
c) Hopelessness
d) Sadness
e) Suicidal ideas
f) Fatigue
g) Trouble sleeping
h) Nightmares
i) Excessive sleeping
j) Stop eating/drinking
k) Excessive eating/drinking
l) Hyperactivity
m) Excessive anger
n) Physical aggression

25) To what degree do you think these activities can be helpful in facing difficult situations?
(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)

a) Expressing oneself creatively
b) Playing and being physically active
c) Helping others

There exist applications for smartphones, tablets and computers to promote well-being and reduce mental health difficulties.

26) Have you heard about such tools? (Yes/No)
27) If yes, have you tried such tools? (Yes/No)
28) To what degree do you think such tools can be useful?
(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)
29) To what degree do you think such tools are attractive to Syrian adolescents?
(to no degree - to some degree - neither nor - to a moderate degree - to a high degree)
30) Would you recommend such a tool for a friend facing difficulties? (Yes/No/I don't know)

الرفاهيـــة والصـــحة النفســـية بيـــن المـــراهقين الســـوريين فـــي لبنـــان

الغـرض مـن هـذا الاسـتبيان هـو دراسـة السـلوكيات تجـاه الصـحة النفسـية. هـذا .شكرًا لمساهمتك في بحثنا الاسـتبيان هـو جـزء مـن مشـروع لدرجـة الماجسـتير فـي الجامعـة النرويجيـة للعلـوم والتكنولوجيـا .قد يتم أيضًا نشر النتائج في المجلات العلمية .(MAPS) المسـاعدة المتعـددة بالتعـاون مـع بـرامج ،(NTNU)

المشـاركة تطوعيـة، وجميـع المشـاركين مجهولـون. أنـت توافـق علـى المشـاركة فـي الاسـتبيان مـن خـلال الإجابـة عـن الأسـئلة وإرسـاله. حـتى تقـدم الاسـتبيان، لـديك الحريـة فـي الانسـحاب فـي أي وقـت، ودون أي .عواقـب

يُرجى الإجابة وفقًا .فـي هـذا الاسـتبيان، نحـن مهتمـون بالتجـارب العامـة لجميـع المـراهقين فـي نفـس وضـعك ،لانطباعـك العـام لهـذه الفئـة مـن السـكان. نحـن لا نسـعى للحصـول علـى معلومـات عـن تجاربـك الشخصـية .ولكـن نهـدف إلـى فهـم الوضـع العـام

Svanhild Amdahl Telnes
stud.psychol.

Snit Hagosa Ghebriel
stud.psychol.

Solfrid Raknes
حاصـلة علـى الـدكتوراه وأخصـائية علـم النفـس السـريري ومشـرفة أكاديميـة

اقرأ هذه الملاحظات قبل أن تبدأ بالإجابة	**سوف تتم قراءة هذه الاستمارة من قبل الحاسوب، ولذلك نرجو أن تتبع التعليمات التالية:** • **استعمل قلم حبر أسود من النوع الجاف، واكتب بوضوح وداخل المربعات فقط.** • **إذا غيرت رأيك بالإجابة، عبئ المربع الخطأ بالحبر تماما، ثم ضع X في المربع الصحيح.** • **ضع X في مربع واحد فقط في كل سؤال، إلا إذا طلب منك غير ذلك في تعليمات الأسئلة.**

بيانات ديموغرافية

1. ما عمرك؟ أقل من 13 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ أكثر من 17 ☐

2. النوع ولد ☐ بنت ☐ أخرى ☐

3. هل أنت متزوج/متزوجة؟ نعم ☐ لا ☐

4. هل لديك أطفال؟ نعم ☐ لا ☐

5. كم عدد الأطفال الذين يعيشون في أسرتك؟ ☐0 ☐2-1 ☐4-3 ☐6-5 ☐أو أكثر7

6. كم عدد الكبار الذين يعيشون في أسرتك ؟ ☐0 ☐2-1 ☐4-3 ☐6-5 ☐أو أكثر7

7. كيف تعيش؟ في خيمة ☐ في كوخ ☐ في شقة ☐ ترتيبات أخرى ☐

8. هل والدتك متعلمة؟ نعم☐ لا☐

9. إذا كانت الإجابة نعم، فما هو مستوى تعليمها؟ أقل من المدرسة الثانوية☐ عليم عالٍ(جامعي)☐

10. هل والدك متعلم؟ نعم☐ لا☐

11. إذا كانت الإجابة نعم، فما هو مستوى تعليمها؟ أقل من المدرسة الثانوية☐ عليم عالٍ(جامعي)☐

12. هل تستطيع الوصول إلى هاتف ذكي؟ نعم☐ لا☐

13. إذا كانت الإجابة نعم، فكم شخصًا تشاركه هذا الجهاز؟ ____

14. كم عدد المرات التي تستخدمه فيها؟

عدة مرات في اليوم☐ يوميًّا☐ أسبوعيًّا☐ نادرًا☐ أبدًا☐

15. هل تستطيع الوصول إلى جهاز لوحي؟ نعم☐ لا☐

16. إذا كانت الإجابة نعم، فكم شخصًا تشاركه هذا الجهاز؟ ____

17. كم عدد المرات التي تستخدمه فيها؟

عدة مرات في اليوم☐ يوميًّا☐ أسبوعيًّا☐ نادرًا☐ أبدًا☐

18. هل تستطيع الوصول إلى حاسب آلي ؟ نعم☐ لا☐

19. إذا كانت الإجابة نعم، فكم شخصًا تشاركه هذا الجهاز؟ ____

20. كم عدد المرات التي تستخدمه فيها؟

عدة مرات في اليوم☐ يوميًّا☐ أسبوعيًّا☐ نادرًا☐ أبدًا☐

البيئة

1. كم إلى أي حد تمثل هذه العوامل مشكلة في الحياة اليومية للمراهق السوري؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. ليست لديك مساحة كافية في المنزل للحصول على الخصوصية ...	☐	☐	☐	☐	☐
2. ظروف دراسية سيئة في المنزل.....	☐	☐	☐	☐	☐
3. يتم قطع الكهرباء.....	☐	☐	☐	☐	☐
4. يتم قطع المياه.....	☐	☐	☐	☐	☐

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
5. قلق حول الظروف المناخية التي تؤثر في المنزل	☐	☐	☐	☐	☐
6. محاط بأشخاص من ثقافات مختلفة	☐	☐	☐	☐	☐

2. إلى أي حد تمثل هذه العوامل مشكلة في الحياة اليومية للمراهق السوري؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. أحد الوالدين (الوالدين) غير متوفر للمراهقين بسبب العمل	☐	☐	☐	☐	☐
2. غير قادر على شراء ملابس جديدة بسبب الدخل المحدود في الأسرة	☐	☐	☐	☐	☐
3. يقيد دخل الأسرة ما يمكن القيام به في أوقات فراغهم	☐	☐	☐	☐	☐
4. عدم القدرة على الذهاب إلى المدرسة حيث إن وسائل النقل مكلفة جدًّا	☐	☐	☐	☐	☐
5. الحاجة إلى العمل بدلًا من الذهاب إلى المدرسة	☐	☐	☐	☐	☐

3. إلى أي مدى يمر المراهقون بتجربة الأوضاع التالية؟

	أبدًا	نادرًا	أحيانًا	غالبًا	في كثير من الأحيان
1. يتعرض لمعاملة سيئة من الشرطة/الأمن العام بسبب المرجعية السورية	☐	☐	☐	☐	☐
2. يتعرض لمعاملة سيئة بسبب المرجعية السورية	☐	☐	☐	☐	☐
3. تلقي تعليقات سلبية في الشارع بسبب المرجعية السورية	☐	☐	☐	☐	☐

4. إلى أي حد تؤثر مثل هذه الأوضاع سلبًا في الرفاهية؟ ⇦

ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
☐	☐	☐	☐	☐

5. إذا تعرض المراهق السوري لهجوم خطير (مثل الاغتصاب، السرقة، الهجوم العنيف)، فمن الذي يخبره؟ (يمكن أكثر من إجابة واحدة)

لا أحد ☐	صديق ☐
الأم ☐	أقارب آخرون ☐
الأب ☐	الشرطة ☐
المعلم/المعلمة ☐	أخرى (مربع نص⇩) ☐

6. إلى أي حد تعتقد أن المراهقين السوريين يؤخذون على محمل الجد إذا أبلغوا عن جريمة جنائية إلى الشرطة؟ ⇦

ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
☐	☐	☐	☐	☐

7. إلى أي حد يؤثر التجاوز القانوني في رفاهية المراهقين؟ ⇦

ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
☐	☐	☐	☐	☐

8. إلى أي درجة يؤثر ابتعاد الشخص عن وطنه بشكل سلبي في رفاهيته؟ ⇦

ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
☐	☐	☐	☐	☐

9. إلى أي مدى تتفق مع العبارات التالية؟

	لا أوافق على الإطلاق	لا أوافق	محايد	أوافق	أوافق كليًّا
1. التعليم مهم لبناء مستقبل	☐	☐	☐	☐	☐
2. التعليم مهم لأنه يعطي لك الفرصة لمساعدة الآخرين	☐	☐	☐	☐	☐
3. التعليم مهم لأنه يجعلك تشعر أنك بحال أفضل	☐	☐	☐	☐	☐
4. التعليم مهم للتخلص من الضغوط النفسية السلبية	☐	☐	☐	☐	☐
5. التعليم مهم لأنه يبعث الأمل	☐	☐	☐	☐	☐
6. وجود أصدقاء مع أي مراهق أمر مهم جدًّا بالنسبة إليه كي يشعر أنه بحال أفضل	☐	☐	☐	☐	☐

10. كيف تصف المعرفة الخاصة بالصحة النفسية بين هذه الفئات؟

	قليلة	محدودة	جيدة بما فيه الكفاية	جيدة	جيدة جدًّا
1. المراهقون	☐	☐	☐	☐	☐
2. آباء المراهقين	☐	☐	☐	☐	☐
3. المدرسون	☐	☐	☐	☐	☐

11. إلى أي حد ترتبط المشاكل المتعلقة بالصحة النفسية بالخزي؟ ⇦

ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
☐	☐	☐	☐	☐

12. إلى أي مدى سيكون من المفيد إدراج الأمور التالية في أحد برامج التوعية ؟

	غير مفيد	مفيد قليلًا	محايد	مفيد	مفيد جدًّا
1. تناول أسباب حدوث الأمراض النفسية	☐	☐	☐	☐	☐
2. تناول ما يمكن أن يساعد	☐	☐	☐	☐	☐
3. تناول العلاج	☐	☐	☐	☐	☐
4. تناول الخزي المرتبط بالمشاكل المتعلقة بالصحة النفسية	☐	☐	☐	☐	☐
5. طرق للتحدث عن المشاعر المؤلمة	☐	☐	☐	☐	☐

	غير مفيد	مفيد قليلًا	محايد	مفيد	مفيد جدًّا
6. قصص عن آخرين ممن يعانون من مشاكل مماثلة	☐	☐	☐	☐	☐
7. قصص عن الأشخاص الذين تعافوا من المشاكل المتعلقة بالصحة النفسية	☐	☐	☐	☐	☐

13. هل يوجد أي شيء آخر يكون من المهم إدراجه في مثل هذه البرامج؟

14. إلى أي حد تؤثر هذه العوامل في الطريقة التي تتحدث بها عن الصحة النفسية؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. الانفتاح فيما يتعلق بالصحة النفسية في المجتمع	☐	☐	☐	☐	☐
2. ارتباط المشاكل المتعلقة بالصحة النفسية بالجنون	☐	☐	☐	☐	☐
3. التمتع بالقدرة على التعبير عن نفسك بشكل إبداعي (على سبيل المثال الرسم والكتابة)	☐	☐	☐	☐	☐
4. أن تتم دعوتك لمناقشة قصة عن شخص ما يعاني من مشاكل متعلقة بالصحة النفسية	☐	☐	☐	☐	☐

شبكات التواصل الاجتماعي

15. إلى أي حد يمكن لهؤلاء الأشخاص تقديم المساعدة عندما يعاني المراهقون من مشاكل متعلقة بالصحة النفسية ؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. الوالدان	☐	☐	☐	☐	☐
2. الأشقاء الأكبر سنًّا	☐	☐	☐	☐	☐
3. الأشقاء الأصغر سنًّا	☐	☐	☐	☐	☐
4. الأقارب الآخرون	☐	☐	☐	☐	☐
5. الأصدقاء	☐	☐	☐	☐	☐
6. المدرسون	☐	☐	☐	☐	☐
7. القادة الدينيون	☐	☐	☐	☐	☐
8. أخصائيو الرعاية الصحية	☐	☐	☐	☐	☐

16. إلى أي حد تؤثر المشاكل المتعلقة بالصحة النفسية التي يعاني منها أفراد الأسرة هؤلاء في رفاه المراهقين؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. الأب	☐	☐	☐	☐	☐
2. الأم	☐	☐	☐	☐	☐
3. الأشقاء الأكبر سنًّا	☐	☐	☐	☐	☐
4. الأشقاء الأصغر سنًّا	☐	☐	☐	☐	☐
5. الأقارب الآخرون	☐	☐	☐	☐	☐

17. تعاني بعض الأسر من عدم وجود أحد أفرادها. إلى أي حد يؤثر عدم وجود هؤلاء الأشخاص في رفاه المراهقين؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. الأب	☐	☐	☐	☐	☐
2. الأم	☐	☐	☐	☐	☐
3. كلا الوالدين	☐	☐	☐	☐	☐
4. الأشقاء	☐	☐	☐	☐	☐
5. الأقارب الآخرون	☐	☐	☐	☐	☐

توجد في بعض الأسر صراعات عائلية خطيرة.

	غير مألوف جدًّا	غير مألوف تمامًا	محايد	مألوف	مألوف جدًّا
18. إلى أي مدى يكون هذا شائعًا؟ ⇦	☐	☐	☐	☐	☐

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
19. إلى أي حد يؤثر هذا في رفاهية المراهقين؟ ⇦	☐	☐	☐	☐	☐

يوجد عنف في بعض الأسر.

	غير مألوف جدًّا	غير مألوف تمامًا	محايد	مألوف	مألوف جدًّا
20. إلى أي مدى يكون هذا شائعًا؟ ⇦	☐	☐	☐	☐	☐

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
21. إلى أي حد يؤثر هذا في رفاهية المراهقين؟ ⇦	☐	☐	☐	☐	☐

المراهقون

22. إلى أي حد تعتقد أن الخصائص التالية مهمة للمراهقين السوريين كي يشعروا أنهم بحال جيد؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. أن يكونوا مجتهدين	☐	☐	☐	☐	☐
2. أن يكونوا قادرين على التكيف مع موقف معين	☐	☐	☐	☐	☐
3. أن يكون لديهم إيمان	☐	☐	☐	☐	☐
4. أن تكون لديهم روابط عائلية قوية	☐	☐	☐	☐	☐
5. أن يتمتعوا بالحرية الشخصية	☐	☐	☐	☐	☐
6. أن يكونوا قادرين على اللعب والاستمتاع	☐	☐	☐	☐	☐

23. إلى أي حد تعتقد أن ما يلي يؤثر في الرفاه؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. وجود مسؤوليات كثيرة	☐	☐	☐	☐	☐
2. التعرض للإساءة	☐	☐	☐	☐	☐
3. التنمر	☐	☐	☐	☐	☐

24. إلى أي حد يواجه المراهقون السوريون المشاكل التالية؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. العصبية/القلق	☐	☐	☐	☐	☐
2. السحب	☐	☐	☐	☐	☐
3. اليأس	☐	☐	☐	☐	☐
4. الحزن	☐	☐	☐	☐	☐
5. الأفكار الانتحارية	☐	☐	☐	☐	☐
6. الإعياء	☐	☐	☐	☐	☐
7. مشاكل في النوم	☐	☐	☐	☐	☐
8. الكوابيس	☐	☐	☐	☐	☐
9. كثرة النوم	☐	☐	☐	☐	☐
10. التوقف عن تناول الطعام/الشراب	☐	☐	☐	☐	☐
11. الإفراط في تناول الطعام/الشراب	☐	☐	☐	☐	☐
12. فرط النشاط	☐	☐	☐	☐	☐
13. الغضب المفرط	☐	☐	☐	☐	☐
14. الاعتداء الجسدي	☐	☐	☐	☐	☐

25. إلى أي حد تعتقد أن هذه الأنشطة يمكن أن تكون مفيدة في مواجهة المواقف الصعبة؟

	ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
1. التعبير عن النفس بشكل إبداعي	☐	☐	☐	☐	☐
2. اللعب والتحلّي بالنشاط البدني.....	☐	☐	☐	☐	☐
3. مساعدة الغير	☐	☐	☐	☐	☐

توجد تطبيقات للهواتف الذكية والأجهزة اللوحية وأجهزة الكمبيوتر لتعزيز رفاه الأشخاص والحد من المشاكل المتعلقة بالصحة النفسية.

26. هل سمعت بهذه الأدوات؟ نعم☐ لا☐

27. إذا كانت الإجابة بنعم، فهل جربت استخدامها؟ نعم☐ لا☐

28. إلى أي حد تعتقد أن هذه الأدوات يمكن أن تكون مفيدة؟ ⇦

ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
☐	☐	☐	☐	☐

29. إلى أي حد تعتقد أن هذه الأدوات جذابة بالنسبة إلى المراهقين السوريين؟ ⇦

ليس لأي حد	إلى حد ما	لا هذا ولا ذاك	إلى حد متوسط	إلى حد كبير
☐	☐	☐	☐	☐

30. هل تنصح أي صديق يواجه صعوبات بأن يستخدم هذه الأدوات؟ نعم☐ لا☐ لا أعرف☐

شكرا على مساهمتك.

Appendix F: Overview of Factors, Illustrated With Items And Quotations

Table of Factors, Items And Quotations

Factor	Item	Quotation
Socioeconomic status	Discrimination because of Syrian background	"And you don't hear from the government. So if the Syrian children are in the garden and the worker know they are Syrian, he can ask them to leave. If someone dies, they will refuse to bury them here."
	Parent(s) being unavailable to adolescents because of work	"I need to work and leave them because I am alone, that is a problem" (mother)
	Having to work instead of going to school	"Some parents let their children work. It should be a law by government to stop children from working, like selling things by the road"
	Poor study conditions in the home	"We also live in one place, and if I want to study there is no space. Also if we have guests, I cannot study."
	Not being able to go to school because the transportation was too expensive	"My son is registered in a school in a different town, one day last week I didn't have the money to cover public transportation"
	The household's income restricting what they can do in their spare time	"Also finances, one of the parents who work need to provide for food and housing. They can't afford the other things."
	Worry about weather conditions affecting the home	"If you live in a camp, in a tent, in the winter what happened last month there was a storm. So there was flooding. Everyone is worried here will be flooding and fire in the tent."
	Not being able to buy new clothes because of limited income in the household	"When there are some needs you cannot cover, you sit down with them and explain why you can't by them new clothes, it is your right. You have to be honest."

	The water is cut	"It is often the water is cut."
	Not having enough space in the home to get privacy	"It is a small tent, and we are eight or ten people in this small space. This also affects your mental health." "Before the war, we were living in a huge home. Each of us had a private room, and if you were sad, you could be by yourself. Now I am always in front of my sister's face, and we fight all the time."
	Being surrounded by people from different cultures	"Difference from the earlier life to the camp: Different cultures."
	Being away from one's country	"One of the Lebanese students said in the first day: "Look at my beautiful house" and also "see how beautiful Lebanon is, see my country". My child was sad when he got back and asked why are we here and why do the Lebanese people have a nice country."
Absence of family members	Both parents	"The orphans who lost their parents, now it is our role to support them since we are their friends."
	Father	"I also lost my husband four years ago. The small daughters were affected, their mental health was very bad."
	Mother	
	Sibling	"After my oldest child died, the younger brother's health was very bad."
	Other relatives	"Comparing with others who have travelled through UNHCR. They see their cousins with a high life standard. They complain more."
Mental health	Older siblings	

difficulties in the family	Younger siblings	"After my oldest child died, the younger brother's health was very bad. He was aggressive, did not eat, did not want to do activities. And that affected the other children. "
	Mother	"If the mental health of the parents is good, it will affect good on the child."
	Father	
	Other relatives	
Violations	Familial conflicts	"Now they (adolescents) stay inside, and we fight, make noise."
	Exposure to abuse	"The security for the girls depend on the education of the father, if he lets them go to work, on the farm. If he is uneducated, he might have lack in awareness about child rights and difficulties girls might face. It is an issue because she will be alone in a place with strangers, and she might be exposed to abuse, especially from males." "Abuse happens differently, by touch, by speech. It happens in the school, in the street. How we can start by protecting them, by teaching them what is right and what is wrong."
	Having too much responsibility	"Because we are speaking about teeagers. Because we are refugees, there are no teenagers. They have the pressure of adults." "Some of them are like children and at the same time they have the responsibility of adults."
	Serious familial violence	
	Legal injustice	"The government, if a problem happened with me, I am very weak in the Lebanese law because I am a refugee."
	Bullying	"We all hear discrimination, along the road you hear "you are Syrian, you are Syrian"

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