



Research study entitled



Understanding mental health and wellbeing in eastern Libya – A contextual exploration of mental health and psychosocial issues in areas affected by Storm Daniel

Research Owner
**Derna Center for Psychological
Support and Rehabilitation**

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Background/Foreword and acknowledgements

This paper was authored by Dr. Faiza Alabdullah, edited by Kristine Raunkiaer and commissioned by Peaceful Change initiative (PCi) as part of the project “Post Disaster Relief Support in East Libya”, which is funded by Action Deutschland Hilft (ADH) via funding administered by Help – Hilfe zur Selbsthilfe.

The paper builds on research undertaken by Dr. Faiza Alabdullah in the areas of Eastern Libya affected by Storm Daniel in 2023. This work has been undertaken in close collaboration with the Libyan National Authority for Mental Health and Psychosocial Support (NAMHPSS) and the newly established (via this project) Psychological Support and Rehabilitation Centre in Derna. It has also been supported by the Social Peace Partnership in Derna, University of Derna and the Centre for Psychological and Educational Research in Derna. The research informs the activities carried out within the project ensuring that approaches are contextually grounded and seeks to contribute to strengthening provision of mental health support in the East.

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Key Findings

Based on primary research, this report aims to evaluate how communities in eastern Libya experience mental health and psychosocial challenges, and to inform the development of culturally appropriate mental health services and psychosocial support programmes.

The findings of the research reveal complex, interconnected perceptions that demonstrate how psychological, social, cultural, and religious factors interact to shape both individual and collective experiences following the crisis. Mental well-being concepts are not understood in isolation but are closely tied to stability and meeting basic needs. The results show distinct differences in how different genders and age groups express suffering and cope with challenges, while highlighting powerful social stigma that prevents people from accessing support, particularly affecting women and men constrained by traditional roles.

The findings also identify valuable social and cultural resources that could be leveraged, including informal networks, religious institutions, and local initiatives, despite ongoing challenges related to service access and trust. There is a critical need to expand and develop mental health services that respect cultural and social contexts while making inclusive and sustainable use of available resources.

The below outlines the key findings of the research

Local Perceptions and Expressions of Mental Health and Well-being

- Psychological well-being is typically tied to life stability and having basic needs met (employment, food, sleep). Mental wellness is fundamentally connected to stable living conditions and access to essentials. Good mental health requires supportive environments that foster stability and security. Meeting these basic needs benefits not only physical health but is essential for promoting psychological well-being and resilience in facing life's challenges.
- Women and young people are more open about expressing emotional distress, while men and older adults tend to keep it private or explain suffering through religious frameworks (evil eye, witchcraft).
- Men are expected to “tough it out,” while women face social stigma for expressing psychological pain.

Local Coping Mechanisms and Psychological Support (Individual and Community)

- Women depend on informal networks (family, female friends, faith) and engage in digital support communities.
- Men typically prefer staying silent or focusing on work, suppressing mental health issues as these are seen to compromise their masculinity.
- Traditional support systems include: faith, family, community leaders, and religious healing practices.
- While women make greater use of informal coping mechanisms and structures, they have more limited access than men to formal and structured support as men are traditionally household decision-makers.

Variations in Coping Approaches Across Different Groups

- Women demonstrated adaptability and took on new roles following the crisis for example in resource management and family decision-making.
- Men experienced a loss of their traditional breadwinner role after the hurricane, leading to stress and psychological turmoil.
- Young men show greater awareness but lack safe spaces for emotional expression.
- Older adults often dismiss their emotional struggles and manifest them as physical complaints.

Barriers to Seeking and Accessing Psychological Support

- Social stigma around “mental illness” and “shame” is widespread, discouraging help-seeking.
- Women face additional social pressures, particularly widows and divorced women whose behaviour is more publicly under the microscope than married women.
- Men worry about losing respect if they seek support.
- Additional barriers include: remote service locations, staff shortages, distrust in available services from both government agencies and specialised providers, and treatment costs.
- The economically disadvantaged face greater barriers due to low accessibility and high treatment costs.

Community Views on Official and Unofficial Stakeholders' Attitude to Mental Health

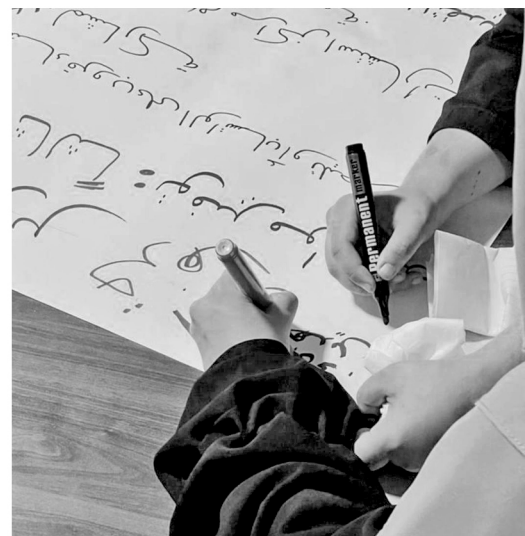
- Government agencies, educational institutions, and religious leaders are perceived as ineffective in this area.
- Media coverage lacks consistency and focus.
- Women stressed the urgent need for female mental health specialists in schools and community centres. Young people have lost confidence in government efforts and turn to peer support instead.

Cultural and Social Frameworks for Strengthening MHPSS Services

- Mosques, local organizations, the Red Crescent, the Social Peace Partnership and youth initiatives offer potential entry points for expanding psychological support.
- Faith can help reduce stigma when presented through compassionate and informed messaging.
- Education, arts, community media, and digital engagement can be utilised to raise awareness.
- Significant opportunities exist for mental health support through community centres, accessible services, and involving people with lived experience in outreach efforts.

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Introduction

Devastating floods caused by Storm Daniel in September 2023 left Derna and a large portion of eastern Libya in severe psychological and social distress. The catastrophe caused extensive damage, destroying entire neighbourhoods, killing thousands of people, and leaving countless others unaccounted for. Tens of thousands of people had to leave their homes, and vital infrastructure, such as schools, hospitals, and other services, was seriously damaged.

The disaster's impact extended far beyond physical destruction. Many survivors now grapple with grief, trauma, and loss, while anxiety and depression rates have soared. Families have been torn apart, with some still desperately searching for missing loved ones. Daily life has been upended, with people lacking basic shelter, healthcare, and education. These harsh conditions have created a persistent sense of insecurity and heightened psychological distress for the affected individuals.

This reality has created an urgent need for mental health services and psychosocial support to help individuals and communities process the disaster's effects, rebuild psychological and social stability, and begin the healing process. Recognizing that effective interventions must be culturally and socially appropriate, this research seeks to understand how the local community views mental health and psychosocial issues, what stigma surrounds these topics, and what social and cultural resources are available to address them. The research also examines how different groups (based on gender, age, and socioeconomic status) experience these challenges differently, ensuring that relief efforts can be tailored to meet each group's specific needs.

Study Objectives

- This study aims to evaluate how communities in eastern Libya experience mental health and psychosocial challenges, and to inform the development of culturally appropriate mental health services and psychosocial support programmes. The specific objectives include:
- Understanding how different community groups perceive and conceptualise mental health.
- Identifying existing cultural, traditional, and social resources that promote coping and resilience.
- Understand how coping strategies vary across different demographic groups.
- Exploring stigma and barriers that prevent people from accessing mental health services and psychosocial support.

- Evaluating how key stakeholders address mental health and psychosocial support issues.
- Developing practical recommendations to strengthen mental health service delivery and psychosocial support systems.

Methodology

The research employed a mixed methods methodology consisting of a combination of individual interviews, focus group discussions, and a survey using a quantitative questionnaire, conducted both face-to-face and online with relevant stakeholders and community members. The data collection team received specialised training covering ethical principles, cultural sensitivity, and trauma-informed approaches. Research instruments were pilot-tested and refined as necessary.

The research employed purposive stratified sampling to ensure broad representation across gender, age, educational and economic status, and geographic location. All participants were from the flood-affected Derna community. While ethnic/social status and displacement status were not formally documented to protect participant privacy, community networks and local leaders helped identify participants to ensure diverse group representation that reflects the local social fabric.

The study included 236 participants from Derna, eastern Libya, drawn from various neighbourhoods including Al-Bahr Street, Al-Deibani Street, Al-Jaysh Street, Al-Kuwi Street, Al-Maghar, Jbeileh, Al-Belad, Al-Sahel, Al-Salam neighbourhood (Ambakh), and Bab Tobruk. Participants ranged in age from 19 to over 60 years, with 134 females and 102 males. In terms of employment status, 166 participants were employed (83 females and 83 males), while 70 were unemployed (51 females and 19 males). In terms of education, 30 participants had no formal education (15 females and 15 males), while 206 were educated (119 females and 87 males).

The study sample breakdown by data collection method:

Data collection tool	Quantity	Gender breakdown
Focus Group Discussions	48 (6 FGD with 8 participants each)	24 males and 24 females
Individual Interviews	35	23 females and 12 males
Survey	153	87 females and 66 males

Findings

This section presents the findings of the research organised around five key themes in line with the research objectives. The patterns and differences that emerged among study participants are highlighted with the aim to inform more effective and culturally appropriate responses to local community needs in the post-disaster recovery phase.

Theme 1: Local Perceptions and Expressions of Mental Health and Well-being

Study findings reveal a significant shift in mental health perceptions, particularly among women, who demonstrated increased willingness to discuss psychological issues following Storm Daniel. Despite its overwhelmingly negative impact on communities in East Libya, the disaster also had a transformative effect, exposing deeply embedded gender dynamics in coping strategies and prompting communities and families to reassess their understanding of mental health.

Women disproportionately shouldered additional responsibilities after the disaster, fundamentally altering household dynamics and increasing their dependence on informal social and religious support networks. Meanwhile, men demonstrated heightened awareness of loss but remained reluctant to engage in open mental health discussions, largely due to persistent social stigma.

Storm Daniel thus functioned as a pivotal moment that both highlighted existing inequalities and sparked broader—though uneven—cultural conversations about mental health, particularly among younger demographics. However, social stigma and cultural reservations continue to limit men's participation in these discussions, while young men show relatively greater openness compared to their older counterparts. Gender-based differences in psychological coping mechanisms are pronounced: women actively utilise informal social support networks and religious practices for stress relief, while men typically resort to isolation and emotional suppression—patterns that reflect deeper cultural approaches to emotional expression. Although both genders view religion and family as primary sources of psychological support, women engage with these resources daily and directly, whereas men perceive them as broader elements of family stability.

Post-crisis, women assumed unprecedented burdens that fundamentally restructured family roles. These included doubled household responsibilities, managing psychological and emotional pressures without traditional male support, and adopting non-traditional roles in resource management and family decision-making.

Faced with inadequate formal support systems, women necessarily relied on informal networks and religious resources to manage mounting pressures.

These gender disparities in crisis response underscore the critical need for equitable, gender-sensitive psychosocial interventions. While men demonstrated increased awareness of loss, they showed limited engagement in collaborative family coping strategies. These dynamics highlight the necessity for sustained cultural transformation that reframes mental health as an integral component of holistic well-being, rather than a marker of personal weakness.

Local understanding and expressions of mental health and well-being vary widely, shaped by intersecting cultural, social, and economic factors. General mental health awareness remains limited, often associated with severe mental illness or «madness,» or attributed to spiritual causes like witchcraft and evil eye.

This aligns with a 2023 study by Abuhadra et al. on post-traumatic stress, anxiety, and depression prevalence in Libya, which found that religious and cultural beliefs lead to interpreting psychological symptoms as spiritual phenomena, causing some to prefer religious healers over mental health professionals. This reinforces stigma around seeking psychological support. The stigma is particularly pronounced among men and older adults, who are expected to «tough it out» and suppress emotions, viewing help-seeking as weakness or compromised masculinity.

Many people connect psychological well-being to economic circumstances, viewing it as tied to meeting basic needs like food, water, employment, and housing. Those with limited resources see psychological well-being as heavily dependent on securing these essentials, while higher-income individuals show greater freedom in expressing psychological concerns. This corresponds with World Health Organization (WHO) and International Organisation for Migration (IOM) findings linking mental health deterioration to unmet basic needs.

Social environment and family support play crucial roles in psychological well-being. Women show greater interest in mental health and have more space to express emotions and seek support. Positive social interaction and ability to manage daily tasks are viewed as wellness indicators, with smiling, good mood, and emotional regulation considered essential elements.

Gender differences in well-being perception are notable: men are seen as mentally well when they appear calm, controlled, and capable of working, while women's well-being

is assessed through changes in self-care, crying patterns, sleep and eating habits, and parenting behaviours. Women's greater emotional openness makes psychological distress more readily apparent.

Young people demonstrate greater familiarity with contemporary mental health concepts, reflecting cultural shifts that may help reduce stigma and increase awareness. Older adults tend to connect psychological well-being with physical health, religiosity, and family stability, representing traditional perspectives that may require additional dialogue and education to promote comprehensive understanding of mental health as a component of overall wellness.

Examples of local expressions about mental health and well-being mentioned by study participants include:

Stigma and negative characterization:

- Terms like "crazy," "mentally ill," "foolish," "psychologically sick," "out of their mind."
- Beliefs about being cursed, possessed, or affected by evil eye and envy.
- Linking mental illness to witchcraft or divine punishment.

Rejection and social exclusion:

- Avoiding the person, keeping distance, fear of interaction.
- Viewing them as failures or weak individuals unable to handle.

Limited understanding and mixed attitudes:

- Some people attempt to help or show sympathy.
- Recent increased awareness in certain areas (such as after events in Derna).
- Believing treatment is necessary while simultaneously finding it socially.

Religious and social interpretations:

- Mental illness interpreted as divine trial or result of witchcraft.
- Social stigma connected to shame and social reservation.

Theme 2: Local Coping Mechanisms and Psychological Support (Individual and Community)

How people manage psychological stress reveals important insights about individual and social responses to mental and emotional challenges. These coping strategies show clear gender differences, with each group drawing on distinct approaches and resources that align with their cultural context and circumstances.

Women rely heavily on social support networks to manage psychological stress,

turning to family and friends for emotional sharing and venting. Many women also use creative expression) singing, poetry, and other arts) as outlets for their emotions and stress relief. Faith serves as a fundamental source of psychological comfort, with women engaging in prayer and Quran recitation for inner peace and reassurance.

Women face additional challenges due to limited access to structured and formal local mental health and psychological support resources, often depending on family members or religious leaders for psychological support, which may prove inadequate. While some women receive limited support from relatives and friends, local and international organizations providing post-crisis assistance remain insufficient for their needs. This corresponds with a Doctors Without Borders assessment showing that formal and structured psychosocial support is frequently unavailable or inaccessible in conflict-affected regions. Documented coping strategies include reliance on family networks and religious practices.

Men's stress management approaches are characterised by withdrawal and using work, playing with their phone, or staying busy with something as escape mechanisms from tension. Some also seek refuge in public spaces such as parks. For some men, mental health concepts are associated with negative spiritual beliefs like witchcraft or evil eye, which can discourage help-seeking. While young men mentioned turning to religion, they spoke candidly about emotional suppression and negative feelings from stress, lacking safe spaces for emotional expression. The key difference is that women utilise balanced social and religious outlets, while men, particularly youth, lean toward suppression, isolation, or distraction as pressure-escape mechanisms.

Participants universally recognised religion and family as primary psychological support sources, though utilization methods differ by gender. Women discussed religion's role in their lives more extensively, describing Quran reading, daily worship practices, and seeking guidance from elders. They also sometimes draw on cultural traditions like folk medicine as traditional psychological support. Men emphasised family gatherings, social connections during events, and family support, highlighting community values around mutual aid during crises. The fundamental distinction is that women use religion and family as direct daily tools for managing psychological stress, while men view these resources as broader elements of social stability.

Theme 3: Barriers to Seeking and Accessing Psychological Support

Findings reveal that the most significant anticipated challenges in accessing mental health services stem from limited awareness about mental health concepts and the importance of seeking related care, identified by 79% of women and 62% of men as the primary obstacle. Mental health stigma ranks as the second major challenge, cited by 49% of women and 55% of men, with particularly pronounced effects among seniors. Limited awareness and understanding of mental health prevent many people from seeking assistance, either because they don't know services exist or fail to recognise their need for such support.

Social stigma represents a fundamental barrier to accessing psychological support services. This stigma affects genders and age groups differently: women face intensified social pressure due to cultural norms that puts women's conduct under the microscope and frame help-seeking as something shameful, deterring them from pursuing support, particularly in cases involving violence or divorce where women are additionally under public scrutiny in the absence of a male head of household. Additional social and cultural factors, such as family authority structures (husband's or father's control), further restrict women's access to services.

Conversely, since men seeking help are perceived as weak or emasculated, they tend to seek physical explanations for psychological problems through bodily complaints rather than pursuing treatment. While young people may be more receptive to seeking help, they remain influenced by social pressures demanding conformity to traditional masculine standards.

Seniors experience heightened stigma due to ingrained beliefs about strength and self-sufficiency. Furthermore, family resistance to individuals visiting psychological centres creates additional access barriers. Data shows that most participants (61%) agree that society perceives mental health issues as weakness. Out of the 61% of respondents who agreed around 54% were women and around 45% of men.

Economic barriers pose another significant challenge, with psychological treatment costs creating major obstacles for low-income populations. Geographic distance between healthcare facilities and residential areas adds another layer of access difficulty. Economic constraints thus play a substantial role, making service access virtually impossible for many due to unaffordable treatment costs. The region additionally faces shortages in specialised centres, services, and trained personnel, further complicating access to necessary care for various population groups.

These outcomes align with numerous previously published studies and reports indicating that mental health service access in eastern Libya encounters substantial barriers, including social stigma, severe specialist shortages, inadequate infrastructure, and insufficient numbers of psychiatrists alongside underqualified services. The 2020 Mental Health and Psychosocial Support Team (MHPSS TWG) report confirms limitations in basic and community mental health services, especially in conflict-affected regions. The International Organization for Migration 2022 report emphasises specialist shortages and widespread social stigma that impede appropriate psychological care access.

Theme 4: Community Views on Official and Unofficial Stakeholders' Attitude to Mental Health

Community opinions are mixed when it comes to how official and unofficial stakeholders handle mental health issues. Many people see educational institutions, media outlets, government agencies, religious leaders, and tribal chiefs as key players who could drive awareness and challenge misconceptions. However, others worry that these same stakeholders might actually create barriers to mental health support, either because they don't fully grasp its importance or due to existing associated stigma.

Women tend to emphasise how crucial these stakeholders are for raising awareness and correcting misconceptions. They believe that educational efforts through seminars and religious teachings could help shift negative attitudes toward mental health. Men, on the other hand, focus more on how these organizations could support practical initiatives and improve access to mental health services. They particularly highlight the media's potential to break down stereotypes and foster a culture of support. Young people also recognise local leaders and media as powerful forces for changing community attitudes. They're convinced that expanded awareness campaigns and diverse activities could help eliminate the stigma surrounding mental health.

Local leaders (whether they are religious figures, government officials, or community leaders) are well-positioned to strengthen mental health support by hosting workshops and awareness programmes, and by modelling positive attitudes toward seeking psychological help. Similarly, media outlets could make a real difference by promoting understanding and challenging outdated stereotypes about mental health, ultimately reducing associated stigma. By ramping up educational initiatives and community activities, these stakeholders could foster a more supportive environment for everyone (children, youth, women, and seniors alike) while reinforcing the idea that mental health is a fundamental component of overall well-being.

Theme 5: Cultural and Social Frameworks for Strengthening MHPSS Services

There are several promising cultural and social avenues to build upon to strengthen MHPSS services in Eastern Libya. Social media platforms offer significant potential as awareness-building tools and ways to promote mental health centres, serving as channels for education and information-sharing about mental health's importance. Civil society organizations like the Scouts Society and the Red Crescent Society and networks like the various Social Peace Partnerships in eastern Libya are particularly valuable because they have already established community trust, making it easier for people to access psychological support through these familiar channels. Working with mosque leaders and tribal elders presents another opportunity to normalise mental health discussions and reduce associated stigma.

This approach is consistent with findings from the International Organization for Migration 2022 report which identifies mosques and civil society organizations as culturally appropriate entry points for mental health support. Beyond these community partnerships, there is a clear need to expand psychological support programmes in schools and specialised centres, while weaving mental health awareness into educational curricula. Traditional media (both television and radio) can amplify awareness campaigns and help communities better understand mental health challenges.

Mosques serve as particularly influential platforms for awareness-raising, offering opportunities to incorporate mental health themes into sermons and religious education in ways that challenge negative perceptions. Supporting marginalised groups will require establishing free mental health centres and dedicated helplines for help and support.

Ultimately, strengthening mental health services in eastern Libya demands a community-wide effort that involves all community groups, including influential figures and community leaders, to transform how society approaches mental health issues. Women participants specifically recommended leveraging community gathering spaces like mosques and village centres for educational seminars, and suggested using accessible media formats like animated videos to reach both children and adults. They emphasised the importance of inter-organizational cooperation and targeted programming for vulnerable groups. Male participants advocated for a comprehensive approach combining media, religious, and community outreach (including radio campaigns, social media initiatives, and community-led mental health projects) while integrating awareness efforts into mosques and schools.

Conclusions and Recommendations

This study reveals widespread agreement that all age groups in the surveyed communities have significant psychosocial needs. However, expressions of mental health vary considerably across different demographics. Women and young people are more likely to openly express psychological distress, while men and older adults tend to either suppress their struggles or frame them in religious terms. Despite these different approaches to discussing mental health, there is broad consensus that psychological well-being is fundamentally linked to feeling secure, comfortable, and capable of managing life's challenges while meeting basic needs. Women typically rely on informal support networks to cope with psychological challenges, whereas men prefer to remain silent or throw themselves into work. The community maintains traditional support systems rooted in cultural and religious values.

Coping experiences differ between groups with women showing relative flexibility and taking on new responsibilities after the crisis, while men faced a decline in their traditional roles. Young males are more aware, meaning they clearly realise the psychological and social changes and challenges they have faced after the crisis. Despite this deep awareness, they lack safe environments for expression, which drives them to avoid confronting their feelings through silence or withdrawal.

The study also confirmed that women showed greater ability to adapt through social support and religious outlets, while men tend to suppress and isolate. As for the elderly, they tend to neglect their psychological feelings. Therefore, creating safe and suitable environments for all age and gender groups will significantly enhance mental health and empower individuals to better address their challenges.

The community struggles with deeply rooted stigma around mental illness, with terms like “madness” and “shame” preventing people from seeking help. Women's conduct is particularly under public scrutiny and they therefore face additional social pressures, particularly widows and divorced women.

Across all groups, there is a clear consensus: local mental health services are virtually non-existent. Women call for specialised treatment centres, while men express mistrust of available service providers. The study found that community support tends to be superficial and lacks sustainable mechanisms. Government agencies, schools, and religious institutions are not viewed to do enough to address these issues. The media has untapped potential to play its part in raising awareness about mental health or reducing stigma around seeking psychological support.

To improve mental health and psychosocial support services, the study suggests leveraging mosques, local associations, and youth initiatives. Religion could help reduce stigma if approached with compassionate messaging. Education, arts, and digital platforms offer promising avenues for raising awareness. There's significant potential for building community-based mental health support through accessible community centres and involving people with lived experience in awareness campaigns.

Promoting mental health awareness and providing comprehensive psychological support services is essential for improving community members' experiences. This requires coordinated efforts from various stakeholders, including healthcare institutions and civil society organizations, to deliver necessary support and foster acceptance and understanding. Social media can also effectively spread awareness and provide platforms for emotional expression.

Based on this study's findings, the following specific recommendations are designed to strengthen mental health awareness and support within the community, ultimately contributing to a healthier and more resilient society.

1. Delivering psychosocial services through community centres and mobile outreach teams

Due to high stigma and low awareness, psychosocial support needs to be delivered through trusted institutions/structures such as community centres and mobile outreach teams. Community centres provide safe spaces where children can play, adults can gather to discuss challenges, and people of all ages can work together to find positive solutions in supportive, creative environments. These centres are particularly valuable for engaging young people, offering them encouragement, skills development, and opportunities to address issues that matter to them. Through such centres, youth can be supported to become active change agents and valuable community resources.

Mobile outreach teams and community-based activities are crucial for several key reasons. First, they reach vulnerable populations (including IDPs, economically disadvantaged and people with disabilities) who may face barriers accessing fixed-location services due to social or economic constraints. Second, mobile teams offer much-needed flexibility, adapting their approach to meet specific local community needs and circumstances, ensuring timely and appropriate support delivery.

These mobile teams also build stronger relationships between service providers and community members. When people receive support in familiar environments, they feel more comfortable and engaged, leading to better communication and more effective interventions. Mobile teams can offer diverse services ranging from psychological counselling and skills workshops to recreational activities, all of which promote mental health and overall well-being.

Community-based activities serve an additional educational function, raising awareness about mental health issues and the value of psychosocial support while helping to reduce stigma. They also strengthen community engagement and social connections, creating robust peer support networks that enhance social cohesion. Perhaps most importantly, mobile teams can assess community needs firsthand, enabling the development of programmes and services that truly reflect local realities and priorities.

The study recommends considering gender-separated sessions when culturally appropriate, as this approach may create more comfortable environments that encourage open expression of thoughts and feelings, particularly when addressing topics involving psychological stressors or experiences that differ significantly between genders. Such arrangements can also help address issues related to discrimination or gender-based violence while improving session effectiveness and child protection awareness.

2. Building community awareness

Raising awareness of mental health issues and tackling mental health stigma demands a comprehensive strategy that centres on community needs and builds widespread understanding through multiple channels. This includes running awareness campaigns in schools and workplaces, amplifying the voices of community influencers and people with lived experience, and providing comprehensive training for parents, teachers, and healthcare workers.

Essential components also include offering confidential, no-cost support services and working with religious institutions to address misconceptions. Equally important is involving community members in programme development, weaving mental health education into school curricula, and sharing authentic recovery stories that challenge stereotypes and normalise help-seeking behaviour.

All awareness messaging must be accessible and easily understood across different community groups, respecting local cultural and religious values while avoiding

technical jargon or language that might be perceived as offensive or alienating. Campaigns can leverage trusted community institutions like mosques, schools, and local radio stations to maximise outreach and engagement.

Given the significant differences in mental health experiences and perceptions between men and women as well as older and younger people, messaging and channels used for awareness raising need to be tailored to each specific group in order to effectively appeal to individuals. Peer-to-peer approaches and use of role models are a very effective means of ensuring approaches are targeted and that recipients can reflect themselves in the messenger.

3. Designing and implementing activities or programmes in a way that takes into consideration gender differences

It is critical that MHPSS interventions including psychological counselling, awareness raising, community activities and training are tailored according to gender differences in terms of social roles and expectations, needs and challenges as well as experiences and coping approaches.

For women it is necessary to establish safe spaces and avenues for support that address their specific needs and challenges including domestic violence and stress related to family caregiving responsibilities. There is an opportunity to leverage the existing coping mechanisms used by women such as networks, social media spaces and religion to strengthen support via those as well as referral pathways.

To encourage particularly men's help-seeking behaviour there is a need to reframe psychological help as strength associated with positive masculinity rather than weakness. Masculine values can be leveraged positively, for example mental well-being of oneself and loved ones can be framed within the conception of the duty of the man to protect the family.

For men as well as for women, male-only spaces and access points can be conducive providing a comfortable and tailored space for each gender. Individual therapy should avoid use of overly clinical terminology and use language that resonates with men (or with women). Similarly, for men as well as for women, it is effective to integrate mental health conversations into spaces and channels they already occupy and trust such as barber shops and trusted religious/cultural figures (see more below).

Finally, young men have a higher awareness of and openness towards mental health issues but lack frameworks and spaces through which to express themselves and

address these issues. For both young men and women, peer-support initiatives should be implemented that train them in active listening and basic psychological support skills, positioning them as trusted resources for their peers during stressful situations or crises. This should be complemented with specialised workshops focused on building self-awareness and emotional intelligence, helping young people better understand and manage their own emotions while supporting others.

4. Collaborating with Prominent Cultural Figures

Strengthening community-based mental health initiatives and addressing stigma requires strategic partnerships with religious leaders, educators, and local influencers to ensure messages resonate widely and effectively. Targeting male and female role models of varying ages will be important in order to appeal to different genders and ages.

Religious leaders can spearhead awareness campaigns within mosques actively challenging misconceptions (such as the belief that mental illness reflects weak faith) through sermons and teachings that normalise help-seeking behaviour. Educators play a crucial role through professional development programmes that build their capacity to identify early warning signs of mental health struggles among students and connect them with appropriate support services, fostering more supportive and informed school environments.

Local influencers, including athletes and artists, can leverage their platforms and social media presence to share positive messages, personal experiences, or promote awareness campaigns that challenge stigma and encourage community acceptance of mental health challenges.

Additionally, partnering with individuals who have successfully navigated their own mental health challenges (peer advocates and recovery champions) to share their stories can be particularly powerful in building awareness and community support while demonstrating that recovery and resilience are possible.

5. Integrating Psychosocial Support into Existing Infrastructure

To maximise accessibility and reach, psychosocial support services should be embedded within existing community infrastructure including healthcare facilities, schools, local organizations, and workplaces rather than operating as standalone programmes.

For example, in the education system mental health concepts should be systematically integrated into both formal curricula and extracurricular programming using age-appropriate, culturally relevant interactive approaches. Teachers and educational staff can be trained to recognise early warning signs of mental health challenges in students and provide appropriate initial support or professional referrals when necessary. Implementation of regular workshops and discussion forums in schools to build mental health awareness among both students and teaching staff.

Psychological first aid and supportive communication training should be provided to professionals in non-healthcare sectors including police officers, emergency responders, and community volunteers, focusing especially on crisis and emergency response situations. Particular focus should be on developing their capability to tailor support to different gender, age etc. characteristics and needs as well as ensuring they understand appropriate referral pathways to mental health services, enabling timely and effective support for those in need.