

FIVE YEARS OF FEAR AND LOSS

The devastating impact of war on the mental health of Yemen's children

"At night before I sleep, I think of my best friend. I wish I could just close my eyes and not remember but I can't. I just sit and cry myself to sleep... I wake up in the morning in the same state.

I really can't live without my best friends.

The last voice I heard before the explosion happened was that of my best friend's.

She was laughing with us, she died in the explosion.

We were sitting together and laughing."

Hala, 13-year-old girl, Yemen

Acknowledgements

This study was conducted in partnership with, and with the invaluable support of, the Yemen Ministry of Public Health and Populations.

The research was led by Cashington Siameja, Dr Michelle Engels and Kelly McBride, with support from Mohammed Alshama'a, Yousra Semmache, Mohamed Mohsen, Samar Ali, Lamia Qahtan and Shatha El-Fayez. The analysis was led by Cashington Siameja and Dr Michelle Engels with support from Lamia Qahtan. All are Save the Children staff.

This report was written by Claire Mason and Yousra Semmache, with support from Dan Skallman.

Thanks are due to the ministry teams engaged in the study, the dedicated Save the Children field staff in Aden, Lahj and Taiz, and the Yemeni key informants who offered valuable expertise.

In particular, we thank the 1,250 children, young people and adults who participated in the study and whose voices are reflected in this report.

To protect identities, all the names of interviewees have been changed.

Some of the quotes in this report are from Save the Children's programme work in Yemen and not from the research.

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EXECUTIVE SUMMARY

Over the past five years, the war in Yemen has killed or maimed more than 7,522 children.¹ It has caused widespread poverty and hunger, leaving some 2.1 million children under five acutely malnourished.² Nearly 900 children died in a cholera epidemic that ran rampant due to the conflict, and many more were orphaned. The conflict has also forced 2 million children from their homes and at least 2 million out of their classrooms,³ leaving them acutely vulnerable to violence and abuse. The lives of Yemen's children have changed forever and their futures are uncertain.

“What did we gain from this war? Does anyone benefit from it? Of course, no one. Only children pay the highest price.” Manal, 35, mother, Amran

To understand the extent of the impact of the war in Yemen on children's mental health, in the largest survey of children and parents on mental health since the crisis began, Save the Children interviewed more than 1,250 children, parents and other adult caregivers in the governorates of Aden, Lahj and Taiz.⁴

More than half of the children surveyed said they struggle with feelings of sadness and depression, with more than one in ten saying they feel that way constantly. Around one in five children said they are always afraid and always grieving.

Key findings

- 38% of parents reported an increase in children's nightmares and 8% reported an increase in bedwetting in children aged 13–17 years
- 16% of children said they are never or rarely able to relax
- 36% of children reported never feeling that they could talk to someone in the community when they felt sad or upset
- many children reported increased heart rates, stomach pains, sweaty palms and feeling shaky when fearful or afraid – all possible signs of anxiety⁵
- 52% of children reported never feeling safe when they were apart from their parents and 56% said they do not feel safe when walking alone
- families are children's primary form of support, but the conflict has placed families under intense strain
- children are reluctant to seek help within their wider communities – possibly due to lack of trust but also due to the stigma that surrounds mental health in Yemen.

Save the Children's assessment suggests that there is a mental health crisis among children in war-torn Yemen. The feelings of sadness, grief, anxiety, fear and distress the children reported have multiple sources. They live in daily fear that they or their loved ones will be killed or injured; they are anxious about whether they will have enough to eat or get seriously sick; and they worry about the future.

“The right to the highest attainable standard of health is fundamental to human dignity, and there is no health without mental health. Clearly, the provision of good mental health

services and support are essential: they cannot be viewed as a luxury, any more than clinics which fix broken limbs or treat malaria. And just as clearly, mental health services cannot legitimately be given a lower priority than services that focus on physical health.” UN High Commissioner of the United Nations for Human Rights, Zeid Ra'ad Al Hussein⁶

While there is growing recognition that more must be done to support children’s mental wellbeing during and after crises, greater action must be taken. The impetus to do more must be founded in a shared understanding by all actors – from governments and donors through to NGOs and local communities – that children have a right to mental health.⁷ Just like children’s other rights – including their rights to protection, health and education – their right to mental health does not go away because of conflict. Children have a right to mental health in times of crisis as much as at any other time. Indeed, their need may be even greater. Rather than putting mental health at the end of a long list of things we hope to provide for children in humanitarian responses, it must become a priority.

If a child’s right to mental health in crisis does not become a global priority, an entire generation of crisis-affected children – in Yemen and beyond – are at risk of suffering long-term and devastating consequences. If children develop severe mental health conditions that are not addressed, these are likely to stay with them for the rest of their lives. A study in Liberia, for example, found a high prevalence of post-traumatic stress disorder almost 20 years after the end of the civil war there.⁸

Beyond the life-long impacts on psychological and physical health, poor mental health profoundly affects children’s future opportunities. Poor mental health has been linked with unemployment, decreased economic productivity, poor educational achievements and poverty in both developed and developing countries. Indeed, the World Health Organization (WHO) and the World Bank have recognised that mental health conditions can significantly impair economic growth, social progress and human development. Research also suggests that people suffering from mental health conditions as a result of conflict or violence are less likely to support reconciliation or peacebuilding efforts.⁹

Despite the many negative effects that can come from failing to address the increased mental health needs of people living in conflict, it remains a chronically neglected and underfunded sector by governments, especially in low-income countries, and by donors through development and humanitarian funding.¹⁰ Despite the high disease burden and numerous global calls to action,¹¹ mental health is largely missing from the global public health agenda, especially in crisis contexts.

On the fifth anniversary of the Yemen conflict, we must commit to do more to support children’s right to mental health while they are caught up in a crisis.

In 2020, the international community must make this commitment across all crises and to all people – including children and their families. For Yemen, the international community needs to prioritise the right of children and their families to mental health in the following ways:

Parties to the conflict must take immediate action to minimise civilian harm and prevent grave violations against children, and avoid the use of explosive weapons with wide area effects to reduce civilian casualties. They must take tangible steps to address the country’s humanitarian crisis, in

particular through ensuring that humanitarian and commercial imports – especially food, fuel and medicine – reach Yemen through all land and seaports and by allowing their unobstructed transport to all parts of the country.

The international community must ensure that parties to the conflict take tangible steps to stop the fighting so that a political solution can be found to bring the war to an end and bring about peace in Yemen. This includes immediately suspending arms sales and transfers to parties to the conflict where there is a real risk that such weapons will be used to kill or maim civilians and/or damage civilian infrastructure. They must ensure accountability for grave violations of children’s rights through relevant and appropriate mechanisms, and provide support to relevant bodies tasked with pursuing accountability in Yemen to report on violations of children’s rights and hold perpetrators to account

Donors must make a new global commitment to support children’s mental health and wellbeing in emergencies, recognising it as life-saving and as a right for children and their families. This includes sufficient funding for multiyear, flexible, age- and gender-appropriate mental health and psychosocial support (MHPPS) programming in humanitarian and development contexts, focusing on increasing the capacity of Yemen’s public health systems.

Local and national authorities in Yemen, with the support of donors must update the national mental health strategy and ensure that it is implemented through the development of national and local action plans to ensure sustainability of mental health services. These plans must include specific lines in the health budgets and be followed by an adequate allocation of funding from the donors to support the implementation of government-owned mental health services.

The humanitarian community must advocate for and support age-appropriate multi-layered MHPSS programming. They must also strengthen field-level technical expertise and coordination on the delivery of MHPSS programmes. They must ensure that children are safe and secure at home and in the community and address their families’ wider vulnerabilities.

BACKGROUND

Country context – key assessment areas

Previous estimates by Save the Children suggest that by 2018 at least 85,000 children in Yemen had died as the result of disease and starvation.¹² Children have also been killed and injured by airstrikes, shelling, small arms fire and many other forms of armed violence over the course of the war, which continues to this day. In its annual report reviewing trends in civilian casualties in Yemen, the Civilian Impact Monitoring Project (CIMP) found that one-quarter of civilian casualties in 2019 were children, up from one-fifth in 2018.¹³

Children have suffered the effects of the conflict in both northern and southern Yemen, including in the three governorates covered in this report, which recorded nearly 1,400 civilian casualties in 2018 and 2019, 262 of these being children.¹⁴ CIMP also found that in 2019 education facilities experienced the highest impact from the conflict of any locale.¹⁵

Taiz governorate

Taiz has seen the most violence during the war. Between 2015 and 2019, more than 18,400 people died there, including 2,300 civilians targeted specifically as civilians.¹⁶ **Of the 500,000 war-related deaths in Yemen, Taiz accounts for one-fifth.** This includes around 200 child casualties between 2018 and 2019.¹⁷ Although located in Yemen's geographic south, Taiz is considered the gateway between the north and south. As such, Taiz has been caught in the middle of the war's deadliest fighting and five years of conflict has displaced 400,000 Taizis. The conflict in Taiz is also complicated by the involvement of groups other than the main parties, driven by local interests and grievances. Access to basic services is limited, including healthcare, education and clean drinking water. Ongoing shelling and sniping and road blockages have hindered access to basic supplies. The signing of the Stockholm Agreement – a key pillar of which is a statement of understanding on Taiz – was meant to bring stability to Taiz and other conflict hotspots. However, frontline escalations have reduced the likelihood of a breakthrough in the implementation of the Agreement. In 2019, Taiz city saw civilian casualties jump by more than 80%, largely due to an increase in fighting in heavily populated areas.¹⁸ Like the rest of Yemen, Taiz has also suffered economically from the war, which has harmed 95% of businesses.

Lahj governorate

Although, overall, Lahj has seen fewer incidents affecting civilians than many other governorates, airstrikes, sniper fire and shelling in residential areas are fairly common. **One-third of civilian casualties in Lahj in 2018–2019 were children.**¹⁹ Since the colonial era, Lahj has been a hub of resistance during successive political eras, which has created a culture of militancy. Many fighters that now form the Security Belt Forces, aligned with the secessionist Southern Transitional Council (STC), hail from Lahj.

Aden governorate

Since 2015, when President Hadi relocated the internationally-recognised government from Sana'a to Aden, the port city has been **the most contested space that is not on the war's frontlines.** In January 2018, tensions between forces loyal to President Hadi and forces aligned with the STC erupted into clashes, killing 38 people in Aden. When the tentative ceasefire brokered in 2018 by Saudi Arabia and the United Arab Emirates (UAE) collapsed in August 2019, fighting escalated and

the conflict spread throughout the southern coastal region, with airstrikes displacing more than 10,000 people. Following the signing of the Riyadh Agreement in September 2019, the UAE withdrew its forces from the capital. However, the Riyadh Agreement has all but collapsed since the key actors involved in power-sharing agreements resigned. With underlying grievances unaddressed, the south – with Aden at its centre – is likely to remain highly volatile in 2020.

Increased protection risks for children

The five years of conflict have made children highly vulnerable:

- Conflict and economic pressure are increasing risks of gender-based violence, which disproportionately affects women and girls, and child labour.²⁰
- Child marriage has become increasingly common, with the documented rate tripling between 2017 and 2018.²¹
- More than 3,000 boys have been recruited into armed forces and groups²²

Prior to 2015, before the escalation of conflict, Yemen was already a tough place for a child to live. It was in the World Bank's low-middle income category and overall ranked 153rd on the Human Development Index. It ranked 138th in terms of extreme poverty, 147th in life expectancy, and 172nd in educational attainment. Projections suggest that Yemen would not have achieved any of the Sustainable Development Goals by 2030, even in the absence of conflict.²³

State of the health sector

Due to the conflict, the health sector in Yemen is facing chronic shortages. In a country with a population of 30 million, approximately 16 million lack access to basic healthcare, more than half of government health facilities no longer function, and 18% of districts lack physicians. Routine medical services in most areas, especially in remote regions, have closed down, one of the main reasons being the non-payment of government salaries.²⁴ Hospitals and health facilities have also been damaged or destroyed by conflict. Since 2015, 132 incidents have been recorded as attacks on health care.²⁵ This has significantly reduced the provision of life-saving treatment.

Children's mental health

While data on children's mental wellbeing in Yemen are scarce, a 2016 study of 902 schoolchildren in Sana'a City found that 79% reported post-traumatic stress disorder (PTSD) symptoms, 70% had trouble sleeping, and 63% had doubts about the future.²⁶ A recent mental health and psychosocial support (MHPSS) assessment conducted by the International Medical Corps²⁷ highlighted that gaps in children's psychosocial wellbeing are compounded by a dire gap in available and affordable MHPSS throughout the country, a shortage of donor funding for comprehensive MHPSS services, and highly stigmatised views about mental health conditions in Yemen. The study found that of the 71 health facilities assessed, only 10% had staff trained in the identification or treatment of mental disorders and 75% did not have essential psychotropic medications, as recommended by the World Health Organization (WHO). It also found that there are only about 40 practising psychiatrists in the country. In 2017, the WHO estimated that there were only two child psychiatrists in the country.²⁸

The deteriorating state of mental health in Yemen reflects a predominant phenomenon in conflict-affected contexts. A recent WHO study found that ongoing war and adversity places affected populations at risk of developing or exacerbating pre-existing mental health conditions. It estimates that one in five people (22%) in conflict-affected contexts has a mental health condition (such as

depression, anxiety and PTSD), which is higher than previously thought and much higher than global prevalence rates (1 in 14 people, or 7%). A key conclusion of this study was that the prevalence of mental health conditions in conflict-affected countries makes a compelling case for global humanitarian, development and health actors to prioritise the development of, and strengthening of existing, mental health services in conflict and post-conflict settings.²⁹

One of the key barriers to supporting children’s mental health in conflict-affected contexts such as Yemen is its under-prioritisation and underfunding in humanitarian responses. It is impossible to calculate how underfunded MHPSS is as data on funding allocated specifically to MHPSS are not earmarked or captured systematically.³⁰ In 2015, UNHCR reported that psychosocial services (PSS) suffered from the largest funding gap across all areas of its work, with only 23% of PSS interventions funded compared with estimated needs.³¹ Another key indicator is the lack of financial resources allocated to mental health by governments and from overseas development assistance (ODA). ODA for mental health has never exceeded 1% of the allocation for health, and the allocation for child and adolescent mental health is just 0.1%. It is estimated that this low investment in child and adolescent mental health could cost the global economy US\$16 trillion between 2010 and 2013³²

As the crisis in Yemen continues, the mental wellbeing of children and caregivers is likely to come under greater strain. There is an urgent need and a humanitarian imperative to reduce this suffering. As we mark the fifth year of the conflict, a commitment must be made to comprehensively address the mental health crisis in Yemen through funding and implementing country-wide, specialised and culturally appropriate services.

METHODOLOGY

The assessment included two phases and comprised a mixed methods approach to obtain both quantitative and qualitative data. The aim was to gather the perspectives of children, their parents/caregivers and key stakeholders about the needs and mechanisms available to support children's mental health in Yemen.

The inception phase comprised a detailed desk review, stakeholder mapping and five key informant interviews. This information fed into the process for developing and contextualising the questionnaires used in the second phase of data collection. This phase included a pilot of the tools to be used,³³ and the data collection and analysis process. In total, Save the Children interviewed 629 children aged 13 to 17 years (324 boys and 266 girls,³⁴ average age 14) and 627 parents and adult caregivers (392 men and 208 women).³⁵

This is the largest assessment undertaken with children and parents of children's mental health and wellbeing in Yemen during the conflict. It received ethics approval from Save the Children UK's Research and Evaluation Ethics Committee,³⁶ which reviewed the study protocol, safeguarding measures, risk mitigations and measures in place for informed consent/assents of participants.

Specific measures were taken to ensure the safety of the participants, including making sure that referral pathways existed and were known to the researchers and data collectors. The research was carried out by trained practitioners and social workers and led by a child protection specialist in Yemen. All researchers and data collectors were trained in psychological first aid (PFA), and data collectors were provided with training on the tools to be used and communication skills needed to minimise any risk of harm and undue distress. The research team leader ensured that all children and parents who were identified as in need of further support were appropriately referred and followed up the same day.

Given the complex security situation and the difficulty in obtaining necessary permissions, data collection was limited to three governorates in the south of the country. Our conclusions are therefore largely based on the experiences of children and families in these areas. To address this issue, our in-depth interviews with experts included mental health professionals working within INGO, NGO and government ministries. There was oversampling of boys (67%) in Lahj and women in Aden (85%), which was taken into account. In addition, 10% of the children interviewed in Taiz were children who had been displaced (including from the north of the country).

KEY RESEARCH FINDINGS

Signs of distress

The impact of living through five years of conflict and deprivation has significantly affected children's mental and physical wellbeing in Yemen according to Save the Children's research findings. When we asked children and young people how they were feeling, they reported a wide range of feelings, including sadness, fear, anxiety, grief and anger. These distress reactions, while normal given the significant adversity children in Yemen face, are warning signs for the future and the wellbeing of the Yemeni population.

An unrelenting sadness

More than half the children (55%) reported feelings of sadness and depression, including 11% who reported constantly feeling this way. Save the Children's MHPSS experts found the fact that, overall, more than one in ten children reported feeling constantly sad or depressed alarming. In Taiz, 19% of children reported always feeling sad, a higher percentage than in other locations, highlighting the impact of the higher intensity of conflict there on children.

"I was depressed and sad after my brother and other members of my family died. I used to think about them a lot and cry almost every night. I tried to read my school books but I couldn't focus because I just remembered their faces. So, I failed my exams and then I did not want to go to school again because I didn't want the other students to mock me for my failure." Sali, 14-year-old girl, Aden

These findings were confirmed by 53% of parents who reported that their children were sad and depressed, including 15% of parents who said their children always felt that way. In Taiz, 80% of parents reported their children to be sad and depressed, including 27% of parents reporting their children always felt that way.

"I have always wished the war in Yemen ends soon. Whenever I see destruction in many districts I become weak and lose hope in the future of my country. Every time we listen to the radio and TV, it's all about war and I know many children like me have had their dreams shattered because of this war." Salma, 16-year-old girl, Sana'a

When asked if they enjoy what each new day brings, a high number of children in Lahj (37%) said that they never or rarely felt this way compared with 17% in Aden and 13% in Taiz. When asked how often they had been in a good mood or cheerful in the past two weeks, 20% of children in Lahj said they have never been in a good mood compared with 3% in Aden and Taiz. Further, 14% of children in Lahj reported that they have never felt cheerful compared with 3% in Aden and 2% in Taiz. Gender disaggregation showed that boys were more likely to report never or rarely being cheerful than girls. This could help explain why the figures in Lahj were higher, as more boys participated in the study there. When asked how often they felt happy, had fun or laughed, 11% of children said they never felt that way. In particular, 30% in Lahj reported never feeling happy and half (49%) of their parents reported that children in Lahj never feel happy or have fun. This could be explained by high levels of poverty and the area's feelings of marginalisation. This means that many children do not have time to have fun or play because they are working.

Grief

“My father died three years ago. [...] He was trying to rescue our neighbour when a bomb landed near him. I badly injured my right knee and my friend lost his eyes. We were playing with our neighbours outside when the attack happened. That was the worst day of my life, I saw my father burning in front of my eyes while bombs were falling.” Marwan, 15-year-old boy, Aden

Children also reported high levels of grief – with 18% of children reporting they are always grieving and 51% that they sometimes feel this way. The number of grieving children is more pronounced in Taiz, with 80% reporting grief (23% always and 57% sometimes). Overall, parents reported higher levels of grieving children, with 20% reporting that their children are always experiencing grief and 47% that they sometimes feel this way. The figures are higher in Taiz and Lahj, where respectively 29% and 18% of parents report their children as always experiencing grief.

“Children all over Yemen are grieving for their brothers, fathers, mothers due to airstrikes. I saw people scared and running. People lay on the ground afraid of being injured by shrapnel. The smoke was huge and it scared people.” Abed, 11-year-old boy, north-western Yemen

Considering the high civilian casualty rate over the past five years, as well as the significant numbers of people, including children, who have died due to hunger and disease, children consulted for this assessment – especially those in Taiz – are likely to have lost many loved ones, including parents, siblings, other family members and friends, and they will continue to do so as long as the conflict in Yemen continues. As a consequence, their feelings of grief are likely to remain (in the face of limited support) and are likely to compound over time. Further, aside from the physical loss of and separation from loved ones, children and their parents are faced with a community in a constant state of upheaval, conflict and change. This can result in grief around loss of a way of life (the way things used to be), loss of a sense of a promising future and a loss of ideals.

“The difference between now and the situation before the crisis is the insecurity and the lack of fruits and clothes and the blockage of roads. I used to like the bread my mother baked in our previous house in Sana’a.” Ali, 12-year-old-boy, Taiz

Anxiety and fear

Staggeringly, 19% of children told us that they always feel fearful. In Taiz the figure was even higher (29%). These children reported often experiencing increased heart rates, sweaty palms and face, and feeling shaky when frightened, and 13% also reported always feeling ill or sick (defined as stomach pain, headache, wanting to sleep more). These are all potential physical signs of anxiety. Similarly, 56% of children reported worrying a lot, with 67% in Taiz saying that this was true for them. Additionally, 16% of children said they are never or rarely able to relax, with more than a quarter (27%) in Lahj saying that they never or rarely feel relaxed.

When we asked children how they were sleeping, 9% reported always experiencing nightmares and having difficulty sleeping. In comparison, 38% of parents reported an increase in their children’s nightmares since the conflict started, with 58% of parents reporting this in Taiz. This is concerning considering the importance of sleep for children’s physical and mental health, especially for adolescents who require eight to ten hours sleep a night for their development. Further, the experience of night terrors could be symptomatic, in some cases, of trauma-related stress. As well as

disrupting the quality of children's sleep, the reported increase in nightmares might be indicative of the enduring psychological effects of conflict.

"Since the accident, Ali always wakes up crying, shouting, sobbing and screaming 'All my friends died! Where are they?'" Abida, mother, Aden

Parents also reported an increase in their children's bedwetting (8%), which is concerning given the youngest child in the sample was 13 and children typically achieve bladder control between four to seven years old. Nocturnal enuresis can be caused by biological or psychological factors. Given the age of the population sampled, the findings suggest that bedwetting might be a reaction to stress. Bedwetting during adolescence can lead to social stigma, shame and a low sense of self-worth.

Children in Yemen are likely to feel a heightened sense of tension and anxiety, living as they do under constant threat and in fear that they or their family or friends will be killed or injured. This threat is likely to feel very real for children, especially those in Taiz, given that between January and October 2019, 33 children were killed or injured every month in the western port city of Hodeidah and in Taiz. This is despite the Stockholm Agreement, aimed at stopping fighting in the Red Sea area, having been signed on 13 December 2018 in Taiz.

"When I remember my brothers, I feel sad. I can't forget them. Then if I want to forget them [distract myself] I go to play. Or I do anything... I play with my friends." Abed, 11-year-old boy, north-western Yemen

Stress and anxiety can have harmful effects on children's wellbeing and development. Persistent worry can lead to avoidant behaviour, meaning children may miss out on opportunities to enjoy their life. For example, a child that consistently feels fearful may be less inclined to leave the house, engage with friends, or even attend school. Children reported behaviours that would suggest they are avoiding their problems. For example, when asked how they manage their feelings when they feel stressed or if something bad happens, they often reported using distraction techniques such as playing a game or using technology to try to forget the problem, or purposively blocking thoughts from their mind. They also reported that they would stay silent and not talk about their problems or stay alone and away from people. A quarter of parents in all locations also reported their children to be 'checked out', with half of parents in Taiz reporting their children to be 'disconnected', further suggesting that children might be displaying avoidant behaviour because of the impact of continued conflict. As described in more detail below, children may also be behaving this way due to the stigma around mental health issues in Yemen, which is likely to lead them to look for ways of coping alone rather than seeking help from others.

"The two girls wake up at night talking to us unconsciously, and they don't let people close because of their mental state. They don't accept people easily because of their sensitive state. At night, they become angry and start crying in their sleep." Arwa, aunt of Fatima, 12

Fear and anxiety can hold children back from living fulfilling lives. Additionally, constant exposure to intense stress can physiologically as well as psychologically wear children down over time, leaving them more susceptible to weakened immune systems and vulnerable to the development of chronic diseases later in life.³⁷

When children were asked how often they feel aggressive (break things on purpose, fight with other children or bully them), 5% reported that they always acted aggressively, and 22% sometimes.

Almost one-fifth (19%) of parents overall and 36% in Taiz reported an increase in violent behaviour in their children since the start of the conflict. Some children (18%) also reported feeling constantly agitated, causing them to fire up quickly and become easily upset and mad about things, with 36% of parents in Taiz reporting this behaviour in their children.

“The war has affected my children so much. Psychologically, socially, medically, in their behaviour, their clothing and spending. In every aspect, they are affected. They even became aggressive. They force their opinions due to their suffering from their medical conditions and the war.”

Mohammed, schoolteacher and farmer, father of five, including two sons who sustained severe wounds from a bomb, Amran

Children living in conflict-affected areas can suffer a host of emotional consequences. At times, this can lead to aggressive behaviour, impulsiveness and a lack of control. The longstanding impact of conflict is not yet fully understood. According to some theories, sustained exposure to violence may lead to desensitisation to violence. It could also be said that aggressive behaviour is at times an emotional outlet, enabling children to express their frustrations at their lack of control over the world around them.

“After the accident when my husband was injured, Hanan became very sad, aggressive and turbulent. [She] was also absent-minded and easily forgot things, which affected her school performance.”

Aisha, mother of Hanan, 13, Aden

Key finding – children in the three assessment areas are highly vulnerable and at risk of developing depression, anxiety and stress-related mental health conditions

The finding that 11% of children are always sad and feel depressed, 18% are always grieving, 11% never feel happy and 19% are always feeling fearful and anxious is significant. The WHO has stated that in conflict-affected populations, somewhere between 4–13% of people would experience a mild to moderate form of depression, anxiety or a traumatic-stress related condition. While our survey is not diagnostic, persistent feelings of depression and anxiety (e.g. always feeling depressed and fearful) could be indicative of the experience or potential development of such mental health conditions.

The finding that 11% of children report ‘always’ feeling sad and 19% and/or anxious, which means they could be at risk of experiencing depression and anxiety – well above the WHO estimate for conflict-affected populations – is alarming. These statistics highlight the severity of the Yemen conflict and the impact it is having on Yemeni children. It also highlights the urgent need for mental health services to be available, accessible, child and youth friendly, and delivered by appropriately qualified staff.

No Sense of Safety

“Before the war, we were safe and we went to school. There were no warplanes. Now there are warplanes. We cannot go to school. Before the war, I used to work on our farm and water trees. It

was safe. There was nothing to be afraid of. Now we have nothing. We've lost everything, including security." Rami, 15-year-old boy, Hodeidah

When asked about their sense of safety, 87% of children said they always feel safe at home, and 88% said their parents/caregivers can take care of them. Concerningly, though, when asked if they had a place to go when they are sad or upset, 46% reported never and 36% said only 'sometimes'. More than half (52%) also reported never feeling safe when apart from their parents and 56% when walking alone. This is an interesting insight as it seems that children feel safe and secure when they are at home with their parents, but not when they are outside the home. It is age-normative for young people to spend more time apart from their parents/caregivers and to start asserting a culturally-approved level of independence, but this seems to have been hampered by the continued conflict.

"One day, I was with my friend and a missile hit. They killed potato sellers, sweet sellers. They killed everyone. No one survived. I crawled on the floor. [...] I crawled and crawled until I reached my home, and I went in. They were shouting, 'That girl escaped!' They wanted to catch me, but I escaped."

Amal, 13-year-old girl, Sana'a, displaced from Taiz

Parents reported similar perceptions of the lack of safety for their children, pointing to the fact that it is not just children's perception that it is not safe outside of the home. With the security situation in Yemen putting children at risk from airstrikes, shelling, artillery fire and snipers, and traditionally safe spaces such as schools, hospitals and markets getting targeted, it is not surprising that both children and parents find it hard to feel safe outside of their homes.

Continued and sustained feelings of insecurity in children and young people increases the risk that they will develop a mental health condition and heightened levels of distress.

"My other daughter is always scared. It's like she's lost her mind. She cannot speak well. If she hears a motorcycle or sees a stranger walking, even if it's a doctor, she gets scared and paranoid that they want to hurt her." Ahmed, 45, father of Amina, 14, Sana'a, displaced from Amran

Feeling supported by family and friends

Family/parents

When children live in stressful and protracted conflict situations, it is essential for their mental wellbeing that they have someone to turn to for support, either at home, in their community or at school. Importantly, most children reported always being cared for by their parents (88%).

When parents were asked about their children's emotional state and behaviour, they reported the same levels of concern as their children, if not higher, suggesting that they are in tune with how their children are feeling and the impact the conflict is having on their wellbeing.

While it is significant that children say they feel supported by their parents and that parents understand their children's needs and worries, the research showed that parents are also burdened with their own problems. The majority (88%) reported that they do not feel free (or feel only somewhat free) to choose how to live their lives, while 43% of women said they did not at all feel able to decide how to live their own life. With men, 63% noted that they were unable to learn new skills and 30% reported feeling as though no one cared for them. While some parents reported seeking support from within the community on issues relating to their own wellbeing or that of their

child, the majority turned to an inner circle of family and friends (83%). These findings highlight that parents themselves are struggling to cope in an increasingly hostile situation. This is concerning because the support received from a caregiver is a key indicator for children's mental health and wellbeing and can often make the difference between them being able to cope and further deterioration of their mental health. Given that children reported relying heavily on their parents for emotional support, it is especially important that parents themselves are adequately cared for and supported in their role as carers.

Women reported that they felt a lack of agency and men a loss of livelihood opportunities, as well as a perceived lack of emotional support, which highlights that there are gender differences in how the conflict has affected parents. Programming for both children and their parents must therefore be gender sensitive and further analysis should be made to further investigate gender disparities in coping styles.

Community

Concerningly, 36% of children reported never feeling they could talk to someone in the community if they felt sad or upset, with children in Lahj (46%) and Taiz (43%) reporting this more. More than half of children (57%) also reported that they would not speak to their teacher if they were feeling sad or upset.

Children may not feel they can turn to community members for support due to the stigma surrounding mental health issues. In Yemeni culture, sharing one's emotions and difficulties can be seen as a weakness, especially for men, so it is unusual for people to seek help when they are facing emotional distress.³⁸ As noted by key informants, those with mental health conditions are often referred to as 'crazy'. They said that when parents were offered a referral to specialised services for a suspected mental health condition, they would often decline as they did not want themselves or their child to be 'viewed as crazy'.

Some children believe that not many people care about them – 21% overall, 34% in Lahj and 24% in Taiz – which may be why many feel they have no one to talk to in their community. Children may also have the same level of distrust towards community members as their parents, as noted below. It is also highly possible that children simply (and rightly) fear community members. In a recent Save the Children study on the impact of conflict on adolescents in Iraq, Egypt, Jordan and Yemen,³⁹ children in Yemen reported being subjected to high levels of violence in their communities. They cited kidnapping, sexual assault, recruitment and harassment as the biggest risks they face in their communities. They also reported high levels of violence at school, which could explain why children reported a reluctance to turn to their teachers for help.

"I didn't face many problems at the market but one day when I was coming back from the market a guy on a motorbike chased me and was asking me to come with him. I ran and shouted for help from the neighbours. When the guy saw the neighbours coming, he ran away. I don't know what he wanted to do with me." Akram, 12-year-old boy, Hodeidah, displaced from Haradh

Many parents also reported not seeking community support to help them cope with the difficulties they and their children were facing. When asked whether they could find support at school meetings, overall only 15% said they did, and only 7% in Lahj. Only 5% of parents find support at

information sessions at health clinics, 15% from health workers and 10% at meetings with religious leaders. The biggest sources of support for parents were family (49% overall, 72% in Taiz) and friends (34%). However, more than half (56%) of women said that they did not get any support from their family.

This is concerning as, although there seems to be some active social support in the community, a perceived lack of connection with others could indicate a lack of trust. It is of particular concern regarding children and women. In one key informant interview, the person noted that, while families generally support one another, there is at times a sense of distrust and tension within communities due to the long-standing conflict.

“Later on problems began to emerge between our families. Frustration due to lack of jobs and poverty aggravated the situation. I still remember when the only toilet in this apartment was occupied for a long time by a member of my family and a dispute ensued. The same was true for our children who were always fighting for one reason or another.” Nawal, 27-year-old mother, Taiz

If the war has caused a widespread breakdown of community ties, parents have lost a key source of support, which is hindering their ability – and therefore their children’s ability – to recover in the longer term. Since Yemeni culture is collectivist in nature and a sense of community is integral to society, this shows how continued conflict appears to be having a devastating impact on the social fabric of Yemeni communities. To ensure that parents can maintain the same level of support they are giving to their children, it is essential that their wellbeing is also supported and efforts are made to restore supportive links within their communities.

Friends

When asked about friendships, most children confirmed they had one or more good friends (89%). However, in Lahj 21% said they did not have one or more good friends, indicating a lack of social support for adolescents in this governorate.

Further, when asked if they think lots of people care about them, 34% of children in Lahj and 24% in Taiz reported that they never or not often think this, whereas in Aden 8% reported that they never or did not often think this. This suggests that a sense of social connectedness is weaker in Lahj and Taiz compared with Aden.

“I used to have friends in Haradh, we played football together and would ride our bike. I enjoyed drawing but in Hodeidah I struggled to provide for my family. The war destroyed our life as we left our house, my father got sick [...] and I did not enjoy my childhood like other children. I don’t have a bike, games, proper clothes and my family didn’t allow me to go outside to play.” Akram, 12-year-old boy, Hodeidah, displaced from Haradh

Friendships are critical for adolescents to develop and become socialised. This is often a crucial age for forming relationships and navigating societal norms. Children reporting that they do not have close friendships could be interpreted in a number of ways – they may have limited access to opportunities to build friendships; they may not trust their peers; they may not want close friendships; or they may find it difficult to establish close relationships with others. It is possible that

the children in this research experiencing more significant signs of distress may be the same as those reporting fewer close relationships. This could be because mental health conditions and/or heightened and prolonged emotional distress can lead children to withdraw and isolate themselves socially.

PUTTING CHILDREN’S RIGHT TO MENTAL HEALTH AT THE HEART OF THE YEMEN RESPONSE

“I only hope one day this war will end and I will be able to become an interior designer. I want to see beauty everywhere I go.” Salma, 16-year-old girl, Sana’a

The key findings of this research – that Yemen’s children are experiencing significant feelings of sadness, grief, anxiety and fear and that many are on the brink of developing anxiety and depression – make it clear that, on the fifth anniversary of the Yemen conflict, now is the time to prioritise children’s right to mental health and address their mental health needs. They cannot be left to live in sadness, grief, anxiety and fear for another five years.

While the situation for Yemen’s children is complex and our findings suggest that their mental wellbeing is at risk, two important factors are likely to be protecting them from developing more serious mental health issues – they feel safe at home and they feel supported by their parents.

Every effort must be made to ensure that these protective factors are maintained and further strengthened in the following ways:

Addressing children’s emotional distress

“My favourite games are soccer and riding my bicycle, but when we left Sana'a for Taiz we couldn't take my bicycle and we can't buy one. I hope for peace in Yemen and that wheat, flour and fruits will be available, including games and bicycles and everything.” Ali, 12-year-old boy, Taiz

Every effort must be made to address the emotional distress children are currently experiencing and to support families to help address their children’s mental health needs.

Given the lack of specialised staff in Yemen, task-shifting approaches that aim to reduce the over-reliance on specialised staff should be explored. The aim is to train others (non-mental health professionals) to provide basic support and management of common mental health conditions, thus leaving specialists with more time to focus on severe presentations. Task-shifting approaches that could be considered include the WHO Problem Management Plus (PM+)⁴⁰ and mental health gap action programme (mhGAP) (see boxes).⁴¹

WHO Problem Management Plus (PM+) is a low-intensity scalable psychological intervention designed to support parents (adults over 18 years) experiencing distress and mild to moderate common mental health conditions. PM+ is a five-session intervention that teaches a variety of strategies that beneficiaries can use to support their wellbeing. PM+ can be delivered by non-specialist staff who are trained and supervised through implementation. Save the Children recently conducted a regional train-the-trainer training in the Middle East and Eastern Europe regional office. Eleven staff were trained (including staff from Yemen) and are conducting supervised practice, after which they hope to roll out PM+ training in their respective country offices. PM+ falls under the third level of the IASC MHPSS in Emergencies in multi-layered pyramid of interventions.

WHO mental health gap action programme (mhGAP) is a package that enables primary healthcare staff and community members to identify, and offer basic management and support to children and their families with mental health and psychosocial support (MHPSS) needs. The program

encompasses a host of packages (including PM+ mentioned above) that strengthens health systems in affected countries to ‘build back better’ and ensure mental health remains a priority for committed action. mhGAP roll-out falls under the third level of the Inter-Agency Standing Committee (IASC) MHPSS in Emergencies multi-layered pyramid of interventions.

Child and Adolescent Mental Health Diploma

Save the Children is at the inception phases of exploring the development of a diploma that supports staff in conflict-affected settings to upskill on the topic of child and adolescent mental health. The diploma aims to fill the increased demand for mental health staff able to deliver and develop child and youth-centred psychosocial support.

Ensuring that children feel safe “I wish the war would stop, so I can get back to [...] our home. Get back to my friends, and study at school.” Razan, 8-year-old-girl, Hodeidah

While children reported that they feel safe at home, they made it clear that they do not feel safe in their communities or at school. Children in conflict situations need as many safe spaces as possible, otherwise their stress management systems will remain activated, leaving them at serious risk of developing mental health conditions or exacerbating pre-existing ones. A key priority must be addressing the lack of safety children reported feeling in their communities and at school.

“When I first met Omar [13-year-old boy], he was clearly struggling. He was moody, antisocial and absent minded. His marks were not good and he was obviously lonely. I empathised with Omar, especially when he told me his father had died. I put a lot of effort in to help him become more confident and improve his grades. He was also helped by going to the Child Friendly Space, which provides education and psychosocial support, and gives displaced children a chance to play again.” Adnan, teacher, Lahj displaced from Taiz

Addressing violence in schools and supporting teachers and educational staff is crucial. Teachers can be an essential support for children. However, teachers need the appropriate tools to relieve their own emotional distress as well as training in the skills that will enable them to best support children. Building the capacity of school counsellors and integrating mental health and psychosocial approaches into school curricula will be critical in ensuring that schools are safe and protective and that children can learn again.

Creating a protective family environment

While children feel that their parents can take care of them and that they are in tune with their emotional needs and worries, parents need greater support – not only in how they treat, support and provide for their children, but also in addressing their own mental health needs. They should also feel able to turn to their communities for advice and support.

Research suggests that support from parents is vital in the uptake of MHPSS services for children,⁴² which is why it is important to also consider the capacity of parents and communities to support children’s mental wellbeing.

Caregiver mental health could be supported through the PM+ approach and parents could support their children’s mental health training in the mhGAP programme.

Rebuilding community

Children in Yemen should feel like they can turn to people in their community for help. It is concerning that most children in this study did not feel this was an option. While it is unclear why this is the case, key informants noted that the conflict has eroded the collective nature of Yemeni communities and efforts are needed to help rebuild support networks that have disintegrated. At the same time, the stigma that surrounds mental health issues is likely to be a key barrier to children and parents seeking help from their communities. There is a need to better understand why this is the case and how to effectively raise awareness and create an environment where it is acceptable to ask for help and communities are activated to better support those in need.

When looking at specific interventions, that literature suggests that, as well as addressing the barriers to accessing services, community mobilisation and sensitisation is key to supporting MHPSS in humanitarian emergencies. In contexts like Yemen, the need for culturally nuanced and relevant MHPSS activities and research is highly evident, which could also lead to increased engagement and impact.⁴³

Through the mhGAP programme, community members could play a more active role in identifying mental health needs in their communities and supporting children and families with mental health and psychosocial support.

[BOX]

How Save the Children is supporting children to recover in Yemen

Save the Children in Yemen provides MHPSS support to children affected by the protracted conflict through the implementation of various individual and group-based PSS and resilience interventions.

- **Child Friendly Spaces** – 41 fixed and eight mobile child friendly spaces, where children can play, interact and relax with friends, and develop their cognitive skills. Through these spaces, Save the Children has reached almost 250,000 children in Sana’a, Sa’ada, Hajjah, Hodeidah, Aden, Lajh and Taiz.
- **HEART – Healing and Education through the Arts – programme⁴⁴** – helping children in Yemen affected by the conflict to share their feelings and experiences through painting, music, drama, any many other art forms. Research shows that artistic expression has a powerful effect on a child’s social and emotional wellbeing, as well as educational value, especially for children in stressful situations. When a child shares his or her memories and feelings through artistic expression, she or he can begin to feel less isolated, more connected and safer.
- **Children’s Resilience Programme,⁴⁵ Civilian Impact Monitoring Project (CIMP)** – developed by Save the Children Denmark and the Psychosocial Centre of the International Federation of the Red Cross (IFRC) and Red Crescent Societies – based on a non-clinical psychosocial and protection methodology that focuses on fostering children’s positive coping strategies and resilience. Children learn how to problem solve, manage their behaviour and relationships with others, maintain positive expectations about the future, and be more aware of their self-protection and protection of peers. A critical component of the programme design is that it also works with children’s caregivers and communities to build their skills and understanding of children’s wellbeing and protection and to undertake activities to reduce risks and strengthen protective factors within the community, including strengthening community referral mechanisms.
- **Psychological First Aid Training Manual for Child Practitioners⁴⁶** – a tool developed by Save the Children Denmark to help Save the Children’s child protection staff, partners and

other professionals (such as teachers, health and social workers) develop skills and competencies to: reduce the initial distress of children who have been recently exposed to a traumatic event; work with parents and caregivers; and refer children and families for practical assistance and information on positive coping strategies.

- **Strengthening the child protection environment** for children in target communities through community mobilisation and awareness-raising on children's rights and child protection issues. We also build or strengthen informal and formal child protection structures by providing training, mentoring and technical support.

Child protection case management services in Sana'a, Sa'ada, Hajjah, Hodeidah, Aden, Lajh and Taiz. We work closely with and support the Ministry of Social Affairs and Labour, and coordinate with a range of child protection and other service providers to meet the individual needs of affected children and their families. Cases include: unaccompanied and separated children; gender-based violence cases, including child marriage; children injured by airstrikes or landmines; children with psychosocial needs; neglected children; children affected by violence in their homes; and child labour.

RECOMMENDATIONS FOR ACTION

“I want to deliver a message to the whole world. I urge them to stop the war so children can go out to play peacefully.” Abed, 11-year-old boy, north-west Yemen

On the fifth anniversary of the Yemen conflict, Save the Children calls on donor states, parties to the conflict and the international community to prioritise the right of children and their families to mental health in the following ways:

On the fifth anniversary of the Yemen conflict, Save the Children calls on donor states, parties to the conflict and the international community to prioritise the right of children and their families to mental health in the following ways:

To the parties to the conflict:

- Take immediate measures to minimise civilian harm and prevent grave violations against children, in line with their obligations under international law.
- Cease indiscriminate and disproportionate attacks against schools, hospitals, food infrastructure and other civilian infrastructure. This includes implementing the Safe Schools Declaration and associated Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.
- Take tangible steps to address the country’s humanitarian crisis. In particular, ensure that humanitarian and commercial imports – especially food, fuel and medicine – reach Yemen through all land and seaports and allow their unobstructed transport to all parts of the country.
- Avoid the use of explosive weapons with wide area effects to reduce civilian casualties.

To the international community:

- Ensure parties to the conflict take tangible steps to stop the fighting. There is no military solution to Yemen’s conflict – only a political solution can bring the war to an end and bring about peace in Yemen.
- Ensure parties to the conflict work to enhance humanitarian access by allowing safe passage of humanitarian supplies and personnel and address bureaucratic impediments to aid operations across Yemen, including the opening of Sana’a airport to commercial and humanitarian flights.
- Immediately suspend arms sales and transfers to parties to the conflict where there is a real risk that such weapons will be used to kill or maim civilians and/or damage civilian infrastructure.
- Ensure accountability for grave violations of children’s rights through relevant and appropriate mechanisms, such as the UN Secretary-General’s Special Representative for Children and Armed Conflict (CAAC), and provide support to relevant bodies tasked with pursuing accountability in Yemen, such as the UN Group of Eminent Experts (GEE), to report on violations of children’s rights and hold perpetrators to account.
- Work with national and local authorities to ensure that economic aspects of the crisis are addressed, including that salaries of public servants such as teachers and health workers are paid.

To donors:

- Make a new global commitment to support children’s mental health and wellbeing in emergencies, recognising it as a right for children and their families, and as a life-saving component of the emergency response, as well as longer-term recovery and development.
- Prioritise funding for multiyear, flexible, age- and gender-appropriate mental health and psychosocial support (MHPPS) programming in humanitarian and development contexts, focusing on increasing the capacity of Yemen’s public health systems to meet the mental health and psychosocial needs of children and their families. This includes earmarking funding for trainings and supervision of health workers.
- Ensure MHPPS is integrated into all sectors so that MHPPS is cross-sectoral and considered at all levels of humanitarian programming.
- Engage proactively with parties to the conflict as well as national and local authorities across Yemen to ensure bureaucratic impediments to responding to the humanitarian needs of children and their families are addressed and eliminated.
- In the event of any recalibration of humanitarian assistance in Yemen, ensure that programs that support children’s protection and mental health are considered as life-saving and remain functioning so as to prevent a worsening of the child mental health crisis in Yemen.

To the local and national authorities in Yemen, with the support of donors:

- Update the national mental health strategy and ensure that it is implemented through the development of national and local action plans to ensure sustainability of mental health services. These plans must include specific lines in the health budgets and be followed by an adequate allocation of funding from the donors to support the implementation of government-owned mental health services.
- Work in tandem with local authorities, the UN and INGO partners, national NGOs and Yemeni civil society to address cultural barriers to the implementation of MHPPS programmes and strengthen community cohesion and social support.

To the humanitarian community:

- Advocate for and support age-appropriate multi-layered MHPPS programming. This includes:
 - Supporting the scale up of specialised services, with human rights at its core and in line with the WHO quality rights framework.
 - Promoting and ensuring integrated approaches to MHPPS programming across all sectors, not only through the traditional route of child protection, but also incorporated into education, health, shelter and nutrition programmes, ensuring their accessibility to marginalised groups. Teachers in particular must be trained as implementation agents to broaden children’s access to supportive adults and enhance the role of schools as supportive community resources
 - Advocating for and supporting the implementation of cluster coordination and the reform of the humanitarian architecture to support a meaningfully integrated approach, avoiding duplication and gaps.
- Strengthen field-level technical expertise and coordination on the delivery of MHPPS programmes through:

- Ensuring funding and support for the national health authorities to ensure the implementation of nationally and locally owned mental health services
- Investing in adolescent- and family-led community-based solutions that allow for collective responses to their experiences, including through creating safe communal spaces
- Investing in staff wellbeing, since as frontline MHPSS workers are themselves affected by conflict, and to enable them to better and safely support children and families.
- Ensure that children are safe and secure at home and in the community and address their families' wider vulnerabilities by:
 - Increasing support for demining and mine education activities
 - Supporting the creation of programmes that build skills for creating work and livelihoods more broadly.

Notes

¹ According to Yemen's Country Task Force on Monitoring and Reporting on grave violations of children's rights, from March 2015 to March 2019, more than 7,522 children were verified as killed or maimed since the start of the conflict. See <https://www.unicef.org/yemen/child-protection>

² OCHA (2019), *Yemen Humanitarian Dashboard – January to October 2019*, https://reliefweb.int/sites/reliefweb.int/files/resources/yemen_Humanitarian_dashboard_Jan%20to%20Oct%202019.pdf

³ UNICEF (2019), *Humanitarian Action for Children: Yemen*, <https://www.unicef.org/appeals/files/2020-HAC-Yemen.pdf>

⁴ Save the Children interviewed 629 children (aged 13–17 years) and 627 parents and other adult caregivers.

⁵ Children were especially fearful in Taiz (29%), where 10% of those interviewed had been displaced from areas in the north of the country, where there has been particularly heavy fighting.

⁶ See <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23080&LangID=E>

⁷ See UN Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, 28 March 2017, A/HRC/35/21, <https://www.refworld.org/docid/593947e14.html>; Sana'a Center for Strategic Studies (2016), *Yemen's Obligations to Respect, Protect, and Fulfil the Right to Mental Health: Submission to the UN Universal Periodic Review For Yemen*, http://sanaacenter.org/files/UPR_32nd_Session_2019_en.pdf

⁸ Galea, S., Rockers, P. C., Saydee, G., Macauley, R., Varpilah, S. T., & Kruk, M. E. (2010), *Persistent psychopathology in the wake of civil war: long-term posttraumatic stress disorder in Nimba County, Liberia*, *American Journal of Public Health*, 100(9), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2920997/>

⁹ See https://internationalmedicalcorps.org/wp-content/uploads/2017/07/194-MentalHealth_2011_4P_HQP.pdf

¹⁰ Between 2007 and 2013, less than 1% of international health aid went to mental health (see Mnookin, S., World Bank Group & World Health Organization (2019), *Out of the Shadows: Making Mental Health a Global Development Priority*, https://www.who.int/mental_health/advocacy/wb_background_paper.pdf?ua=1). It is hard to know what the financing gap is for mental health in humanitarian responses as it often comes under the health sector and funding is not earmarked.

¹¹ For example, with the adoption of the 2030 Agenda for Sustainable Development and recent efforts by influential global actors – such as WHO, the Movement for Global Mental Health and the World Bank – mental health is emerging at the international level as a human development imperative. See UN Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, 28 March 2017, A/HRC/35/21, <https://www.refworld.org/docid/593947e14.html>

- ¹² See <https://www.savethechildren.org/us/about-us/media-and-news/2018-press-releases/yemen-85000-children-may-have-died-from-starvation>
- ¹³ Civilian Impact Monitoring Project (CIMP) 2019 Annual Report, p. 1
- ¹⁴ CIMP 2019 Data Drop
- ¹⁵ (CIMP) 2019 Annual Report, p. 1
- ¹⁶ The Armed Conflict Location & Event Data Project (ACLED) 2019 report
- ¹⁷ CIMP 2019 Data Drop
- ¹⁸ CIMP 2019 Annual Report, p. 2
- ¹⁹ CIMP 2019 Data Drop
- ²⁰ OCHA (2018), *Humanitarian Needs Overview 2019: Yemen*, https://reliefweb.int/sites/reliefweb.int/files/resources/2019_Yemen_HNO_FINAL.pdf
- ²¹ OCHA (2018), *Humanitarian Needs Overview 2019: Yemen*, https://reliefweb.int/sites/reliefweb.int/files/resources/2019_Yemen_HNO_FINAL.pdf
- ²² See <https://www.unicef.org/yemen/child-protection>
- ²³ UNDP (2019), *Assessing the Impact of War on Development in Yemen*, <https://www.undp.org/content/dam/yemen/General/Docs/ImpactOfWarOnDevelopmentInYemen.pdf>
- ²⁴ International Medical Corps (2019), *Mental Health and Psychosocial Support Assessment: Needs, services and recommendations to improve the wellbeing of those living through Yemen's humanitarian emergency*, <https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2017/07/IMC-Yemen-2019-MHPSS-Assessment.pdf>
- ²⁵ See <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx> using time period March 2015-March 2020.
- ²⁶ Al-Ammar, F.K. (2018), *Post-Traumatic Stress Disorder among Yemeni Children as a Consequence of the Ongoing War*, https://carpo-bonn.org/wp-content/uploads/2018/03/10_carpo_brief_final.pdf
- ²⁷ International Medical Corps (2019), *Mental Health and Psychosocial Support Assessment: Needs, services and recommendations to improve the wellbeing of those living through Yemen's humanitarian emergency*, <https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2017/07/IMC-Yemen-2019-MHPSS-Assessment.pdf>
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- ²⁹ Charlson, F., van Ommeren, M., Flaxman, A., et al (2019), *New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis*, *The Lancet*, 395(10194), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30934-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext)
- ³⁰ War Child UK (2018), *Reclaiming Dreams – Prioritising the Mental Health and Psychosocial Wellbeing on Children Affected by Conflict*, <http://reclaimingdreams.warchild.org.uk/>
- ³¹ UNHCR (2016) *UNHCR Global Appeal 2016-2017*, <https://www.unhcr.org/en-au/publications/fundraising/564da0e20/unhcr-global-appeal-2016-2017-needs-funding-requirements.html?query=global%20appeal%202016-2017>
- ³² Patel, V., Saxena, S., Lund, C. et al (2018), *The Lancet Commission on global mental health and sustainable development*, *The Lancet* 392(10157), https://www.researchgate.net/publication/328181199_The_Lancet_Commission_on_global_mental_health_and_sustainable_development
- ³³ For youth: The Sterling Children's Wellbeing Scale; The Child and Youth Coping Scale; The Strengths and Difficulties Questionnaire (child report)
For caregivers: The Strengths and Difficulties Questionnaire (caregiver report); Brief Psychological Needs Scale; Perceived Safety Scale
- ³⁴ Sometimes gender was not recorded.
- ³⁵ Sometimes gender was not recorded.
- ³⁶ The Research and Evaluation Ethics Committee is formed of a team of independent consultants, providing rigorous, impartial reviews of Save the Children's work. Chaired by Dr Ian Byford, the committee – a pool of research and evaluation experts from around the world – reviews our work when needed.
- ³⁷ Center on the Developing Child, Harvard University <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>; Shonkoff, J. P. and Gardner, A. S. (2012) *The Lifelong Effects of Early Childhood*

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³⁹ Save the Children (2019), *I Wish Tomorrow Will Not Come: Adolescents and the impact of conflict on their experiences – an exploratory study in Iraq, Egypt, Jordan and Yemen*, https://resourcecentre.savethechildren.net/node/15384/pdf/i_wish_tomorrow_will_not_come.pdf

⁴⁰ See https://www.who.int/mental_health/emergencies/problem_management_plus/en/

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⁴³ Ibid.

⁴⁴ See: <https://resourcecentre.savethechildren.net/library/heart-healing-and-education-through-arts>

⁴⁵ See <https://resourcecentre.savethechildren.net/library/childrens-resilience-programme-psychosocial-support-and-out-schools>

⁴⁶ See <https://resourcecentre.savethechildren.net/library/save-children-psychological-first-aid-training-manual-child-practitioners>