

## **Mental Health Care Interventions Ensuring Child and Adolescent Psychosocial Health and Wellbeing in War and Conflict Zones Using Multisectoral Collaboration**

**Team members:** Susan Dara, Cameron Lindley Murray, Roshni Raj, Chelsea Prudent, Christina Brianna Brown

### **Abstract**

Children in war and conflict zones and refugees face a great burden of mental illness; more than 7 million are at risk for developing severe mental illness and over 24 million require mental health support. (1) While mental health strategies exist for higher-income areas, the efficacy of these strategies and specific interventions for these refugee children from conflict zones in low and middle-income countries (LMIC) have been studied sparsely. This review aims to identify and assess various tactical implementation models on the national and subnational level focusing on children's mental and physical health in conflict zones. It will delve into the roles, specific interventions, governance structures and financing, as well as organizations used to implement these strategies on the ground level.

A search was conducted in March 2021 using PubMed, Google Scholar, the WHO, UNICEF, Pew Research Center and GREY literature for scientific, medical anthropology and social behavior publications for implementing intervention strategies. Results show varying degrees of multi-sectoral collaborations in countries such as the Central African Republic and Sierra Leone that led to improved reintegration for child soldiers. Both countries focused on the immediate needs for children (food, water, shelter, etc) as well as programs to help give them opportunities for education and later employment. They not only gained help from international organizations, but also made sure to utilize local community members to aid in monitoring and providing for children on the ground level. Contrarily, each had their own downfalls in distributing equal access to all former child soldiers. Sierra Leone's implementation included governmental, non-governmental, international, and local communities and organizations in order to produce multiple groups that worked together to gather and distribute resources from the national to ground level. Each group being filled in by members in different sectors aided in minimizing biases in policies, while assigning liaisons to work with each group helped maximize efficiency in translating these new policies into action.

On the other hand, many of these policies and further resources indirectly discriminated against female soldiers, making it harder for many of them to participate in the DDR program and post-integration programs. The Central African Republic worked with organizations such as Plan International and aimed to provide children in conflict zones access to educational and vocational training. However due to their nation being very poor and undeveloped, many of these children weren't able to access these resources. Using these countries' approaches and outcomes, as well as papers focusing on other mental health interventions for people in conflict areas, a proposed intervention that includes physical and mental health is suggested. This intervention includes ideas for providing shelter, education, work, and mental health care to children during the reintegration process. It also acknowledges and proposes possible solutions for countries with lack of access to finances and other of these resources.