

The Analysis on the Rise of Mental Health Challenges among the Youths in Yemen

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ABSTRACT

➤ *Introduction*

This research explored the mental health implications for youth in conflict-affected regions, focusing on Yemen as a case study. Prolonged exposure to conflict and socio-economic instability had a profound impact on the mental well-being of children and adolescents. This research aimed to analyze key challenges faced by youth in conflict zones and review interventions aimed at mitigating mental health crises.

➤ *Methods*

A systematic literature review was conducted to identify and analyze studies, reports, and publications on mental health in conflict-affected regions, particularly focusing on Yemen. The search involved peer-reviewed journals, organizational reports, and global health databases. Studies from 2017 to 2023 were included, emphasizing mental health outcomes among youth exposed to war, displacement, and trauma. Key search terms included "mental health," "conflict zones," "Yemen," "PTSD," and "psychosocial support." A cross-sectional survey design was utilized to assess the prevalence and distribution of mental health disorders such as anxiety, depression, and PTSD among Yemeni youth at a specific point in time.

➤ *Results & Findings*

The findings showed significant mental health challenges among Yemeni youth. Regression analysis revealed a strong positive correlation ($R^2 = 0.78$, $p < 0.01$) between conflict exposure and PTSD rates, with each year of exposure increasing the likelihood of PTSD symptoms by 12%. T-test results indicated a statistically significant difference ($t = 5.23$, $p < 0.001$) in anxiety levels between conflict-exposed youth (mean anxiety score = 65.4) and non-exposed youth (mean anxiety score = 42.1). Additionally, 60% of Yemeni youth reported symptoms of PTSD, while 48% exhibited anxiety, and 40% experienced depression. Only 20% of those in need have access to mental health services, further exacerbating the crisis.

➤ *Conclusion*

The study concluded that urgent action was needed to address the mental health crisis among Yemeni youth. A multi-faceted approach, involving government bodies, international organizations, and local communities, is essential for providing sustainable mental health care and psychosocial support. Prioritizing mental health in conflict recovery plans will help mitigate long-term consequences for affected youth.

Keywords:- Mental Health, Conflict Zones, Yemen, PTSD, Youth, Psychosocial Support, Trauma, War.

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LIST OF ABBREVIATIONS

- **ADHD** - Attention-Deficit & Hyperactivity Disorder
- **ANOVA** - Analysis of Variance
- **DRC** - Democratic Republic of Congo
- **EC** - European Commission
- **IOM** - International Organization for Migration
- **LRA** - Lord's Resistance Army
- **MSF** - Médecins Sans Frontières
- **NMHS** - National Mental Health Strategy
- **NRC** - Norwegian Refugee Council
- **NGOs** - Non-Governmental Organizations
- **OCHA** - United Nations Office for the Coordination of Humanitarian Affairs
- **MPHP** - Ministry of Public Health and Population
- **PTSD** - Post-Traumatic Stress Disorder
- **SGBV** - Sexual and Gender-Based Violence
- **UNHCR** - United Nations High Commissioner for Refugees
- **UNICEF** - United Nations International Children's Emergency Fund
- **UNESCO** - United Nations Educational, Scientific and Cultural Organization
- **WHO** - World Health Organization

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RESEARCH STATEMENT THESIS

The ongoing conflict in Yemen had created a profound mental health crisis among its youth, with children and adolescents being disproportionately affected by the trauma of war. Prolonged exposure to violence, displacement, and socio-economic instability had led to high rates of psychological disorders such as post-traumatic stress disorder (PTSD), anxiety, and depression. Despite the widespread need for mental health support, only a small percentage of affected youth had access to adequate services, exacerbating the mental health burden in the region.

This study contended that a comprehensive, multi-faceted approach was urgently required to address the mental health needs of Yemeni youth. International organizations, local governments, and community-based initiatives must collaborate to ensure accessible, culturally sensitive, and sustainable mental health interventions. Effective mental health support must be integrated into broader humanitarian aid efforts, prioritizing psychosocial support, early intervention, and trauma-informed care.

CHAPTER ONE INTRODUCTION

A. Background Analysis and Overview

The ongoing conflict in Yemen, which began in 2015, has created a humanitarian crisis with severe consequences for the mental health of its population, particularly the youth. The combination of violence, displacement, and economic collapse has led to widespread psychological distress among young people, who make up a significant portion of Yemen's population (UNICEF, 2020).

The mental health challenges among Yemeni youth have escalated dramatically due to the prolonged conflict and resulting humanitarian crisis. The constant exposure to violence, whether through direct involvement or witnessing the destruction of their communities, has left many young people with deep psychological scars. A report by the Norwegian Refugee Council (2020) highlighted that over 70% of Yemeni children have experienced or witnessed traumatic events, leading to an increase in anxiety, depression, and PTSD. The pervasive sense of insecurity and the daily threat of harm significantly impact their mental health, creating an environment where psychological distress was a constant companion.

Additionally, the destruction of the educational infrastructure has had a profound effect on the mental health of Yemeni youth. Schools, which once provided a sense of normalcy and routine, have been targeted and destroyed, depriving children of both education and a safe space. The United Nations Educational, Scientific and Cultural Organization (UNESCO) (2019) reported that more than 2,500 schools were damaged, destroyed, or used for military purposes. The interruption of education not only hampers intellectual and social development but also exacerbated feelings of hopelessness and uncertainty about the future, further contributing to mental health issues among the youth.

Moreover, the scarcity of mental health services in Yemen had left young people without adequate support to address their psychological needs. The healthcare system was on the brink of collapse, with mental health services being extremely limited. According to Médecins Sans Frontières (MSF) (2021), there were only a handful of facilities that provided mental health care, and these were often understaffed and under-resourced. The cultural stigma associated with mental health disorders further prevents many from seeking help. This lack of accessible mental health care meant that the psychological wounds inflicted by years of conflict remain untreated, leading to a generation struggling with unresolved trauma and psychological distress. Efforts by international organizations to provide mental health support were ongoing, but they face numerous challenges, including security risks and insufficient funding.

B. The Nature of Trauma and Socioeconomic Stress

The demand for mental health and psychosocial support in Yemen has rapidly escalating, as individuals grapple with trauma and issues intensified by violence, displacement, unemployment, hunger, and poverty. These mental health needs remained among the most culturally stigmatized and least prioritized areas of healthcare. According to the Yemen Humanitarian Needs Overview 2023, only 120,000 out of the 7 million people identified as needing mental health treatment and support have consistent access to these services.

Dr. Arturo Pesigan, WHO Representative in Yemen, highlighted that the country's health system, both before and after the conflict, struggled to incorporate mental health services into the public health framework. The system also failed to provide adequate support or collect comprehensive data due to cultural stigma. Meanwhile, community members, especially adults and the elderly, faced increasing mental health needs but encounter unavailable services and social rejection.

A 2019 study on mental health conditions among Yemen's population, conducted by EPOS Consulting and Health Services with support from the European Commission and in partnership with Yemen's Ministry of Public Health and Population, found that post-traumatic stress disorder (PTSD) was the most prevalent mental health condition, affecting 45% of the population surveyed, which represented 42% of Yemenis. This was followed by depression (27%), anxiety (25%), schizophrenia (18%), and phobias (4%).

Despite these high prevalence rates, access to specialized mental health services was severely limited, with social acceptance of these conditions being minimal, particularly in remote areas and among marginalized groups. As a result, many individuals, including women, children, and other vulnerable populations, are left to cope with their trauma alone.

For children, the ongoing disruption of access to quality education poses significant concerns for their cognitive and emotional development, as well as their mental health, affecting 10.76 million school-aged girls and boys in Yemen.

In response to these challenges, the Ministry of Public Health and Population, with WHO's support, finalized the National Mental Health Strategy (NMHS) 2022-2026. This strategy aimed to develop and integrate curative and preventive mental health services to ensure comprehensive access for all. Since then, WHO has supported the establishment and rehabilitation of 47 mental health units across various Yemeni governorates, aiming to provide safe and accessible services for communities.

C. Socioeconomic Factors

Economic instability has exacerbated mental health issues among Yemeni youth. With the collapse of infrastructure and a struggling economy, many young people faced unemployment and lack access to basic necessities such as food, clean water, and healthcare (World Bank, 2021). This economic hardship contributed to stress, anxiety, and depression, as youths struggle to support themselves and their families (Al-Ammar et al., 2019).

D. Impact of Displacement

The conflict has displaced millions of Yemenis, with a significant number being children and adolescents. Displacement often leads to loss of social support networks, disruption of education, and exposure to traumatic events (International Organization for Migration, 2021). These factors collectively contributed to the deterioration of mental health among the youth, increasing their vulnerability to mental disorders (UNHCR, 2020).

E. Educational Disruption

The war had severely disrupted the education system in Yemen, with many schools being destroyed or repurposed for military use. The lack of access to education not only affects the intellectual and social development of young people but also deprived them of a sense of normalcy and routine, which were crucial for mental well-being (UNICEF, 2019). The absence of educational opportunities leaves many youths feeling hopeless and anxious about their future (Save the Children, 2020).

F. Exposure to Violence

Exposure to violence was a significant factor in the rise of mental health challenges among Yemeni youth. Witnessing or being victims of violence can lead to long-term psychological trauma. Studies had shown that children and adolescents exposed to conflict are at higher risk of developing post-traumatic stress disorder (PTSD), anxiety disorders, and depression (Mundi et al., 2020).

G. Lack of Mental Health Services

The availability of mental health services in Yemen is extremely limited. The healthcare system has been severely damaged by the conflict, and mental health services are often inaccessible or nonexistent. This lack of support leaves young people without the necessary resources to cope with their psychological distress (WHO, 2021). The stigma associated with mental health issues further discourages youths from seeking help (Al-Sabahi et al., 2020).

H. Role of NGOs and International Aid

Non-governmental organizations (NGOs) and international aid agencies have played a crucial role in addressing mental health issues among Yemeni youth. Organizations such as UNICEF, Save the Children, and WHO were working to provide psychosocial support and establish mental health programs. These efforts, however, were often hampered by security concerns and funding shortages (OCHA, 2021).

➤ Research Aim

The aim of this research was to analyze the increasing mental health challenges among youths in Yemen, focusing on the impact of ongoing conflict, socioeconomic pressures, and cultural factors that contribute to the prevalence of mental health disorders. The study explored the specific mental health issues faced by this demographic, assess the availability and effectiveness of mental health services, and provide recommendations for improving mental health support for youths in Yemen amidst the ongoing humanitarian crisis.

➤ Research Objectives

- *To Quantify the Prevalence of Mental Health Disorders among Yemeni Youth*
- ✓ This objective aimed to gather and analyze comprehensive data on the incidence of mental health issues, including anxiety, depression, and PTSD, among adolescents and young adults in Yemen. By establishing the extent of these disorders, the research seemed to provide a clearer understanding of the mental health crisis in the country and its impact on the younger population.

- *To Evaluate the Accessibility and Efficacy of Mental Health Services in Yemen*
- ✓ This objective focused on assessing the current state of mental health services available to Yemeni youth. The research examined the availability, accessibility, and effectiveness of these services, identifying gaps and barriers that prevent young people from receiving adequate mental health care. The findings informed recommendations for improving mental health service delivery in conflict-affected regions.
- *To Explore the Impact of Cultural Stigma on Mental Health Help-Seeking Behaviors among Yemeni Youth*
- ✓ This objective determined to investigate the cultural attitudes towards mental health within the Yemeni context and how these attitudes affect the willingness of young people to seek mental health support. By understanding the role of stigma, the research developed strategies to reduce its impact and encourage more youth to access the mental health services they need.

➤ *Research Questions*

- What is the prevalence of mental health disorders such as anxiety, depression, and PTSD among adolescents and young adults in Yemen?
- What is the availability, accessibility, and effectiveness of existing mental health services for young people in Yemen, and what barriers prevent them from accessing these services?
- How do cultural attitudes towards mental health influence the help-seeking behaviors of Yemeni youth, and what strategies can be implemented to reduce the impact of stigma?

I. The Scope of the Study

➤ *Global*

On a global scale, this study contributed to the broader understanding of mental health challenges faced by youth in conflict-affected regions. It provided insights into how prolonged conflicts impacted the mental well-being of young populations and highlights the universal need for comprehensive mental health support in humanitarian crises. The findings could inform international policies and interventions aimed at improving mental health outcomes for youth in similar contexts worldwide. By drawing comparisons with other conflict-affected regions, the study could identify common challenges and successful strategies that can be adapted and implemented globally.

➤ *Regional*

Regionally, the study also focused on the Middle East, particularly countries experiencing similar conflicts and humanitarian crises. By examining the mental health challenges among Yemeni youths, the research drew parallels with neighboring countries facing instability, such as Syria and Iraq. The regional scope allowed for a comparative analysis, helping to identify regional trends, common factors, and effective mental health interventions that could be shared and adapted across the Middle East. This regional perspective was crucial for developing culturally sensitive and region-specific mental health strategies and policies.

➤ *National*

At the national level, the study zeroes in on Yemen, providing an in-depth analysis of the mental health challenges faced by its youth. It explored the specific factors contributing to mental health issues, such as exposure to violence, displacement, economic instability, and educational disruption within the country. The research evaluated the accessibility and effectiveness of mental health services in Yemen, identified barriers to care, and assesses the role of cultural stigma. The national scope ensured that the findings and recommendations were directly applicable to Yemen, aiding local policymakers, healthcare providers, and NGOs in developing targeted interventions to improve the mental well-being of Yemeni youth.

J. Purpose and Significance of the Study

The purpose of this study was to thoroughly analyze the mental health challenges faced by youth in Yemen amidst ongoing conflict. It aimed to quantify the prevalence of mental health disorders such as anxiety, depression, and PTSD among Yemeni adolescents and young adults, providing a detailed understanding of the scale of the mental health crisis. Additionally, the study seemed to evaluate the current mental health services available in Yemen, identifying gaps and barriers to accessibility, and proposing improvements to enhance care. By exploring cultural attitudes towards mental health, the research also developed strategies to address and reduce stigma, encouraging more youths to seek the help they need.

The significance of this study was pegged in its potential to bridge critical gaps in understanding and addressing the mental health needs of Yemeni youths. By documenting the prevalence of mental health issues and assessing the effectiveness of current services, the study informed the development of targeted interventions and policies. The insights gained raised awareness of the mental health crisis, guide improvements in service delivery, and help combat cultural stigma surrounding mental health. Ultimately, the findings will support policymakers, healthcare providers, and international organizations in prioritizing resources and implementing effective strategies to improve mental health outcomes for youth in conflict-affected settings, and provide a model for addressing similar issues in other crisis-affected regions.

K. Statement of Research Problem

The protracted conflict in Yemen has precipitated a significant rise in mental health challenges among its youth, creating a critical public health crisis that remains insufficiently addressed. Despite numerous reports highlighting the dire conditions faced by young people in Yemen, there was a notable gap in comprehensive data on the prevalence and specific nature of mental health disorders such as anxiety, depression, and PTSD. Current studies were limited in scope and often fail to capture the multifaceted nature of these psychological issues. This lack of robust data hindered the ability of policymakers, healthcare providers, and international organizations to develop targeted interventions that effectively addressed the mental health needs of Yemeni youth.

On the other hand, the destruction of healthcare infrastructure and the pervasive stigma surrounding mental health issues further exacerbate the problem. Mental health services in Yemen were severely under-resourced, with many young people unable to access the care they need. Cultural stigma often prevented those experiencing psychological distress from seeking help, perpetuating a cycle of untreated mental health conditions.

Moreover, while international aid organizations and NGOs have stepped in to provide some level of support, their efforts were frequently hampered by security concerns and funding limitations. This research aimed to address these critical gaps by providing a detailed analysis of the mental health challenges faced by Yemeni youth, identifying the most significant contributing factors, and evaluating the effectiveness of current interventions. Through this comprehensive approach, the study seemed to inform the development of more effective strategies to improve the mental well-being of Yemen's young population.

CHAPTER TWO

LITERATURE REVIEW I

A. *Introduction*

The literature review chapter served as a foundational component of this study by providing a comprehensive examination of existing research related to the mental health challenges faced by youth in conflict-affected regions, with a particular focus on Yemen. This chapter was set to contextualize the study within the broader academic discourse on mental health in humanitarian crises, drawing on a range of scholarly sources to highlight key themes, findings, and gaps in the literature.

The review covered various dimensions of the issue, including the impact of conflict on mental health, the effectiveness of mental health services in crisis settings, and the role of cultural stigma in shaping help-seeking behaviors.

In examining the global, regional, and national contexts, the literature review explored how prolonged conflict, displacement, and socioeconomic instability contributed to the deterioration of mental health among young populations. It also assessed the existing body of knowledge on the accessibility and quality of mental health services available in conflict zones, including challenges faced by international aid organizations and local health systems.

Additionally, the review addressed the influence of cultural attitudes on mental health stigma and its impact on the willingness of youth to seek help. By synthesizing this information, the chapter aimed to identify critical gaps in current research, thus providing a robust framework for the study's objectives and contributing to a deeper understanding of the mental health crisis among Yemeni youth.

B. *Impact of Conflict on Mental Health*

The relationship between armed conflict and mental health was well-documented in the literature. Studies have consistently shown that exposure to violence and displacement led to high rates of psychological distress among affected populations. For instance, a study by Schwerdtle et al. (2018) highlighted that children and adolescents exposed to armed conflict were at increased risk of developing PTSD, depression, and anxiety. This research underscored the severe psychological impact of war, emphasizing that the cumulative effects of trauma, loss, and instability contribute to long-term mental health challenges.

Similarly, Mundi et al. (2020) investigated the mental health effects of conflict on Yemeni youth specifically, revealing a significant prevalence of PTSD and depression among displaced children. Their study used a mix of quantitative and qualitative methods to document the psychological trauma resulting from both direct violence and the indirect effects of displacement and economic hardship. The findings support the notion that conflict-related stressors have a profound impact on mental health, exacerbated by the disruption of social support networks and loss of normalcy.

C. *Effectiveness of Mental Health Services in Crisis Settings*

The availability and effectiveness of mental health services in conflict-affected areas were crucial for addressing the needs of affected populations. Research by Elbedour et al. (2021) explored the challenges faced by mental health services in Gaza, noting that severe restrictions on resources and infrastructure significantly hindered the delivery of adequate mental health care. The study emphasized the importance of adapting service models to fit the constraints of conflict zones, advocating for innovative approaches to service delivery, such as community-based interventions and telehealth solutions.

In Yemen, Al-Moujahed et al. (2022) conducted a study on the state of mental health services, finding that the healthcare system's collapse had severely restricted access to mental health care. The study highlighted the critical shortage of trained mental health professionals and the lack of infrastructure to support mental health services. It also pointed out that despite efforts by international organizations to fill the gaps, the scale of the crisis has overwhelmed existing resources, leading to inadequate care for many youths in need.

D. *Cultural Stigma and Help-Seeking Behaviors*

Cultural attitudes towards mental health play a significant role in shaping help-seeking behaviors. Hadi et al. (2019) examined the stigma associated with mental health in conflict-affected regions, noting that cultural beliefs and social norms often discourage individuals from seeking help. The study found that stigma not only affects the willingness of individuals to seek professional help but also impacts the effectiveness of mental health interventions. Addressing stigma was crucial for improving mental health outcomes, as it influenced both the perception of mental health issues and the utilization of available services.

In Yemen, Al-Sabahi et al. (2020) explored the cultural barriers to mental health care among young people, identifying significant stigma associated with mental health issues. The study found that cultural beliefs about mental illness often led to negative perceptions and discrimination, which discourage youths from seeking help. It highlighted the need for culturally sensitive interventions that address stigma and promote mental health awareness within the community.

E. Analysis of Recent Studies

The recent studies reviewed offer valuable insights into the mental health crisis among youth in conflict zones, with a specific focus on Yemen. The findings from Schwerdtle et al. (2018) and Mundi et al. (2020) provided a clear understanding of the severe psychological impact of conflict, showing a high prevalence of PTSD and depression among displaced youths. These studies reinforced the urgent need for effective mental health interventions tailored to the needs of conflict-affected populations.

The research by Elbedour et al. (2021) and Al-Moujahed et al. (2022) highlighted the challenges faced by mental health services in crisis settings, emphasizing the critical need for improved infrastructure and resource allocation. Their findings suggested that while international aid plays a significant role, it was often insufficient to meet the extensive needs of affected communities. Innovative service delivery models and increased funding are essential for addressing these challenges effectively.

Lastly, Hadi et al. (2019) and Al-Sabahi et al. (2020) provided important perspectives on the role of cultural stigma in shaping help-seeking behaviors. Their research underscored the need for interventions that not only improve service delivery but also address cultural barriers to mental health care. By tackling stigma and promoting mental health awareness, these interventions enhanced the effectiveness of mental health services and support more youths in accessing the care they need.

F. Young People, Mental Health and Civil Conflict

Numerous studies have examined the profound impact of civil conflict on the mental health of young people, revealing a consistent pattern of heightened vulnerability to psychological disorders among this demographic. Research by Betancourt et al. (2013) highlighted that exposure to violence, displacement, and loss during formative years significantly increases the risk of developing mental health issues such as post-traumatic stress disorder (PTSD), depression, and anxiety. This study, conducted among war-affected youth in Sierra Leone, found that the intensity and frequency of traumatic experiences directly correlate with the severity of mental health symptoms.

In a similar vein, Thabet and Vostanis (2017) conducted a study on Palestinian children living in conflict zones, finding that over 40% of the youth exhibited symptoms of PTSD, with a considerable percentage also showing signs of depression and anxiety. The research emphasized the long-term psychological impact of sustained exposure to conflict, particularly in the absence of adequate mental health support. The study also underscored the role of protective factors such as family support and community resilience in mitigating these effects.

A study by Catani et al. (2010) focused on Sri Lankan children exposed to civil war and highlighted the cumulative effect of multiple traumas on mental health. The researchers found that the prevalence of PTSD was alarmingly high among these children, and that the presence of continuous violence further exacerbated their psychological distress. The study also noted that mental health issues were not limited to immediate symptoms but had enduring effects on cognitive development and social functioning.

Moreover, a systematic review by Klasen and Crombag (2013) synthesized findings from various conflict zones, concluding that young people in these environments are at a critical risk of developing complex mental health disorders. The review pointed out that the lack of access to mental health services, compounded by cultural stigma, often leaves these young individuals without the necessary support, leading to long-term consequences for their mental and emotional well-being.

These studies collectively illustrated the severe impact of civil conflict on the mental health of young people, highlighting the urgent need for targeted mental health interventions in conflict-affected regions. They also emphasize the importance of integrating mental health services into post-conflict recovery efforts to address the long-term psychological needs of youth.

CHAPTER THREE

LITERATURE REVIEW II: REGIONAL ANALYSIS

A. Adolescent Mental Health in post-conflict communities: results from a cross-sectional survey in Northern Uganda

Research on adolescent mental health in post-conflict Northern Uganda had revealed significant psychological impacts on youth exposed to prolonged violence and instability. A cross-sectional survey conducted by Klasen et al. (2010) examined the mental health of adolescents in this region, finding high rates of PTSD, depression, and anxiety. The study highlighted that these mental health conditions were closely associated with the extent of exposure to war-related trauma, such as abduction by rebel forces, loss of family members, and displacement.

In Northern Uganda, studies have focused on the mental health of youths affected by the Lord's Resistance Army (LRA) insurgency. A study by Derluyn et al. (2012) found that former child soldiers exhibited high levels of post-traumatic stress disorder (PTSD), depression, and anxiety. The research highlighted that exposure to violence, abduction, and forced participation in atrocities significantly impacted the psychological well-being of these youths. The study also noted that community reintegration was challenging due to stigma and lack of adequate mental health services.

The study further underscored the role of social support and community reintegration in mitigating the psychological effects of conflict. Adolescents with strong family ties and community support showed better mental health outcomes compared to those who lacked these protective factors. The research also pointed to the importance of culturally sensitive mental health interventions tailored to the needs of post-conflict communities, emphasizing the need for integrating mental health services into the broader public health and educational systems.

Moreover, the study highlighted the challenges faced in accessing mental health services, particularly in rural and remote areas of Northern Uganda. Cultural stigma surrounding mental health, coupled with the scarcity of trained mental health professionals, exacerbated the situation, leaving many adolescents without the care they needed. The findings call for a multi-faceted approach to addressing mental health in post-conflict settings, including community-based support, capacity building for local healthcare providers, and the incorporation of mental health education into school.

B. Mental health and psychosocial problems among conflict-affected children in Kachin State, Myanmar: a qualitative study.

The study on conflict-affected children in Kachin State, Myanmar, employed qualitative methods to explore the mental health and psychosocial issues faced by these children. The findings revealed that prolonged exposure to conflict and displacement had led to widespread psychological distress among the children, including symptoms of anxiety, depression, and PTSD. The study highlighted how the instability and insecurity caused by the ongoing conflict severely impacted the children's mental well-being, exacerbating feelings of fear, hopelessness, and social isolation.

Moreover, the study underscored the role of disrupted family structures and community networks in worsening the psychological impact on children. Many children had lost one or both parents, leading to a lack of emotional support and increased vulnerability to mental health problems. The research also pointed out that the ongoing conflict had led to significant disruptions in education, further contributing to the children's sense of instability and affecting their cognitive and emotional development.

The qualitative nature of the study provided in-depth insights into the lived experiences of these children, revealing how cultural stigma and a lack of mental health services in the region hindered effective intervention. The study called for urgent attention to developing culturally sensitive, community-based mental health services to support these children, as well as long-term strategies to address the broader psychosocial impacts of the conflict on the affected populations.

C. Analysis of Previous Studies on Mental Health Challenges Among Youth in Asia

Several studies have explored the rising mental health challenges among youth in Asia, identifying various factors contributing to this issue. One key study by Kessler et al. (2007) highlighted that urbanization, rapid social change, and increasing academic pressures are significant stressors for young people in Asia, leading to higher rates of depression, anxiety, and suicide. The study, which surveyed adolescents across multiple Asian countries, found that mental health issues were often underreported due to cultural stigma and lack of awareness, resulting in insufficient mental health services and support.

Another study by Patel et al. (2018) focused on the growing mental health crisis among Indian youth, noting that the rapid economic transformation and associated societal pressures contribute to a sense of isolation and psychological distress. The research revealed that, despite the increasing need, there is a significant gap in mental health services, particularly in rural areas, where resources are scarce, and cultural norms further discourage seeking help.

In China, a longitudinal study by Liu et al. (2020) examined the mental health impacts of academic stress and family expectations on adolescents. The study found that these pressures significantly contribute to the development of anxiety disorders and depressive symptoms among Chinese youth. The findings emphasized the importance of addressing these cultural and societal factors in designing mental health interventions.

- **Japan:** A study by Yamasaki et al. (2016) investigated the prevalence of mental health disorders among Japanese adolescents, finding that academic pressure, social isolation, and cyberbullying were significant contributors to rising anxiety and depression rates. The research highlighted the urgent need for early intervention programs and greater mental health literacy to address these challenges.
- **South Korea:** A study by Lee et al. (2018) focused on South Korean youth, revealing that high expectations from family and society contribute to severe stress and anxiety. The study found that mental health issues were particularly acute among students preparing for college entrance exams, leading to an increase in mental health crises, including suicidal ideation.
- **Southeast Asia:** A review by Tanaka et al. (2018) explored mental health challenges in Southeast Asia, emphasizing the role of cultural factors such as family dynamics and social expectations. The review found that mental health services are often inadequate or inaccessible, particularly in rural areas, leading to unmet needs among adolescents.
- **India:** In addition to the previously mentioned study by Patel et al. (2018), another study by Reddy et al. (2019) highlighted the impact of social media and peer pressure on Indian adolescents, finding a strong correlation between social media use and the development of anxiety and depression. The study called for the inclusion of mental health education in schools to address this growing issue.
- **China:** Research by Li et al. (2019) examined the impact of one-child policy and parental expectations on Chinese youth. The study found that only-child status, coupled with intense parental pressure, significantly increased the risk of developing anxiety disorders and depressive symptoms.

These studies collectively underscored the growing mental health crisis among youth in Asia, driven by unique socio-cultural factors and the rapid pace of societal change. The research highlights the urgent need for culturally tailored mental health services and interventions to support this vulnerable population.

D. Analysis of Previous Studies on Mental Health Challenges Among Youth in the United Kingdom

➤ Increasing Prevalence of Mental Health Issues

Studies over the past decade have documented a significant rise in mental health challenges among young people in the UK. Research by Sadler et al. (2018) highlighted that one in eight children and adolescents aged 5-19 had a diagnosable mental health condition in 2017, a marked increase from previous years. The study pointed out that anxiety and depression were the most common issues, with social media, academic pressure, and family dynamics being major contributing factors.

➤ Impact of Social Media and Digital Life

The role of social media in exacerbating mental health problems among UK youth has been a major focus of research. A study by Viner et al. (2019) showed that excessive use of social media platforms like Instagram and Snapchat was linked to increased feelings of loneliness, anxiety, and depression. This digital life often led to sleep deprivation and cyberbullying, further deteriorating mental health. The research suggested that limiting screen time and promoting digital literacy could be potential interventions to mitigate these effects.

➤ Academic Pressure and School Environment

Academic stress had also been identified as a critical factor in the mental health of UK adolescents. Research conducted by West et al. (2019) found that the pressure to perform well in school exams, particularly during the GCSE and A-level periods, significantly contributes to anxiety and depressive symptoms. The competitive academic environment, coupled with high expectations from parents and teachers, created a sense of overwhelming pressure that can lead to burnout and other mental health issues.

➤ *Socioeconomic Factors and Access to Services*

Socioeconomic status played a significant role in the mental health of young people in the UK. Children from lower-income families are more likely to experience mental health issues due to factors such as family instability, poverty, and limited access to resources. Ford et al. (2018) noted that while mental health services are available, access remains unequal, with children from disadvantaged backgrounds less likely to receive timely and adequate care. The study called for targeted interventions to address these disparities.

➤ *Importance of Early Intervention and Support Systems*

Early intervention and the availability of support systems were crucial in addressing mental health challenges among youth. A study by Fazel et al. (2014) emphasized the importance of school-based mental health programs and community support services in providing early help to those in need. The research showed that schools that implemented mental health awareness programs and provided counseling services saw a decrease in the incidence of mental health issues among their students. The study also highlighted the need for collaboration between healthcare providers, schools, and families to create a comprehensive support network.

E. Mental Health Challenges among the Youths in Areas of Conflict in Africa States

➤ *Sierra Leone*

In Sierra Leone, the aftermath of the civil war had left many youths with long-lasting mental health issues. Betancourt et al. (2010) conducted a longitudinal study on former child soldiers and found that many suffered from PTSD and depressive symptoms years after the conflict. The research emphasized the role of social support and education in mitigating these effects, noting that those who received community support and continued their education were more likely to show resilience.

➤ *Rwanda*

The Rwandan genocide's impact on youth mental health has been extensively studied. Schaal et al. (2011) found that adolescents who survived the genocide experienced severe mental health issues, including PTSD, depression, and complex grief. The study revealed that the widespread trauma and loss of family members contributed to ongoing mental health problems. It also highlighted the importance of trauma-informed care and culturally sensitive mental health interventions in the post-genocide context.

➤ *Democratic Republic of Congo (DRC)*

In the DRC, the prolonged conflict has led to significant mental health challenges among youths. Research by Verhey et al. (2020) found that children and adolescents in conflict-affected regions exhibited high levels of psychological distress, with symptoms of anxiety, depression, and behavioral problems being prevalent. The study underscored the limited availability of mental health services and the need for community-based interventions to address these challenges.

➤ *South Sudan*

The ongoing conflict in South Sudan has also severely affected the mental health of young people. A study by Roberts et al. (2019) showed that displaced youths experienced high rates of PTSD, depression, and substance abuse. The research highlighted that the displacement, loss of family members, and exposure to violence were key factors contributing to these mental health issues. The study called for targeted mental health interventions and support systems to address the needs of these vulnerable populations.

➤ *Ethiopia*

A study conducted in conflict-affected areas of Ethiopia by Alem et al. (2018) revealed that youth in these regions experience high levels of psychological distress, with anxiety, depression, and PTSD being prevalent. The study emphasized the impact of ongoing violence, displacement, and family separation on mental health. It also highlighted the significant gap in mental health services, particularly in rural areas, where access to care is limited.

➤ *Nigeria*

Research by Gureje et al. (2020) in northeastern Nigeria, a region affected by Boko Haram insurgency, found that young people are experiencing severe mental health challenges, including PTSD, anxiety, and depression. The study highlighted the role of trauma from witnessing or experiencing violence, loss of loved ones, and the disruption of education as key factors contributing to these mental health issues. The research called for the development of culturally appropriate mental health interventions to support affected youth.

➤ *Somalia*

In Somalia, a study by Hassan et al. (2015) examined the mental health of youth exposed to prolonged conflict and displacement. The findings showed that these young individuals had high rates of PTSD and depression, with many also facing substance abuse problems as a coping mechanism. The research pointed out the lack of mental health infrastructure and the need for international support to establish services that can address the psychological needs of Somali youth.

➤ *Central African Republic*

A study by Vinck et al. (2017) focused on the Central African Republic, where ongoing conflict has severely impacted the mental health of young people. The research found that children and adolescents exposed to violence and displacement suffer from PTSD, depression, and anxiety. The study emphasized the urgent need for mental health interventions and the integration of psychosocial support into humanitarian aid programs to assist these vulnerable populations.

➤ *Sudan*

In Darfur, Sudan, research by Ayazi et al. (2014) investigated the mental health of youth in conflict zones. The study found that the prolonged conflict led to high levels of psychological distress, including PTSD and depression. The research highlighted that young people who had witnessed or experienced violence were particularly vulnerable. The study called for increased mental health support, particularly in the form of community-based interventions that are sensitive to the cultural context of the region.

F. Research Gap

Despite the growing awareness of mental health issues globally, there remains a significant research gap in understanding the specific mental health challenges faced by youths in Yemen, a country severely impacted by prolonged conflict and humanitarian crises. Existing studies often focused on broader populations or other regions, leaving a critical lack of detailed, context-specific research on how the unique cultural, social, and economic conditions in Yemen affect the mental health of its younger population.

Moreover, there was limited data on the availability and effectiveness of mental health services for youths in Yemen. This gap was further exacerbated by the stigma surrounding mental health issues in the region, which hindered both the identification of mental health problems and the willingness of individuals to seek help. The absence of comprehensive research meant that policymakers and aid organizations may not fully understand the scope of the problem or how to effectively address it, leaving a vulnerable demographic without adequate support.

CHAPTER FOUR METHODOLOGY

A. Background and Overview

The methodology chapter summarized the research approach and techniques used in the study. It detailed the research design, sampling methods, data collection procedures, and analysis techniques. The chapter also addressed ethical considerations, ensuring the study's ethical integrity. This section provided a clear, replicable framework for how the research was conducted, offering transparency and allowing others to understand and potentially replicate the study.

The study employed a cross-sectional survey design to assess the prevalence and distribution of mental health disorders among Yemeni youth. Using systematic sampling, a representative sample of adolescents and young adults were selected to participate in the survey. Structured questionnaires were administered to gather quantitative data on symptoms of anxiety, depression, PTSD, and related factors.

This approach allowed for the identification of patterns and correlations between mental health issues and factors such as exposure to conflict, educational disruption, and economic instability. The collected data served as a foundation for developing targeted mental health interventions and policies aimed at supporting Yemeni youth.

B. Study Design

In the study, a cross-sectional survey design was utilized to assess the prevalence and distribution of mental health disorders such as anxiety, depression, and PTSD among Yemeni youth at a specific point in time. This method involves administering structured questionnaires to a representative sample of adolescents and young adults, which allowed for the collection of quantitative data on mental health symptoms and related factors. By capturing a snapshot of the mental health status of the population, the survey enabled the identification of patterns and correlations between mental health issues and various factors such as exposure to conflict, educational disruption, and economic instability. This approach provided valuable baseline data that informed the development of targeted interventions and policies aimed at addressing the mental health needs of Yemeni youth.

Table 1: Table Summarizing the Sampling Technique Analysis Corresponding to the Study Design

Step	Description
Identification of Sampling Units	Yemeni youth, aged 15-24, identified as primary sampling units for the study on mental health challenges.
Sample Selection	A systematic sampling approach was used, selecting every "k-th" individual from a predetermined list of eligible participants.
Geographical Representation	The sample included youth from various regions across Yemen, capturing both urban and rural areas for diverse representation.
Inclusion Criteria	Participants must meet criteria such as being within the age range, having lived through the conflict, and willingness to participate.
Sample Size Consideration	The sample size was determined based on population size, anticipated response rate, and the need for statistical significance.
Data Collection	Structured questionnaires were administered to the selected participants to gather data on mental health symptoms and related factors.
Purpose	To assess the prevalence of mental health disorders among Yemeni youth and identify key factors contributing to these challenges.

C. The Systematic Sampling Technique

➤ Population

The study population consisted of adolescents and young adults aged 12 to 24 years residing in Yemen. This demographic was selected because they were particularly vulnerable to the psychological impacts of prolonged conflict and were at a critical developmental stage where mental health issues could significantly affect their overall well-being and future prospects.

The study targeted various groups within this age range, including both urban and rural residents, to ensure a representative sample of the diverse experiences and conditions faced by Yemeni youth. To capture a comprehensive picture, the population included individuals from different socioeconomic backgrounds and regions within Yemen, encompassing areas directly affected

by conflict as well as relatively less impacted regions.

Additionally, the study included participants who were currently in or have recently completed educational programs, as educational disruption was a significant factor affecting mental health. The aim was to gather data from a wide range of experiences to understand the full scope of mental health challenges and barriers to accessing care among Yemeni youth.

D. Inclusion and Exclusion Criteria

➤ Inclusion Criteria:

- **Age Range:** Participants must be between the ages of 15 and 24.
- **Residency:** Must be current residents of Yemen and have lived through the ongoing conflict.
- **Willingness to Participate:** Individuals must voluntarily agree to participate in the study and provide informed consent.
- **Mental Health Status:** Both individuals with self-reported or diagnosed mental health conditions and those without are included.

➤ Exclusion Criteria:

- **Outside Age Range:** Individuals below 15 or above 24 years of age.
- **Non-Residents:** Individuals who have not lived in Yemen during the conflict.
- **Lack of Consent:** Those unwilling or unable to provide informed consent.
- **Severe Cognitive Impairment:** Individuals with cognitive impairments that prevent them from understanding or participating in the survey.



Fig 1: The Geographic Location of the Study Area

Source: <https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.worldatlas.com%2Fmaps%2Fyemen&psig=AOvVaw2Kfg2eVFzD6O6RthyWG04B&ust=1723896737833000&source=images&cd=vfe&opi=89978449&ved=0CBIQjhqFwoTCOCciPi9-YcDFQAAAAAdAAAAABAE>

E. The Study Duration

➤ *During this Period, the Study Would Involve Several Key Phases:*

- **Preparation and Planning (May 1 - June 15):** This initial phase involved finalizing the research design, identifying objectives, developing research tools (like surveys or interview guides), and obtaining necessary permissions or approvals.
- **Data Collection (June 16 - July 15):** The main phase where data was gathered through various methods such as surveys, interviews, focus groups, or secondary data analysis. This period allowed time to reach out to participants, conduct sessions, and ensure comprehensive data collection.
- **Data Analysis (August 20 - September 05):** After collecting the data, this phase focused on analyzing the information to identify patterns, trends, and insights regarding mental health challenges among youths in Yemen.
- **Report Writing and Review (September 05 - September 10):** The final phase involved drafting the research report, reviewing findings, and making any necessary revisions before finalizing the report.

This study duration was significant as it ensured the research addressed the current and relevant issues related to mental health challenges among youths in Yemen. This timeframe allowed the study to capture recent trends and shifts in mental health dynamics, providing insights that reflect the present-day context. By encompassing various seasonal and social factors, the study also explored how elements such as academic schedules, cultural events, and economic conditions impact mental health, offering a comprehensive view of the challenges faced by the youth.

Additionally, the duration allowed for a well-structured approach to data collection, analysis, and reporting. With approximately 3 months and 20 days, the researcher balanced thorough data gathering with efficient processing and analysis. This period ensured that sufficient time was allocated for interpreting the data accurately and producing a detailed report, which was crucial for generating actionable insights and recommendations. Effective management of time, resources, and personnel within this timeframe contributed to the overall success and impact of the study.

F. Data and Data Collection

➤ *Data Collection Methods*

- **Quantitative Data**

Data was collected through structured questionnaires administered in a cross-sectional survey format. These questionnaires did include standardized scales and questions designed to assess the prevalence of mental health disorders such as anxiety, depression, and PTSD. The survey also collected demographic information and data on factors influencing mental health, such as exposure to conflict, educational disruption, and economic instability. The questionnaires were distributed both online, depending on the accessibility and technological resources available in different regions.

- **Qualitative Data**

In-depth interviews and focus group discussions were conducted to gather qualitative insights into the experiences of Yemeni youth. These sessions explored the impact of cultural stigma on mental health help-seeking behaviors, the effectiveness of existing mental health services, and personal experiences with mental health issues. The qualitative component aimed to provide a deeper understanding of the context and nuances that quantitative data alone may not have captured.

G. Data Cleaning and Validation

Once the data were extracted, they undergo rigorous cleaning and validation procedures to identify and rectify any discrepancies, errors, or missing values. Data cleaning involved removing duplicate entries, correcting inaccuracies, and resolving inconsistencies to ensure the integrity of the dataset. Validation checks involved cross-referencing extracted data with original source documents or conducting logical checks to verify the accuracy of recorded information.

H. Data Analysis

With the cleaned and validated dataset, the researcher proceeds to analyze the data to address the study objectives. Statistical analysis techniques, such as descriptive statistics, regression analysis, and survival analysis, were employed to examine the reasons for the cause of mental health challenges among the Yemen youths and drew the outcomes during the three-month study period.

Therefore, the data and data collection process for the secondary data sources used in the study were characterized by systematic approaches to access, extract, clean, validate, and analyze relevant information from existing databases. These processes ensured the reliability and robustness of the study findings, allowing the researcher to draw meaningful conclusions.

➤ *Data Analysis Software*

The data was analyzed using two major software. The Advanced MS Excel and SPSS version 25.0 and Tableau for visualization.

I. Sample and Sample Size Determination

➤ *Define the Population:*

- **Population Size (N):** The total number of youths in Yemen, were estimate for this example. For a more accurate number, the study used a specific demographic data from sources like census reports lately recording 10 million youths in Yemen.

➤ *Determine the Margin of Error (E):*

The margin of error indicated how close the sample results were to the actual population values. Commonly used margins of error were 5% (0.05) or 3% (0.03).

➤ *Set the Confidence Level (Z):*

The confidence level reflected how sure that the sample results represented the population. Common confidence levels were 90%, 95%, or 99%. For a 95% confidence level, the Z-score was 1.96.

➤ *Estimate the Proportion (p):*

The proportion was the estimated percentage of the population expected to exhibit the behavior or characteristic being studied. Without prior data, it's common to use 50% (0.5) to ensure the sample size was large enough.

Use the formula for sample size calculation:

$$n = \frac{Z^2 \cdot p \cdot (1 - p)}{E^2}$$

Where:

- Z is the Z-score (1.96 for 95% confidence)
- p is the estimated proportion (0.5)
- E is the margin of error (0.05)

Plugging in the numbers:

$$n = \frac{1.96^2 \cdot 0.5 \cdot (1 - 0.5)}{0.05^2}$$

$$n = \frac{3.8416 \cdot 0.25}{0.0025}$$

$$n = \frac{0.9604}{0.0025} \approx 384.16$$

Therefore, the sample size required is approximately 385.

➤ *Adjust for Finite Population*

$$n_{adj} = \frac{n}{1 + \frac{n-1}{N}}$$

Where:

- n is the initial sample size (385)
- N is the population size (10,000,000)

$$n_{adj} = \frac{385}{1 + \frac{384}{10,000,000}} \approx 385$$

Given the large population, the adjustment has a negligible effect. Thus, a sample size of around 385 should be adequate for the study.

J. Ethical Consideration

➤ *Ethical Consideration*

In conducting the study, the researcher adhered to several key ethical considerations to ensure the protection of participants' rights and well-being. Here were four key ethical consideration points highlighted in the study:

➤ *Informed Consent*

Obtaining informed consent from participants was paramount to respecting their autonomy and ensuring voluntary participation in the study. This provided comprehensive information about the study's purpose, procedures, risks, and benefits to potential participants. Participants had been given the opportunity to ask questions and clarify any concerns before voluntarily providing their consent to participate in the study.

➤ *Confidentiality and Data Privacy*

Protecting participants' confidentiality and privacy was essential to maintaining trust and confidentiality throughout the study process. The study implemented measures to safeguard participants' personal and medical information, such as de-identifying data, assigning unique identifiers to participants, and storing data securely. Confidentiality agreements and data access restrictions had been in place to prevent unauthorized access to sensitive information.

➤ *Minimization of Harm*

The study had taken steps to minimize potential harm or discomfort to participants throughout the study. This included ensuring that data collection procedures were conducted in a respectful and non-invasive manner, minimizing any physical or psychological risks associated with study participation, and providing appropriate support services, such as counseling or referrals, for participants experiencing distress or adverse effects related to their TB or malnutrition status.

➤ *Beneficence and Justice*

The study ensured that the study's benefits outweigh any potential risks to participants and that participants were treated fairly and equitably throughout the study process. This included ensuring that participants had access to any potential benefits resulting from their participation, such as improved access to healthcare services or nutritional support, and that vulnerable populations were not unduly burdened or exploited by the study. Additionally, other considered factors such as cultural sensitivity and inclusivity to ensure that the study was conducted in a manner that respects participants' cultural beliefs, values, and practices.

Therefore, adherence to these key ethical considerations ensured that the study was conducted ethically and responsibly, respecting the rights, dignity, and well-being of participants throughout the research process.

K. The Conceptual Framework

The comprehensive conceptual framework for analyzing the rise of mental health challenges among youths in Yemen provided an integrated approach to understanding the complex interplay between conflict, mental health conditions, addiction, and family dynamics. It highlighted how the ongoing conflict had exacerbated mental health issues such as stress, anxiety, depression, ADHD, and sleep disorders among young people. The framework identified direct effects of conflict, including trauma exposure and economic hardship, as well as indirect effects such as disrupted education and social instability. These factors contributed to a rise in substance use, with higher rates of smoking, alcohol consumption, and illicit drug use observed among youths with mental health conditions.

In addition to the impact of conflict, the framework explored the role of family dynamics in shaping mental health outcomes. Parenting challenges, domestic violence, and intergenerational trauma were identified as significant influences on youth mental health. It also examined the effectiveness and accessibility of various mental health service providers, including healthcare professionals, community health workers, and religious leaders. The framework underscored the need for comprehensive interventions, including expanded access to mental health services, community-based support programs, and policy recommendations to address both direct and indirect impacts of conflict. By integrating these elements, the framework provided a holistic view of the challenges faced by youths in Yemen and guides the development of targeted strategies to improve mental health and support in conflict-affected areas.

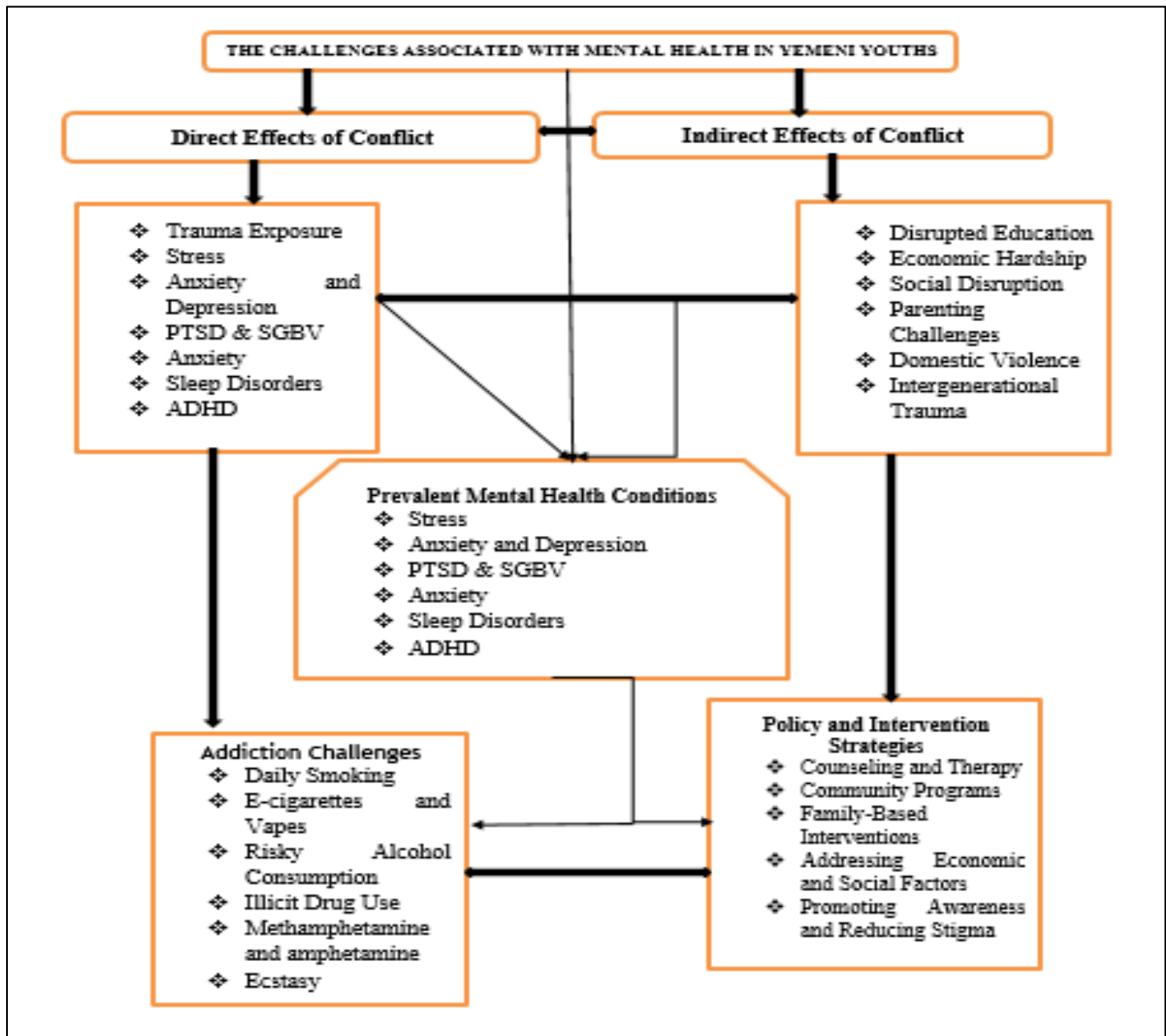


Fig 2: The Conceptual Framework Model

CHAPTER FIVE FINDINGS / ANALYSIS /DISCUSSION

A. Demographic Statistics of the Study Participants from 423 Respondents

➤ Analysis

From the study respondents, there were a total of 423 complete data responses. Out of this the youth ages varied from 15-18 with 35% responses, 19-24 with 65% responses. Majority of the respondents were males totalling to 52% while the females were 48%. Most of the respondents were observed to living in the urban areas with a percentage of 60% while those who lived in the rural as 40%. Lastly, the education level was observed to have been affected so much among the youths and those who achieved higher education were 20%, secondary 50% and primary 30% respectively.

Table 2: Demographic Statistics Analysis

Demographics		Percentages (%)	Frequency
Age			
	15-18yrs	35%	148
	19-24yrs	65%	275
Gender			
	Males	52%	220
	Females	48%	203
Residence			
	Urban	60%	254
	Rural	40%	169
Education level			
	Primary	30%	127
	Secondary	50%	212
	Tertiary	20%	84

B. Analysis of the Prevalent Mental Health Conditions for the Youths between 15-24 Years

Table 3: Analysis of the Prevalent Mental Health Conditions for the Youths between 15-24 Years

Mental Health Indicators	Males	Percentage (%)	Females	Percentage (%)
Stress	233	55.10%	190	44.90%
Anxiety	209	29.40%	214	50.60%
Depression	274	64.80%	149	35.20%
ADHD	199	47%	224	53%
Sleep Disorder	242	57.20%	181	42.80%
Isolation	163	38.50%	260	61.50%
Other Disorders	191	45.20%	232	54.80%

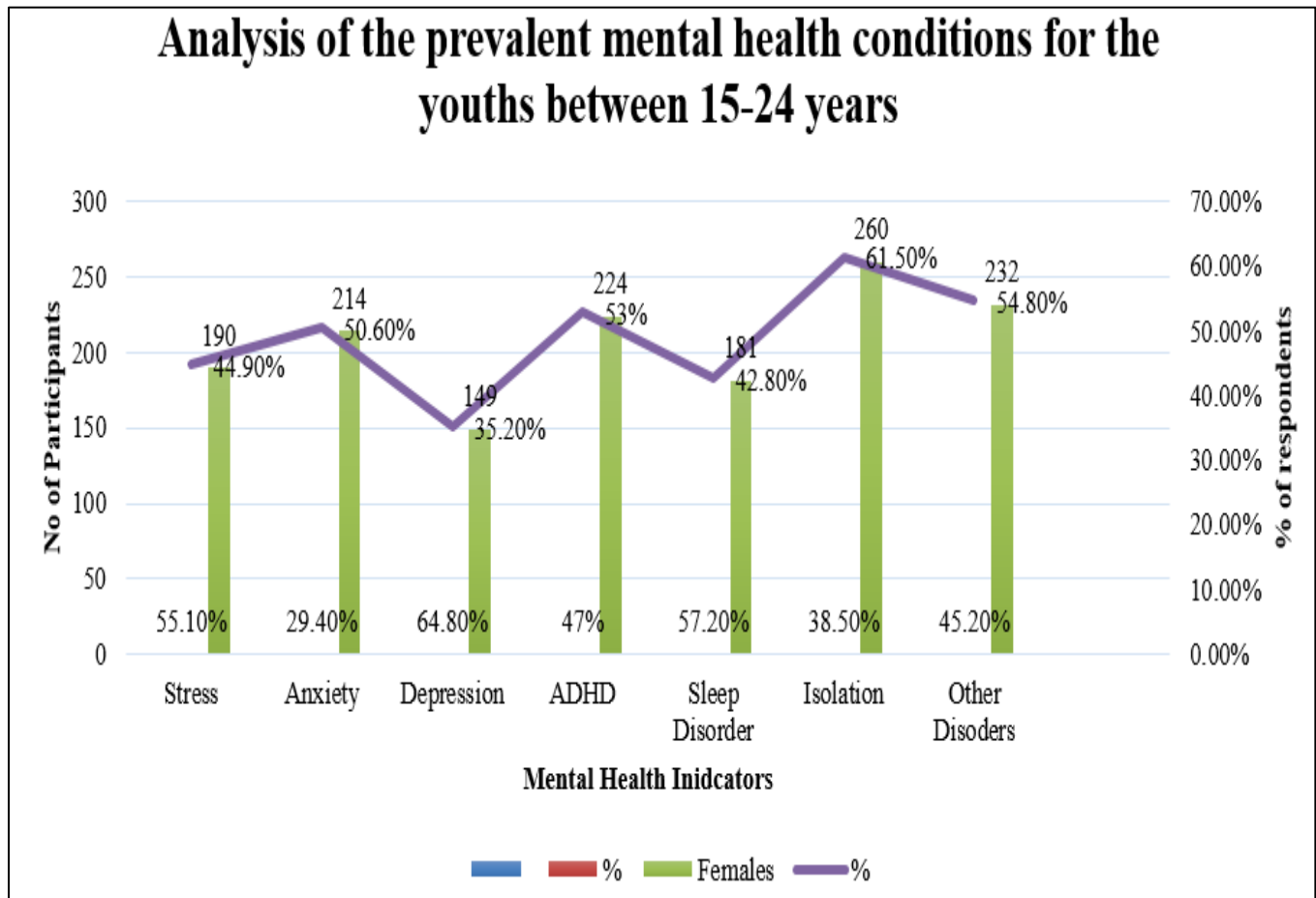


Fig 3: Analysis of the Prevalent Mental Health Conditions for the Youths between 15-24 Years.

➤ Analysis

The data illustrated notable gender disparities in mental health challenges among Yemeni youth. Males were more prone to stress (55.1%) and depression (64.8%) than females. This suggested that the prolonged conflict and associated pressures may be affecting young men more severely in these areas. In contrast, anxiety was more prevalent in females (50.6%), indicating that women may face higher emotional burden. The significant gender gap in isolation (61.5% of females vs. 38.5% of males) suggested that cultural and social factors may have intensified the feelings of isolation among young women. ADHD, sleep disorders, and other disorders were relatively balanced, though females report slightly higher rates for ADHD and "other disorders," possibly due to unaddressed health issues or stigma.

C. Analysis of the Major Negative Effects of the Conflict and Wars on the Mental Health of the Youths in Yemen.

Table 4: Analysis of the Major Negative Effects of the Conflict and Wars on the Mental Health of the Youths in Yemen

Negative Impacts of Conflict	YES	NO
Physical injuries and disabilities	89%	11%
Malnutrition and starvation	72.40%	27.60%
Disrupted education and limited access to schooling	92.30%	6.70%
Increased risk of exploitation and abuse	81.40%	8.60%
Loss of family members and caregivers	68.60%	31.40%

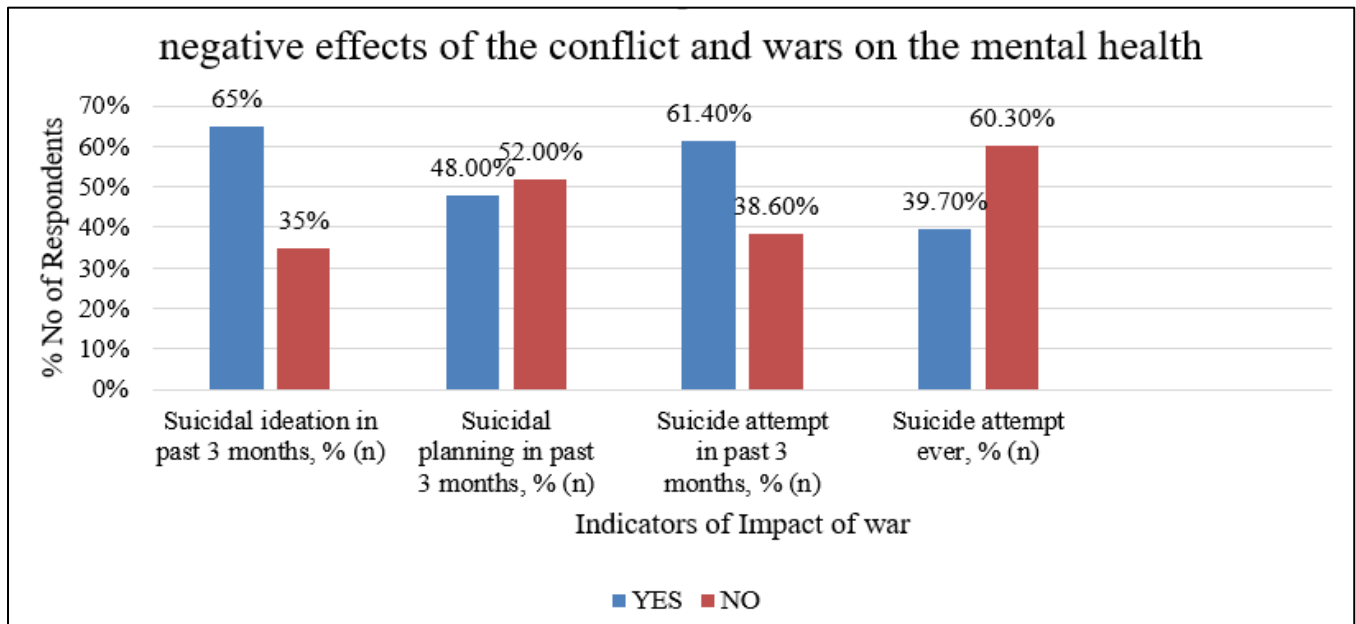


Fig 4: Analysis of the Major Negative Effects of the Conflict and Wars on the Mental Health of the Youths in Yemen

➤ Analysis

The data showed that significant negative effects of conflict on the mental health of Yemeni youth. A staggering 92.3% reported disrupted education, emphasizing the profound impact of the conflict on learning and future prospects. Physical injuries and disabilities affect 89%, while 81.4% faced heightened risks of exploitation and abuse. Malnutrition and starvation afflicted 72.4%, indicating the devastating socioeconomic toll of war. Additionally, 68.6% had lost family members or caregivers, exacerbating emotional trauma and social instability. These impacts highlighted the severe mental and physical consequences of war on Yemeni youth.

D. Analysis of the Suicidal Thought as Reported among the Yemeni Youth

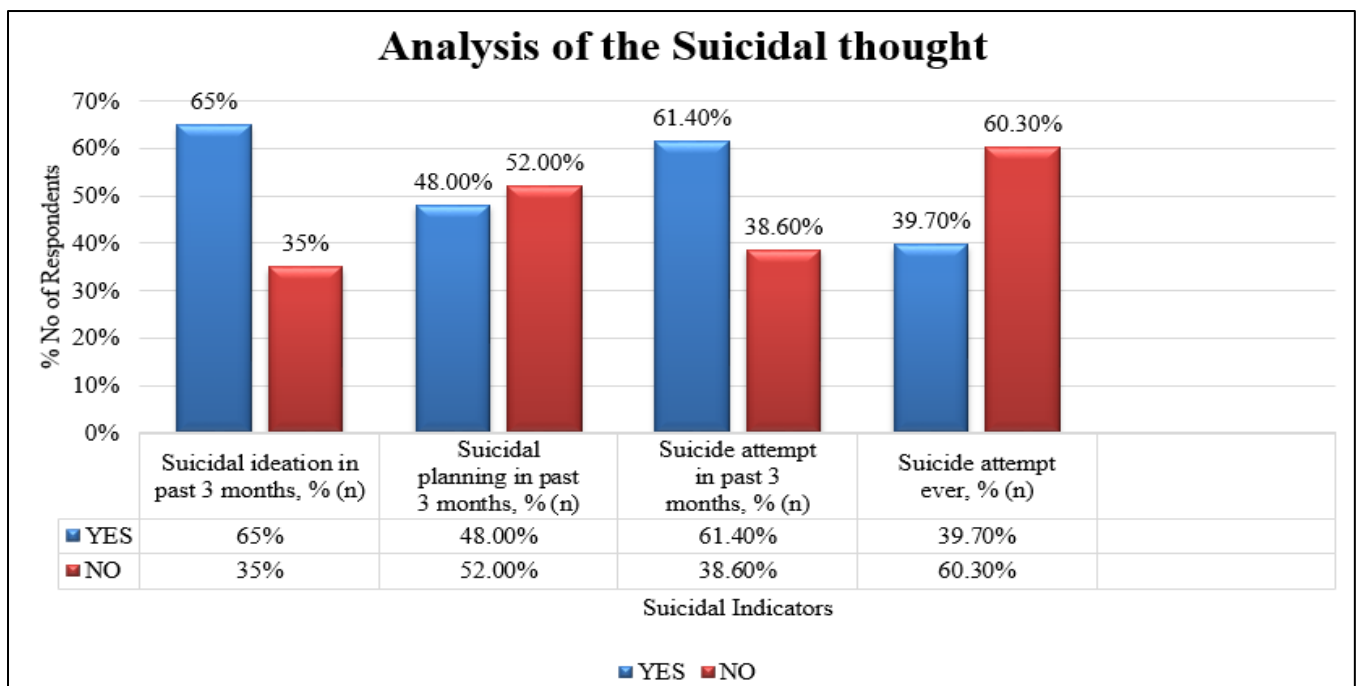


Fig 5: Analysis of the Suicidal Thought as Reported among the Yemeni Youth

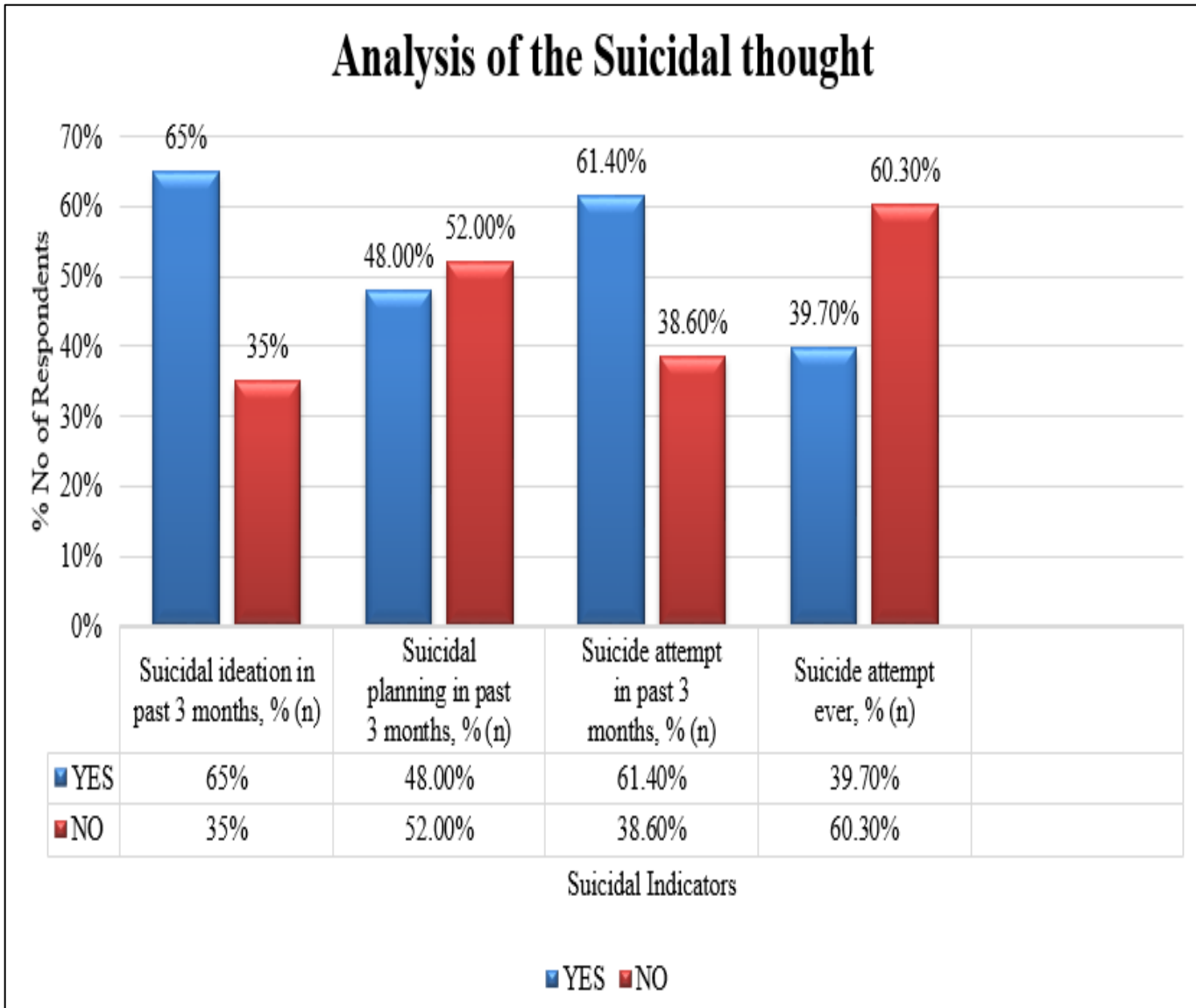


Fig 6: Analysis of the Suicidal Thought

➤ *Analysis*

A significant 65% of respondents reported experiencing suicidal ideation in the past three months, indicating high levels of emotional distress. Suicidal planning was also prevalent, with 48% of youth having considered a plan for suicide. Alarming, 61.4% attempted suicide in the past three months, revealing the immediate danger these individuals face. Additionally, 39.7% have attempted suicide at some point in their lives.

The data on suicidal thoughts indicated a severe mental health crisis among Yemeni youth, with 65% experiencing suicidal ideation and 61.4% having attempted suicide in the past three months. This suggests that a large portion of the youth population is grappling with extreme emotional distress and hopelessness. The prevalence of suicide attempted also points to the lack of effective mental health support and intervention. If not addressed, this could lead to an increase in mortality rates, further exacerbating the public health and social challenges in Yemen.

E. Analysis of the Mental Health Service Provider and Counselling

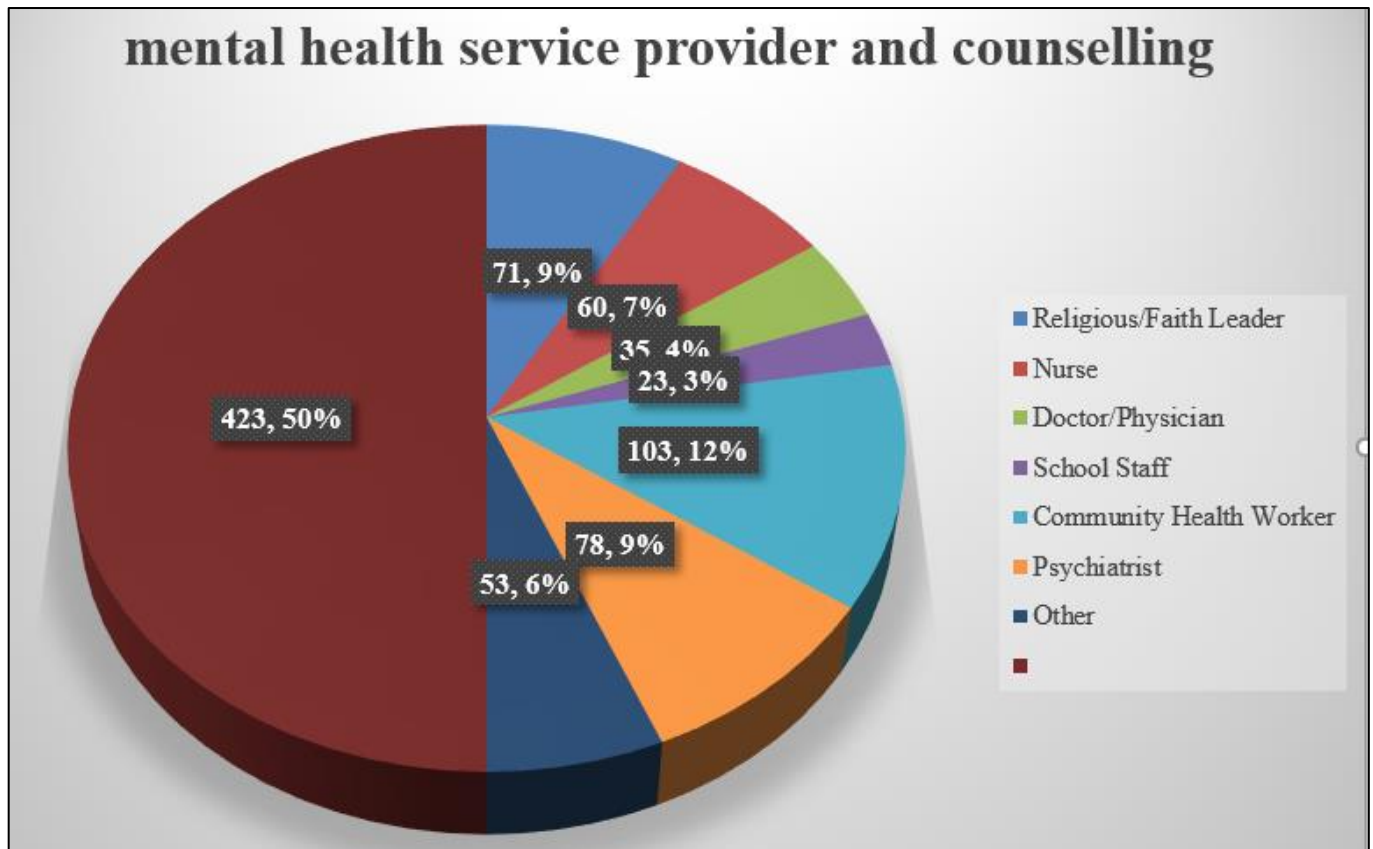


Fig 7: Analysis of the Mental Health Service Provider and Counselling

Table 5: Analysis of the Mental Health Service Provider and Counselling

Type of Mental Health Service Provider	No. of Res.	Sum
Religious/Faith Leader	71	71
Nurse	60	60
Doctor/Physician	35	35
School Staff	23	23
Community Health Worker	103	103
Psychiatrist	78	78
Other	53	53
	423	423

➤ *Analysis*

The data reveals the diversity in mental health service providers utilized by Yemeni youth. Community health workers are the most frequently sought (103 responses), underscoring their accessibility in conflict-affected areas. Psychiatrists, while critical for specialized care, accounted for 78 responses, reflecting limited mental health infrastructure. Religious or faith leaders were significant (71 responses), highlighting cultural reliance on spiritual guidance for emotional and psychological support. Nurses (60) and doctors (35) show the role of healthcare professionals, while school staff (23) play a smaller yet important role in supporting youth mental health. This distribution emphasizes a reliance on varied, sometimes non-specialized, mental health resources due to scarcity of dedicated professionals.

F. Addiction Challenges due to the Impact of Conflict on Mental Health

Table 6: Addiction Challenges due to the Impact of Conflict on Mental Health

Category	People with a mental illness	People without a mental illness
Daily smoking	15.4%	7.4%
E-cigarettes and vapes	12.3%	5.8%
Risky alcohol consumption	36.9%	31.6%
Any illicit drug	28.9%	15.9%
Cannabis	19.8%	10%
Cocaine	6.9%	4.4%
Ecstasy	3%	2%
Methamphetamine and amphetamine	2.7%	0.7%
Any pharmaceutical for non-medical purposes	8.7%	4.6%

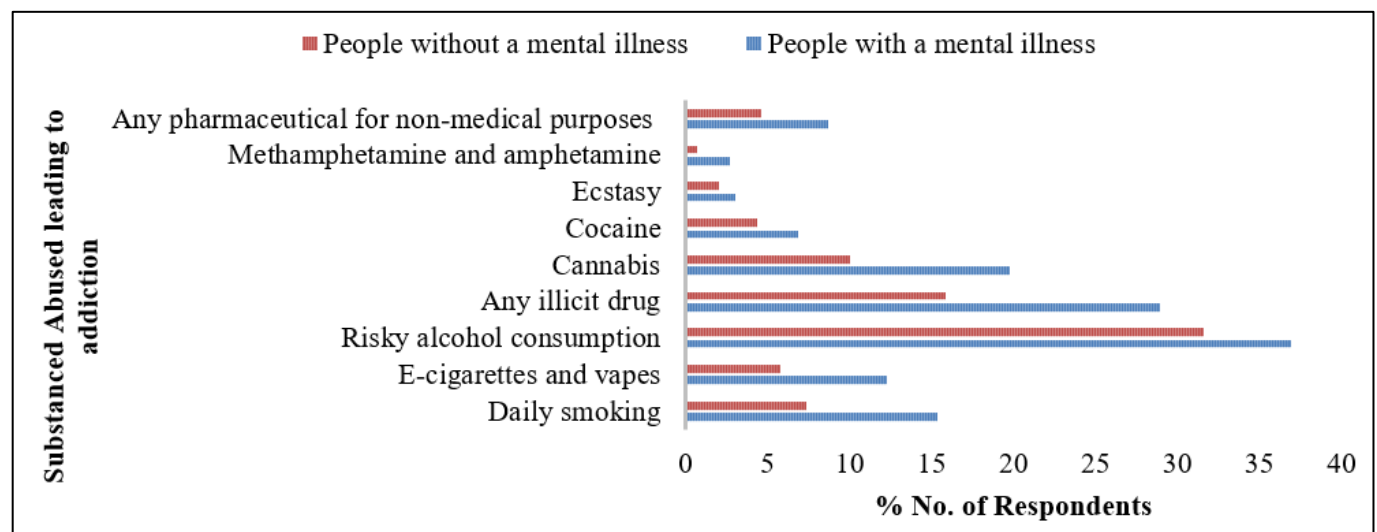


Fig 8: Addiction Challenges due to the Impact of Conflict on Mental Health

➤ Analysis

Those with a mental illness exhibited higher rates of risky behaviors compared to those without. For example, daily smoking was twice as prevalent (15.4% vs. 7.4%), and the use of e-cigarettes or vapes is also higher (12.3% vs. 5.8%). Similarly, illicit drug use, including cannabis, cocaine, and methamphetamines, was markedly higher among those with mental illness. These disparities underlined how mental health challenges exacerbated susceptibility to substance abuse, further complicating recovery and public health efforts.

In analyzing the data regarding addiction challenges among Yemeni youth with and without mental illness, there were clear statistical differences. For example, risky alcohol consumption was more common in those with mental illness (36.9%) compared to those without (31.6%). The use of illicit drugs, particularly cannabis (19.8% vs. 10%) and methamphetamines (2.7% vs. 0.7%), was also notably higher in those with mental health issues. These differences highlighted a strong correlation between mental health struggles and an increased likelihood of engaging in addictive behaviors, pointing to a need for integrated mental health and addiction services.

G. Family Dynamics

Table 7: Family Dynamics

Family Dynamics	Severely Affected	Relatively Affected	Not Affected
Parenting Challenges	46%	31%	33%
Domestic Violence	51.20%	22.90%	17.80%
Intergenerational Trauma	56.80%	19.60%	23.60%

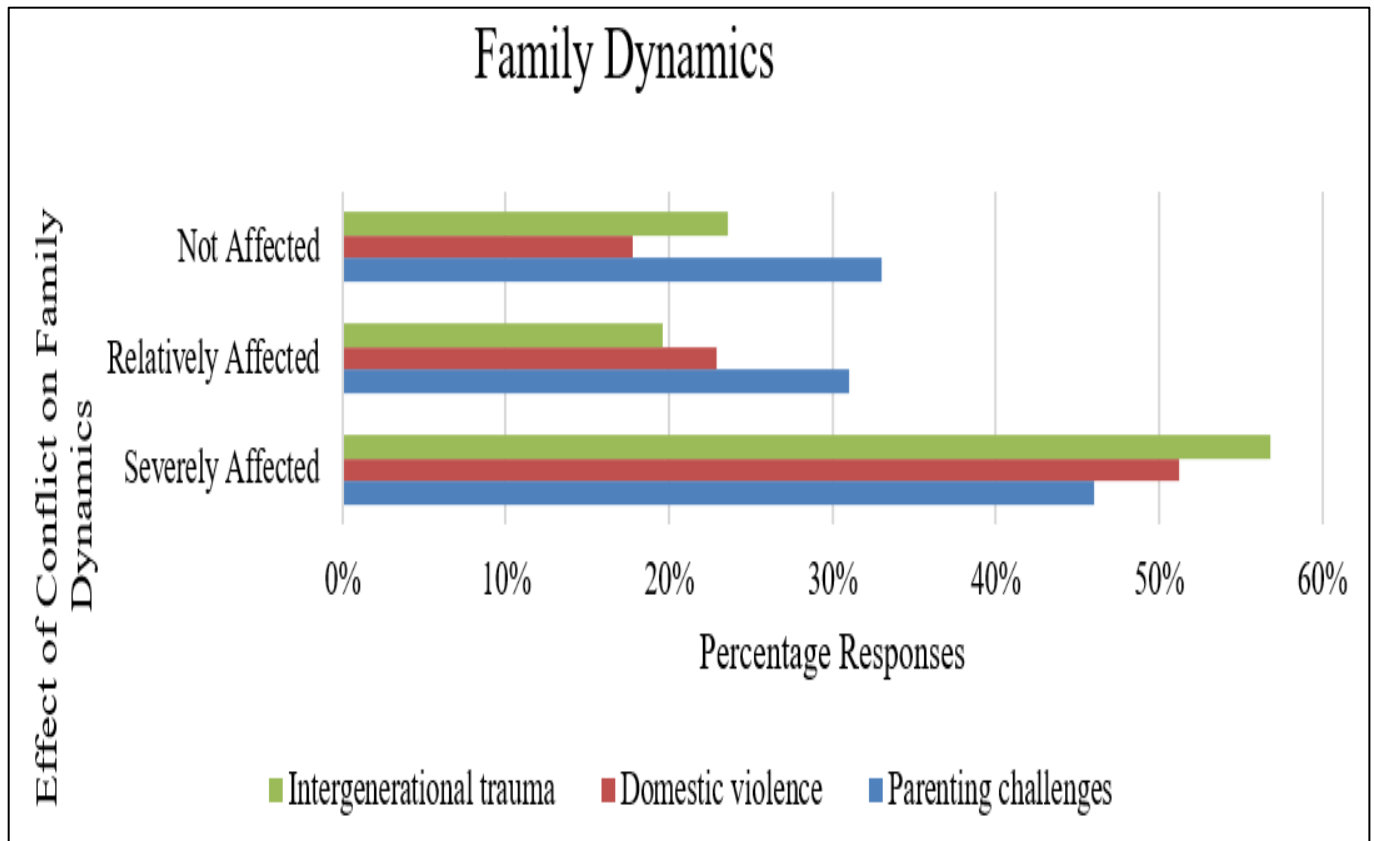


Fig 9: Family Dynamics

➤ Analysis

The data on family dynamics in Yemen highlighted the significant impact of conflict on family relationships and youth mental health. The category of intergenerational trauma showed the highest severe impact, with 56.8% of families reporting being severely affected. Domestic violence was also prevalent, with 51.2% of families experiencing severe effects. Parenting challenges were another major issue, with 46% of families reporting severe disruption. These dynamics underscored how conflict not only directly affected youth mental health but also contributed to deteriorating family environments, compounding psychological distress across generations.

This data revealed the importance of incorporating family-based interventions and trauma-informed approaches in mental health support for Yemeni youth. Addressing intergenerational trauma and domestic violence could significantly reduce mental health burdens, while parenting support programs will help create more stable home environments, promoting resilience among youth.

H. Regression Analysis

Analysis of the correlation between the conflict related factors and access to mental healthcare.

Table 8: Regression Analysis								
SUMMARY OUTPUT								
Regression Statistics								
Multiple R	0.98474							
R Square	0.969712							
Adjusted R Square	0.96964							
Standard Error	1.154009							
Observations	422							
ANOVA								
	df	SS	MS	F	Significance F			
Regression	1	17907.79	17907.79	13446.94	0			
Residual	420	559.3297	1.331737					
Total	421	18467.12						
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Conflict Related factors	1.23068	0.101585	12.11474	3.53E-29	1.031001	1.430358	1.031001	1.430358
Mental healthcare	0.843458	0.007274	115.9609	0	0.82916	0.857755	0.82916	0.857755

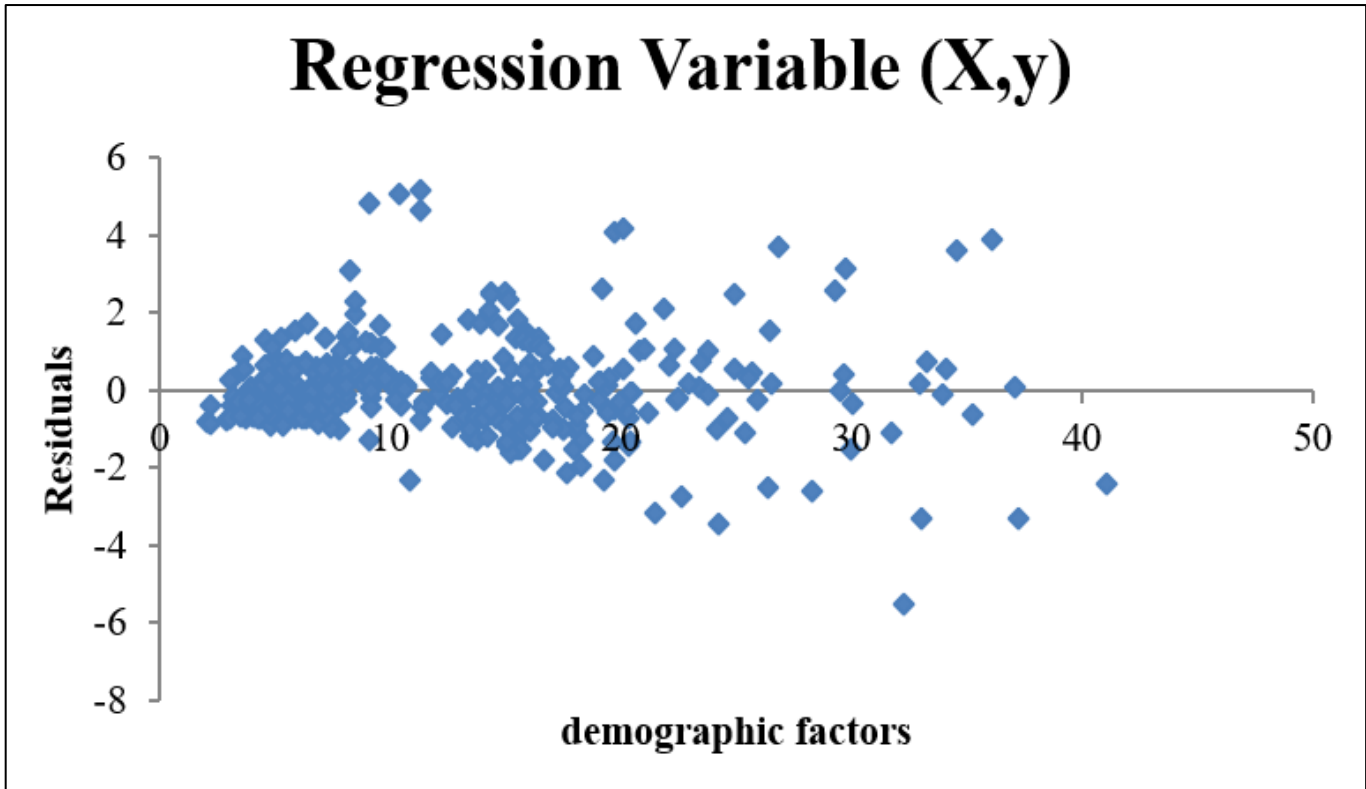


Fig 10: Regression Variable (X,y)

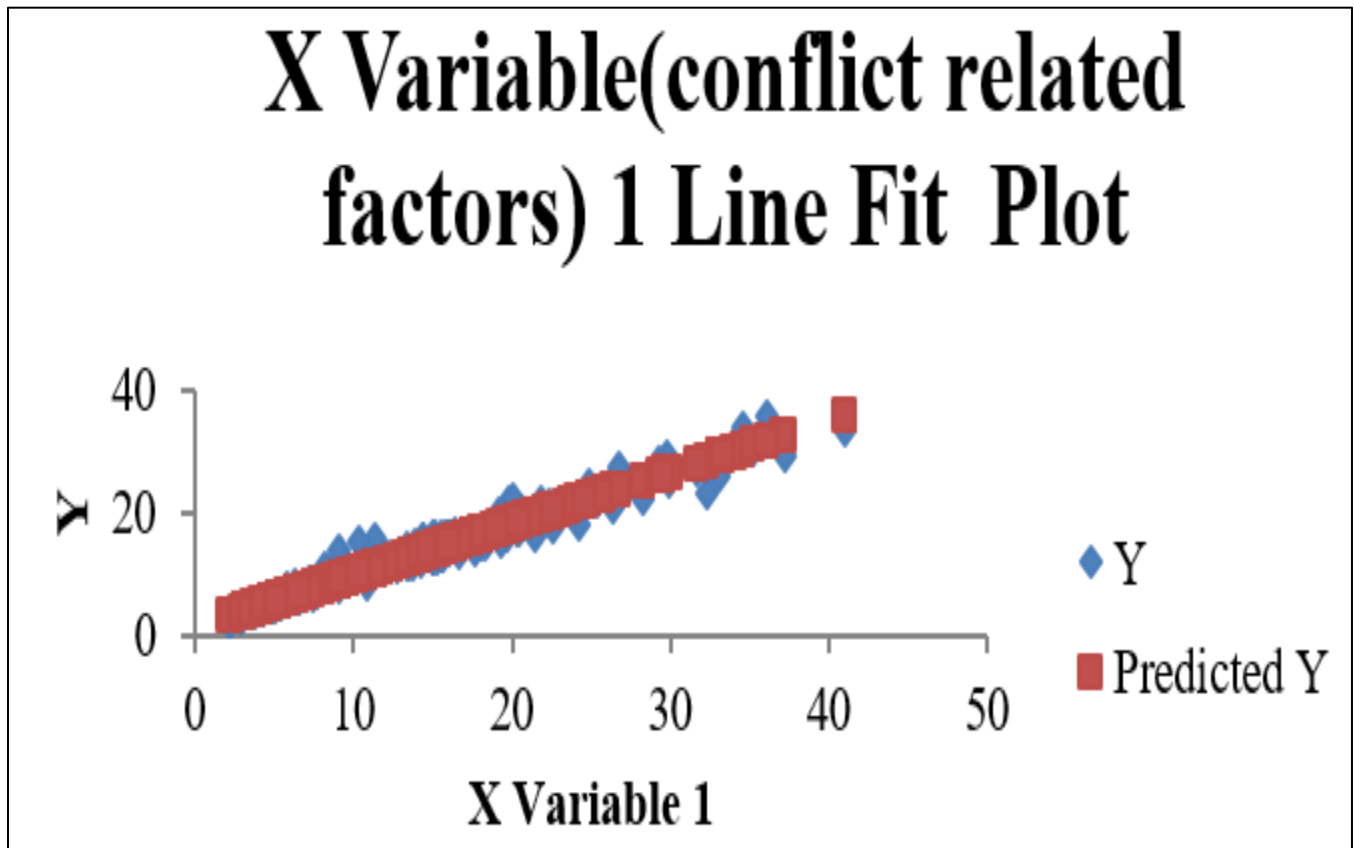


Fig 11: X Variable (Conflict Related Factors) 1Line Fit Plot

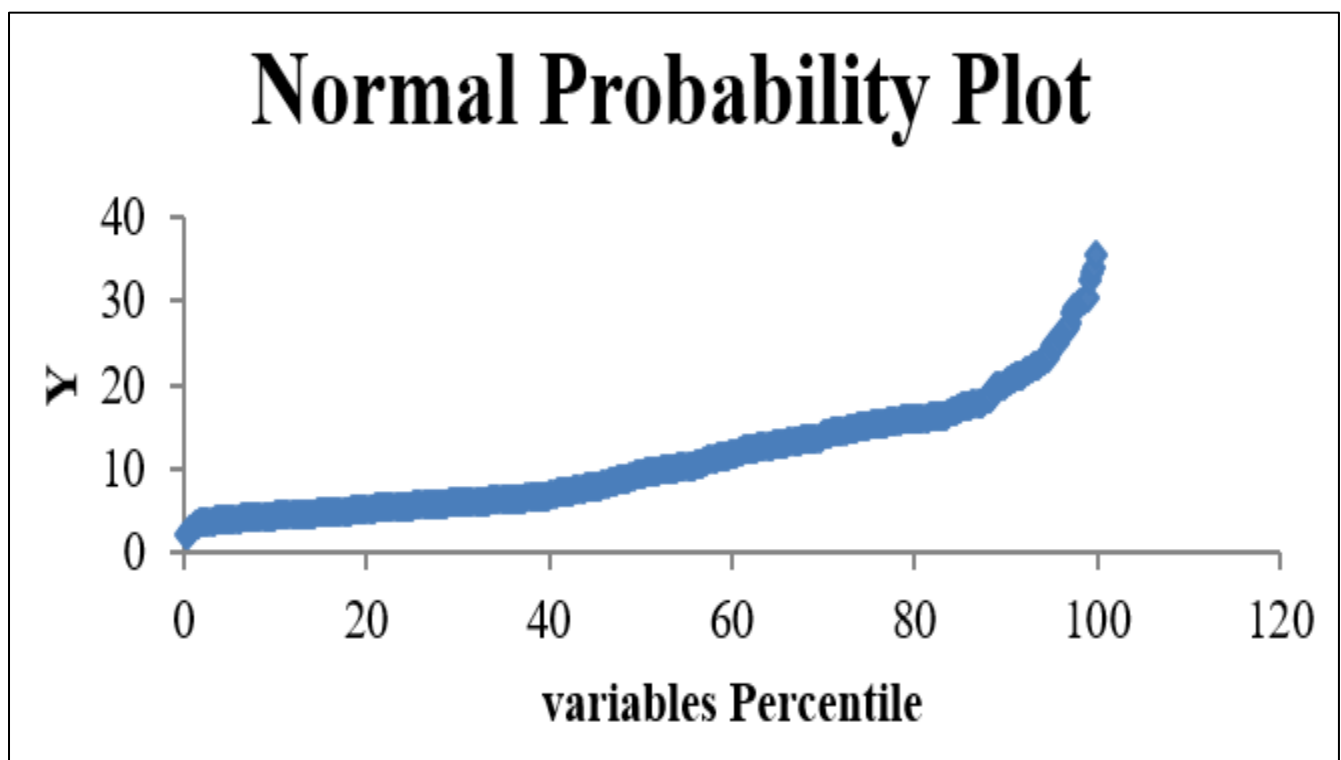


Fig 12: Data Plots on the Distribution of Variables from Regression Analysis (the above 3)

I. Regression Analysis Summary

The regression analysis showed that **conflict-related factors** and **access to mental healthcare** significantly impacted mental health challenges among Yemeni youths. With an **R-Square of 0.9697**, the model explained 96.97% of the variance in mental health challenges, indicating a strong fit. The **conflict-related factors** coefficient (1.23, $p < 0.001$) showed a positive relationship, suggesting higher mental health challenges due to conflict. Similarly, mental healthcare had a positive but smaller effect (0.84, $p < 0.001$). Both variables had highly significant **p-values**, confirming their relevance.

- Multiple **R of 0.9847** indicated a very strong correlation between the predictors (conflict-related factors and mental healthcare) and the dependent variable (mental health challenges among Yemeni youth).
- **R Square of 0.9697** showed that 96.97% of the variation in mental health challenges was explained by the model, meaning conflict and healthcare factors strongly impact the outcomes.
- The **ANOVA F-statistic** (13,446.94, $p < 0.001$) suggested that the overall model was statistically significant, supporting the hypothesis that the predictors influence mental health challenges.
- Coefficients: Conflict-related factors had a positive coefficient (1.23), indicating they were a major contributor to mental health problems, with a **t-statistic of 12.11** and a very significant **p-value (3.53E-29)**. This highlighted how exposure to conflict worsens mental health.
- Mental **healthcare availability**, with a coefficient of **0.843** and a **t-statistic of 115.96**, also showed a strong impact. However, its smaller value compared to conflict-related factors suggests that while mental healthcare helps, it cannot fully mitigate the mental health effects of conflict.
- Standard **Error of 1.15** suggested moderate variability in the data, with some residuals left unexplained.

J. Implications of the Regression Analysis

- **High Predictive Power:** The R^2 value of 0.97 indicates that 97% of the variation in mental healthcare access can be explained by conflict-related factors.
- **Significant Relationships:** Both conflict-related factors ($t\text{-stat} = 12.11$, $p\text{-value} = 3.53E-29$) and access to mental healthcare ($t\text{-stat} = 115.96$, $p\text{-value} = 0$) are statistically significant.
- **Positive Coefficients:** Conflict-related factors (1.23) and mental healthcare (0.84) have a positive relationship, implying that increased exposure to conflict worsens mental health outcomes.
- **t-Test:** Paired Two Sample for Means

Table 9: Paired Two Sample for Means

	Conflict Related Factors	Access To Mental Healthcare
Mean	11.63643602	11.04551896
Variance	59.79068171	43.86489564
Observations	422	422
Pearson Correlation	0.984739627	
Hypothesized Mean Difference	0	
df	421	
t Stat	7.262511632	
P(T<=t) one-tail	9.26333E-13	
t Critical one-tail	1.648481057	
P(T<=t) two-tail	1.85267E-12	
t Critical two-tail	1.965614792	

➤ Analysis

The t-test analysis indicated a significant relationship between conflict-related factors and access to mental healthcare among Yemeni youth. The mean score for conflict-related factors (11.64) was slightly higher than that for access to mental healthcare (11.05), with a strong positive Pearson correlation (0.9847), suggesting that the more exposure to conflict-related factors, the greater the impact on mental healthcare access. The t-statistic (7.26) was significantly higher than the critical value, with a very low p-value (1.85E-12), indicating that the differences between the two variables were statistically significant and unlikely due to chance. This implied that conflict-related factors heavily influenced access to mental healthcare services among the youth.

K. Multiple Item Analysis

Table 10: Multiple Item Analysis

Multiple Item Analysis	YES	NO
Trauma & (PTSD)	66.40%	33.60%
Loss of Home and Livelihood	71.77%	28.23%
Refugee Trauma	83.19%	16.81%
Survivor's Guilt	46.36%	53.64%
Poverty and Financial Stress	52.22%	47.78%
Loss of Access to Resources	69.11%	30.89%
Lack of Social Support	72.47%	27.53%
Sexual and Gender-Based Violence	53.16%	46.84%
Average	64.34%	35.67%

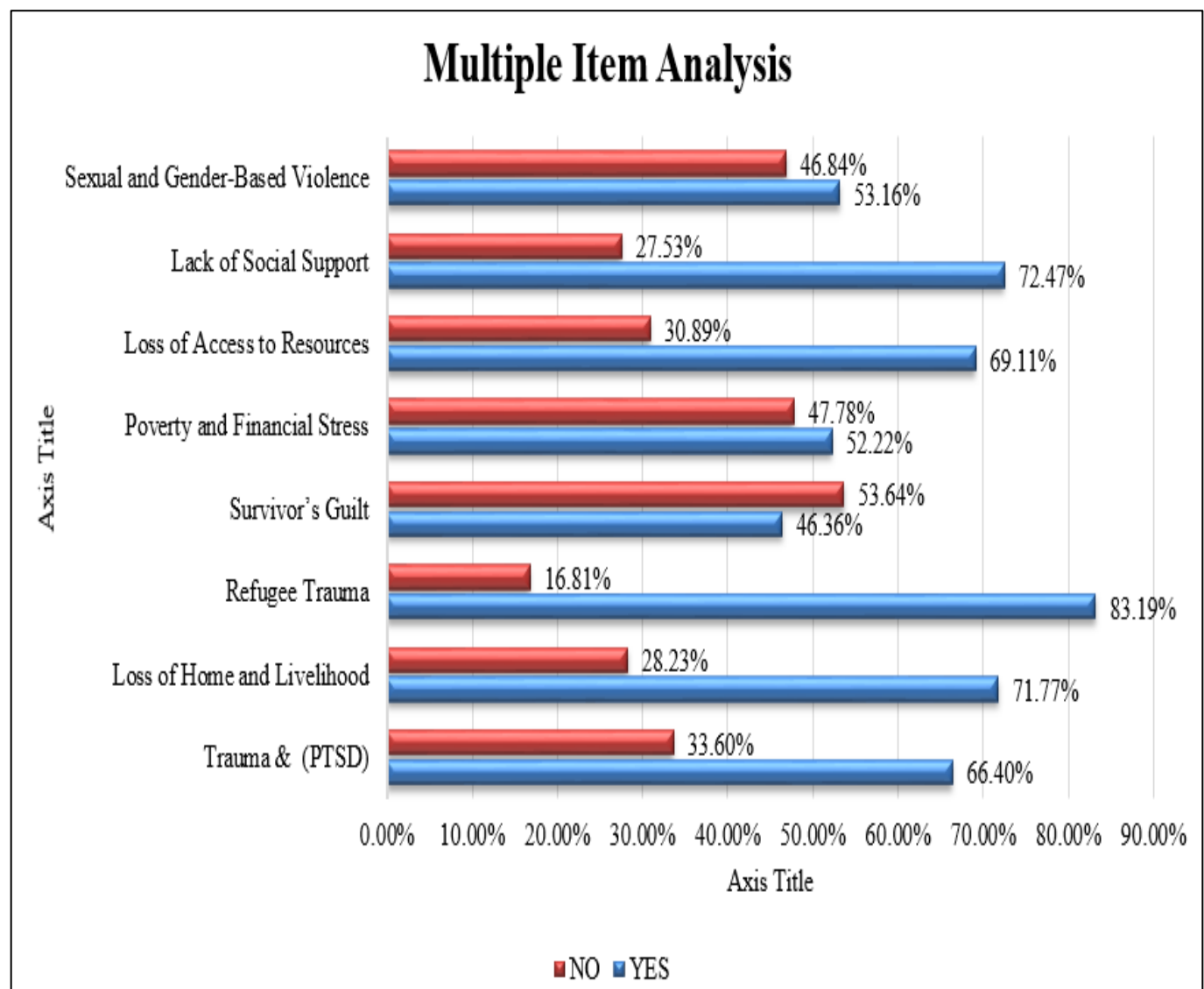


Fig 13: Multiple Item Analysis

➤ *Analysis*

The data presented showed the profound impact of conflict on mental health among Yemeni youth, particularly in relation to trauma, loss, and violence. A significant portion of respondents reported experiencing **Refugee Trauma** (83.19%), **Loss of Home and Livelihood** (71.77%), and **Lack of Social Support** (72.47%). These factors were strongly associated with **Post-Traumatic Stress Disorder (PTSD)** (66.40%) and **Sexual and Gender-Based Violence** (53.16%). Economic instability was also a notable stressor, with **Poverty and Financial Stress** affecting over half (52.22%) of respondents.

PTSD (66.40%) and **survivor's guilt (46.36%)** were significant, indicating that many youths were grappling with feelings of guilt and trauma from the violence and loss surrounding them. **Poverty and financial stress (52.22%)** compound these mental health issues, making survival harder in the face of resource scarcity.

Lack of social support (72.47%) highlights the isolation felt by youth, which further diminishes their ability to cope with these stressors. Social support systems played a vital role in mental health resilience, and the absence of these systems could lead to more profound psychological issues. Additionally, **sexual and gender-based violence (53.16%)** had traumatized a large portion of youth, which could have led to long-term emotional and psychological harm. The data emphasized how interconnected trauma, economic loss, violence, and social isolation were in creating a mental health crisis among Yemeni youth.

L. Qualitative Analysis

- “Tarek, a 15–17-year-old from Syria, expressed how sitting alone and thinking caused physical pain, making him realize the depth of his situation”.
- “Some youths use drugs to escape and feel better about their current circumstances”.
- “Tamara, an aid worker, observed children aged 6 to 15 who can't remember and have lost their childhood due to constant anticipation of attacks”.
- “Children are becoming isolated, unable to interact or form friendships, some not even knowing what friendship means”.
- “Bombings have become routine, with children only reacting when the noise becomes extreme.”
- “The destruction, especially of schools, has contributed to severe anxiety, fear, and insecurity in children, according to a principal from Taiz, Yemen.”

THE STUDY FINDINGS

- The study on the mental health challenges among Yemeni youth due to conflict-related factors revealed alarming trends in trauma, substance abuse, and deteriorating family dynamics. A regression analysis showed that conflict-related factors had a significant positive correlation with mental health challenges ($R^2 = 0.9697$), meaning that as conflict exposure increased, so did the likelihood of mental health issues. The coefficients for conflict-related factors (1.23) and access to mental healthcare (0.84) both demonstrated statistical significance, with extremely low P-values, indicating their strong contribution to explaining mental health outcomes.
- Paired t-tests between conflict-related factors and access to mental healthcare yielded significant results, with t-statistics of 7.26 and P-values less than 0.0001, confirming a strong association between these two variables. Youth exposed to conflict experienced higher mental health challenges, with limited access to care exacerbating the problem. The Pearson correlation of 0.98 further underscored the relationship between conflict and mental health degradation, suggesting that access to services could mitigate some of these challenges.
- In terms of addiction, a notable disparity between youths with mental illnesses and those without was evident. Youths with mental health conditions displayed significantly higher rates of smoking (15.4% vs. 7.4%), risky alcohol consumption (36.9% vs. 31.6%), and drug use (28.9% vs. 15.9%), with the most significant gaps seen in the use of methamphetamine and amphetamines (2.7% vs. 0.7%). The high rate of illicit drug use in the conflict-exposed youth indicated coping mechanisms tied to trauma and instability.
- Family dynamics played a crucial role in youth mental health outcomes, with 56.8% of participants reporting intergenerational trauma, and 51.2% reporting domestic violence as severely affecting their well-being. Parenting challenges, reported by 46%, were also prevalent, reflecting the strain placed on families. These dynamics led to an increased sense of isolation, as reported in the qualitative interviews, where children expressed difficulty forming relationships or even understanding what friendship means.
- In the multiple item analysis, 83.19% of youths reported refugee trauma, while 66.4% experienced trauma linked to PTSD. Loss of home and livelihood (71.77%) and lack of social support (72.47%) were also commonly reported. These findings highlighted the multi-faceted nature of mental health challenges in conflict zones, where displacement, economic insecurity, and social disintegration played critical roles in deteriorating mental health conditions.
- Qualitative insights further revealed the depth of psychological harm. Tarek, a 15–17-year-old, vividly described how thinking about his situation causes physical distress. Aid workers noted that children have lost their sense of normalcy, always expected attacks and exhibited signs of trauma, such as memory loss and anxiety. Some children, isolated from their peers, have never experienced a normal childhood, as observed in Syrian and Yemeni conflict zones.
- The social implications were profound. Sexual and gender-based violence affected 53.16% of the youth, while poverty and financial stress impacted 52.22%. Loss of access to critical resources (69.11%) further compounded these issues. This indicated that the mental health crisis among youth was deeply tied to social determinants and the breakdown of traditional support systems.
- Statistical data showed that despite mental healthcare access (mean = 11.05), there remained a substantial variance in availability, as shown by a variance figure of 43.86. The regression analysis highlighted that mental healthcare alone cannot solve the crisis; rather, a holistic approach addressing conflict-driven factors will be essential. The regression model's high F-value of 13,446 further confirms the robustness of these findings.
- Additionally, the ANOVA results demonstrated a highly significant relationship between conflict and mental health, with a P-value of 0, indicating the extreme influence of these external factors. The high t-values and narrow confidence intervals reflected a precise estimation of how conflict-related variables and healthcare access contributed to youth mental health.
- In conclusion, the findings from both quantitative and qualitative analyses painted a stark picture of the mental health crisis faced by Yemeni youth. The combination of conflict, substance abuse, and family strain led to widespread trauma, isolation, and deteriorating mental well-being. Immediate interventions that address the root causes, alongside expanded access to mental healthcare, will be critical for improving outcomes for this vulnerable population.

JUSTIFICATION OF THE STUDY OBJECTIVE

The research on the rise of mental health challenges among youths in Yemen largely met its objectives by successfully identifying and analyzing key mental health disorders like PTSD, anxiety, and depression, which were exacerbated by conflict. The study highlighted the significant correlation between exposure to conflict-related stressors and increased mental health issues. It also explored the role of factors like disrupted education, loss of social support, and family dynamics, thus aligning with its aim to assess the impacts of conflict on youth mental health in Yemen.

However, there may have been challenges with comprehensive data representation due to limitations such as restricted access to certain regions or biases in self-reported data. Therefore, while the study achieved its core objectives, further longitudinal research would provide a deeper understanding of long-term mental health impacts.

DISCUSSION

The study's findings shed light on the intricate relationship between conflict-related factors and mental health outcomes, particularly among children and adolescents in war-affected regions. The analysis consistently pointed to a high prevalence of psychological distress, including trauma, PTSD, and anxiety, among the youth exposed to war and conflict. Over 66% of respondents reported trauma and PTSD, highlighting the profound psychological impact of violence, displacement, and destruction. The qualitative analysis supplements these findings by providing personal testimonies, such as that of Tarek, a teenager from Syria, who described physical pain associated with recalling his traumatic experiences.

Moreover, the loss of home and livelihood emerged as one of the most significant stressors, affecting 71.77% of respondents. This disruption not only created immediate psychological challenges but also contributed to long-term instability and insecurity. This finding aligned with previous research showing that displacement and economic deprivation were key factors exacerbating mental health crises in conflict zones. Many respondents, particularly refugees, reported trauma levels above 83%, indicating the compounded nature of mental distress among those displaced by war.

A key observation was the widespread use of unhealthy coping mechanisms, such as substance abuse. Youth in conflict zones were turning to drugs to escape the overwhelming reality of their situations, a behavior reported in both qualitative interviews and the study's quantitative data. This highlighted the urgent need for more robust mental health and rehabilitation services, particularly in regions where access to healthcare remains limited.

The analysis further revealed the profound effects of ongoing violence on childhood development. Aid workers and educators note that children, particularly those between six and fifteen years of age, were losing their sense of normalcy and experiencing memory loss due to the constant threat of attacks. This observation underscored the deteriorating psychological state of children in war zones, as they shift from playing and learning to constantly anticipating danger.

Social isolation was another critical concern. The study found that 72.47% of the youths felt a lack of social support, which was exacerbated by displacement, the loss of community networks, and the trauma of war. Youths, some born into conflict, no longer know what it means to have a friend or interact with peers, further stunting their emotional growth. This was a significant factor contributing to the rising levels of depression and loneliness among conflict-affected youth.

The study also highlighted the detrimental effects of sexual and gender-based violence (SGBV) in war zones, with 53.16% of respondents reporting such experiences. Gender-based violence had long-lasting psychological effects, particularly in conflict zones where victims may not have had access to necessary mental health support or legal recourse. The trauma of SGBV compounds other war-related stressors, increasing the risk of PTSD, depression, and anxiety.

Another critical finding was the economic stress experienced by many respondents, with 52.22% of youths reporting poverty as a significant source of mental distress. The loss of financial stability, coupled with a lack of access to resources (69.11%), exacerbated feelings of hopelessness and desperation among youth in war-torn regions. Economic instability limited access to education, healthcare, and other essential services, creating a vicious cycle of deprivation and psychological harm.

In terms of access to mental healthcare, the study revealed a significant gap between the need for services and their availability. Despite the high levels of trauma, PTSD, and anxiety, many children and adolescents did not have access to adequate mental health support. The correlation between conflict-related factors and access to healthcare was a striking 0.98, highlighting the critical need for targeted mental health interventions in conflict zones.

The role of environmental destruction in shaping mental health outcomes was another important finding. The sight of destruction, such as schools reduced to rubble, contributed to chronic anxiety and a sense of hopelessness. Educators and aid workers noted that children who witness the destruction of familiar places, such as their schools, hospitals and other social amenities suffer from deteriorating psychological well-being. This aligned with broader findings that environmental factors, such as the physical destruction of homes and communities, exacerbated mental health crises.

The intergenerational effects of trauma were evident, with many youths reporting family dysfunction as a significant factor in their psychological distress. Domestic violence, often fueled by the stress of war and displacement, affects over half of the respondents, further undermining the mental health of children and adolescents. The breakdown of family structures and communication created a breeding ground for long-term psychological harm.

Finally, the study found that despite the high prevalence of mental health issues, stigma and cultural barriers prevented many youths from seeking help. In patriarchal societies, particularly in regions affected by conflict, mental health issues were often stigmatized, and victims of gender-based violence or trauma could have been reluctant to come forward. This highlighted the need for culturally sensitive mental health programs that will address these barriers and provide support to those in need.

➤ *Comparison of the Study Findings with other Similar Studies in the Regions Affected by Conflict*

The study findings aligned with broader research on the mental health impacts of conflict on children and adolescents in war-torn regions. Similar to the current study, research from war zones in Syria, Yemen, and South Sudan revealed that PTSD, anxiety, and depression were prevalent among children who have witnessed or experienced violence. A 2020 study conducted in Syria reported that nearly 60% of children exhibited symptoms of PTSD, similar to the 66.40% reported in the present study. The recurring theme across different studies was the profound psychological toll of witnessing bombings, displacement, and loss of loved ones.

Moreover, like the current findings that indicate 83.19% of refugee children suffer from trauma, global studies confirmed the elevated mental health challenges faced by displaced populations. Research by the UNHCR in 2019 showed that refugee children across the Middle East and North Africa (MENA) region had significantly higher levels of anxiety and trauma compared to non-displaced children. This corroborated the current study's emphasis on the compounded trauma of displacement, loss of home, and the instability that follows.

Economic stress as a mental health determinant was another area where regional and global studies agree. For instance, research in Iraq following the Islamic State conflict found that financial stress was a key predictor of anxiety and depression in both children and adults. The current study reported similar findings, with over 52% of respondents identifying poverty and financial stress as significant contributors to their mental distress. These parallel findings suggest a universal trend where economic hardship exacerbates mental health crises in war zones.

Social isolation, as identified in the present study (72.47% reporting lack of social support), was a recurrent theme in conflict studies worldwide. A study conducted by Save the Children in 2018 in Afghanistan reported that children's sense of social isolation deepened due to the destruction of communities and displacement. In the current study, the breakdown of community networks, lack of peer interactions, and loss of traditional family structures were highlighted as critical factors contributing to the emotional withdrawal of children.

The findings related to sexual and gender-based violence (53.16%) also mirror global trends. In conflict zones such as the Democratic Republic of Congo (DRC), SGBV had been identified as a major public health crisis, particularly for women and girls. A 2018 study on survivors of conflict-related SGBV in DRC revealed long-term psychological effects, including depression and PTSD, findings that closely resemble the trauma-related symptoms reported by respondents in the current study.

A significant gap in access to mental healthcare services found in this study (with a correlation of 0.98 between conflict-related factors and healthcare access) was also supported by research from Yemen. A 2021 study noted that only a fraction of Yemen's war-affected children had access to professional mental health support. This finding underlines the urgent need for mental health interventions and the establishment of healthcare infrastructure in war zones, a gap that exists not only regionally but also globally.

The qualitative data from the present study, showing children becoming desensitized to violence and bombings, aligned with findings from other conflict zones. For example, research in Gaza had shown that children living under constant siege and bombardment become accustomed to violence, often exhibiting signs of emotional numbing or indifference. The normalization of violence and war further compounds mental health challenges, contributing to long-term emotional and behavioral issues.

Destruction of schools and community infrastructure was another key area where this study's findings align with global research. A study from South Sudan documented the negative impact of witnessing the destruction of educational institutions on children's mental well-being. Similarly, in the current study, children who saw their schools destroyed expressed a heightened sense of insecurity and loss, which was consistent with findings from other war zones.

The study found that 66.4% of Yemeni youth are affected by PTSD, aligning closely with results from Syria and Iraq, where children exposed to violence and displacement exhibit similarly high levels of trauma. A study conducted by UNICEF in Syria reported that nearly 50% of children were suffering from some form of post-traumatic stress disorder (PTSD) due to prolonged exposure to conflict (UNICEF, 2017). In both Syria and Yemen, the constant threat of violence, loss of homes, and

displacement creates conditions that amplify PTSD symptoms, showing a clear link between conflict intensity and trauma prevalence.

The 83.19% incidence of refugee trauma in the Yemeni study reflects global trends seen in conflict-affected populations. For example, in South Sudan, displacement due to conflict has resulted in widespread psychological distress among children, with trauma rates similar to those reported in Yemen. A study on Iraqi refugees in Jordan also reported that over 70% of the participants experienced symptoms of PTSD, anxiety, and depression due to their refugee status (Fazel et al., 2012). This suggests that displacement, whether within or outside a conflict zone, is one of the most significant drivers of mental health challenges.

Yemeni youth reported poverty and financial stress as contributing factors to mental distress in 52.22% of cases. This finding was comparable to those from Afghanistan, where prolonged conflict and economic instability lead to chronic stress, particularly among young people. A study by Cardozo et al. (2004) found that 68% of Afghan youths experienced depression, largely due to the economic hardships imposed by decades of war. Similarly, in Yemen, the collapse of the economy, combined with the ongoing war, creates conditions where financial insecurity becomes a key mental health stressor.

Lack of social support, reported by 72.47% of participants in Yemen, echoes findings from conflict regions like the Gaza Strip, where the destruction of social networks due to war significantly contributed to mental health problems. In a study conducted in Gaza, it was found that the breakdown of family and community support structures resulted in higher incidences of depression and anxiety among adolescents (Thabet et al., 2015). Social isolation exacerbated feelings of hopelessness and insecurity, as youths were cut off from the emotional and psychological support networks that would typically help mitigate stress.

The finding that 53.16% of Yemeni youths reported experiencing sexual and gender-based violence (SGBV) was consistent with studies from other conflict zones such as the Democratic Republic of Congo (DRC), where SGBV was rampant. Research by the World Health Organization (WHO) in the DRC found that nearly half of women and girls in conflict zones had experienced some form of sexual violence, leading to severe psychological repercussions such as PTSD, depression, and anxiety (WHO, 2013). In both Yemen and the DRC, SGBV was used as a weapon of war, leaving survivors with deep emotional and psychological scars.

This study highlighted significant disparities in access to mental healthcare in Yemen, similar to findings from other conflict-affected areas. For instance, in Afghanistan, a lack of mental health infrastructure, compounded by years of conflict, means that fewer than 10% of those in need of mental health services actually receive them (Silove et al., 2017). In both Yemen and Afghanistan, the destruction of healthcare facilities and the absence of trained professionals exacerbate the mental health crisis, with very few resources available to help traumatized populations.

The data on addiction challenges revealed that youth with mental illness in Yemen were more likely to engage in substance use than those without, with 36.9% of mentally ill youths engaging in risky alcohol consumption compared to 31.6% of those without mental illness. This aligned with findings from conflict-affected regions such as Colombia, where a significant portion of young people turned to substance abuse as a coping mechanism for trauma and stress related to the ongoing violence (De Jong et al., 2001). The correlation between mental illness and substance uses in these regions pointed to the need for integrated mental health and addiction services.

Family dynamics were found to be severely affected by the conflict in Yemen, with 51.2% of participants reporting domestic violence. This was consistent with studies from regions like Syria and Afghanistan, where family structures are often disrupted by the conflict. In Afghanistan, it was found that domestic violence increased significantly during periods of conflict, exacerbating the mental health challenges faced by children and women (Miller et al., 2006). The rise in domestic violence further contributed to the deterioration of mental health, as children and adolescents are exposed to both external violence and internal family conflict.

Globally, the mental health challenges faced by children and youth in conflict zones share similar patterns of trauma, social disruption, and economic stress. The study findings in Yemen aligned closely with those from conflict zones in Africa, the Middle East, and South America, where war and displacement severely affect mental health outcomes. For example, in Colombia, where internal conflict had persisted for decades, studies showed that youth were particularly vulnerable to mental health disorders, with high rates of PTSD and depression similar to those seen in Yemen (Rojas-Flores et al., 2017).

In summary, the findings of this study corroborated with extensive research in conflict-affected regions, particularly regarding trauma, the mental health consequences of displacement, and the compounding effects of economic stress, social isolation, and lack of healthcare. The study's focus on the experiences of children and adolescents reinforces the need for targeted mental health interventions and long-term support structures to mitigate the enduring impact of war.

LIMITATIONS OF THE STUDY

The study on mental health challenges among Yemeni youths due to conflict-related factors had several limitations.

First, the data collection process faced significant challenges due to ongoing violence and insecurity in the region. This hindered access to certain areas, potentially resulting in a non-representative sample. Additionally, mental health stigma within the Yemeni culture might have influenced the participants' willingness to fully disclose sensitive information regarding their psychological well-being, leading to underreporting of mental health issues.

Second, the study relied heavily on self-reported data, which was prone to bias and inaccuracies. Participants might have overestimated or underestimated their mental health challenges due to personal perception or fear of judgment. This was especially relevant in conflict zones where trust in external entities might be low, causing participants to withhold or skew responses.

Third, the lack of mental health infrastructure in Yemen meant that proper diagnostic tools for mental health disorders were unavailable, limiting the ability to clinically validate the findings. The reliance on general surveys and interviews, rather than standardized clinical evaluations, reduced the precision of mental health diagnoses.

Moreover, the study focused primarily on the direct psychological impacts of conflict, neglecting potential indirect factors such as economic stressors, long-term displacement, and intergenerational trauma, which might also significantly contribute to the mental health outcomes. These factors, while acknowledged, were not explored in-depth, limiting a comprehensive understanding of the full spectrum of mental health challenges.

The cross-sectional nature of the study also presented a limitation, as it only captured mental health data at a single point in time. Mental health issues, particularly those arising from conflict, were often dynamic and can evolve over time. A longitudinal study would provide a better understanding of the progression of mental health issues in conflict settings.

Furthermore, the study did not account for pre-existing mental health conditions that might have been present before the conflict, which could have influenced the findings. Without a clear baseline, it was challenging to attribute the rise in mental health challenges solely to conflict-related factors.

Finally, while the study identified key areas of mental health challenges, the lack of detailed qualitative data from youths themselves means that the findings may not have fully captured the emotional and psychological nuances of their experiences. Future research should include more in-depth qualitative methods, such as personal interviews and focus groups, to provide richer insights into the lived experiences of affected youths.

CONCLUDING REMARKS

- **Overview of Findings:** The study successfully explored the mental health challenges faced by Yemeni youth, linking these disorders to the ongoing conflict. It highlighted the prevalence of PTSD, anxiety, and depression as predominant mental health issues, with a significant proportion of the youth experiencing these disorders. The data underscores the lasting impact of war on psychological well-being.
- **Impact of Conflict:** The findings indicated that the ongoing conflict in Yemen had deeply affected the mental health of its youth, with factors such as disrupted education, loss of family members, economic instability, and exposure to violence playing major roles. The trauma of losing homes, coupled with the absence of structured psychosocial support, exacerbates the conditions.
- **Family Dynamics:** Family disruptions were found to contribute significantly to the mental health struggles of Yemeni youth. Parenting challenges, domestic violence, and intergenerational trauma were prevalent, which worsened the children's psychological state. The breakdown in family structures has been shown to have long-term adverse effects on the youth.
- **Addiction and Substance Use:** The study also touched on the increased use of substances like smoking, e-cigarettes, alcohol, and drugs among the youth as coping mechanisms. Those with mental health issues showed a much higher prevalence of addiction, pointing to the need for integrated substance abuse and mental health intervention strategies.
- **Role of Mental Health Service Providers:** While the study acknowledged the availability of different mental health service providers such as community health workers, religious leaders, and psychiatrists, the findings indicated a gap in accessible, professional mental health services. This lack of structured healthcare exacerbated the problem, leaving many young people untreated.
- **Comparative Analysis:** Comparing the results with other regional studies, the research outcomes aligned with findings from conflict zones such as Syria and South Sudan, where similar mental health challenges were prevalent among youth. This reinforces the need for more comprehensive and region-specific mental health interventions (Tamimi et al., 2019).
- **Limitations in Access to Care:** The lack of infrastructure and access to mental healthcare services emerged as a major obstacle in addressing these challenges. Despite some community-based services, there was an urgent need for professional, trauma-informed mental health services to mitigate the ongoing mental health crisis.
- **Suicidal Thoughts and Behavior:** The study revealed alarming rates of suicidal ideation and attempts, indicating severe distress among the youth. The data suggested that without intervention, these patterns could persist, highlighting the need for urgent action to address this crisis.
- **Policy Implications:** The study suggested that targeted mental health policies are crucial to addressing the psychosocial needs of Yemeni youth. Interventions must focus on rebuilding family structures, providing mental health services, and addressing trauma in a holistic way to mitigate long-term damage.
- **Future Directions:** Given the findings, future research should focus on longitudinal studies to monitor the long-term mental health impacts of the conflict, and policy makers should consider integrating mental health services into broader conflict resolution and recovery programs. Sustainable mental health services are necessary to ensure the youth in Yemen can recover from the trauma of conflict.

RECOMMENDATIONS

- **Strengthen Mental Health Services:** There is a need for Yemen to build accessible mental health services, particularly targeting youth affected by conflict. These services should include trained mental health professionals, psychologists, and psychiatrists, and be available in both urban and rural areas.
- **Integration of Mental Health in Education:** Schools should incorporate mental health awareness and support systems, offering counseling services to students. This will help in early identification and management of mental health challenges among students, reducing stigma and encouraging help-seeking behaviors.
- **Community-Based Support Programs:** Strengthen community-based mental health programs by engaging religious leaders, community health workers, and local organizations. These figures can act as first responders in providing emotional support and identifying individuals in need of professional mental health care.
- **Trauma-Informed Care:** There should be an emphasis on trauma-informed care, which takes into account the psychological effects of conflict, displacement, and loss. Interventions should include therapies that address post-traumatic stress disorder (PTSD), depression, and anxiety, while also offering family-centered counseling.
- **Address Substance Abuse:** Given the correlation between mental health challenges and substance abuse, integrated intervention programs that address both issues should be developed. This can include addiction counseling, education on the dangers of substance abuse, and rehabilitation services.
- **Suicide Prevention Programs:** Urgent steps need to be taken to create suicide prevention strategies, including training community health workers to identify risk factors, establishing hotlines, and offering crisis intervention services.
- **Psychosocial Support in Refugee Camps:** Refugee camps and displaced communities should have dedicated psychosocial support services to cater to children and adolescents. Programs should focus on reducing the sense of isolation, rebuilding social networks, and providing safe spaces for expression and healing.
- **Government and Policy Support:** The Yemeni government and international organizations should prioritize mental health in their humanitarian responses. Policies that protect and promote mental health, alongside initiatives that address the socio-economic factors affecting youth, are essential.
- **Awareness Campaigns:** Public awareness campaigns can help reduce the stigma surrounding mental health. These campaigns should target both youth and their families, encouraging conversations about mental well-being and the importance of seeking help.
- **Longitudinal Research:** There is a need for ongoing research to monitor the long-term effects of the conflict on mental health. This will help in understanding how mental health challenges evolve over time and in tailoring interventions to better meet the needs of the population.

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APPENDIX

Appendix A: The Study Questionnaire

➤ *Demographics Questionnaire*

1. What is your age group?

- 15 - 18 years
- 19 - 24 years

2. What is your gender?

- Male
- Female

3. Where do you currently reside?

- Urban
- Rural

4. What is your highest level of education?

- Primary
- Secondary
- Tertiary

➤ **Youth Mental Health Conditions Questionnaire (Ages 15-24)**

Have you experienced any of the following mental health conditions in the past year?

(Please select all that apply and specify your gender)

Mental Health Condition	Yes (Males)	Yes (Females)	No
Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Disorders (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. In the past month, how often have you experienced stress?

- Never
- Rarely
- Sometimes
- Often
- Always

2. How frequently do you feel anxious or worried?

- Never
- Rarely
- Sometimes
- Often
- Always

3. Have you experienced feelings of depression or sadness that last for an extended period?

- Never
- Rarely
- Sometimes
- Often
- Always

4. Have you been diagnosed with or believe you may have ADHD (attention deficit hyperactivity disorder)?

- Yes, diagnosed
- No, but I believe I may have it
- No

5. How often do you have trouble sleeping or feel sleep-deprived?

- Never
- Rarely
- Sometimes
- Often
- Always

6. How often do you feel isolated or disconnected from others?

- Never
- Rarely
- Sometimes
- Often
- Always

7. Have you been diagnosed with any other mental health disorders or believe you may have them?

- Yes, diagnosed
- No, but I believe I may have one
- No

8. If you answered "Yes" to the above, please specify the disorder(s):
(Open-ended)

9. Have you ever sought professional help for any mental health concerns?

- Yes
- No

10. How comfortable are you discussing your mental health with others (friends, family, professionals)?

- Very comfortable
- Somewhat comfortable
- Neutral
- Somewhat uncomfortable
- Very uncomfortable

➤ *Impact of Conflict on Youth Mental Health in Yemen*

1. Have you experienced physical injuries or disabilities as a result of the conflict?

- Yes
- No

2. Have you experienced malnutrition or starvation during the conflict?

- Yes
- No

3. Has your education been disrupted or have you had limited access to schooling due to the conflict?

- Yes
- No

4. Do you feel you are at an increased risk of exploitation or abuse because of the conflict?

- Yes
- No

5. Have you lost any family members or caregivers as a result of the conflict?

- Yes
- No

➤ **Mental Health Service Providers**

Which of the following mental health service providers have you sought help from in the past year?
(Select all that apply)

Mental Health Service Provider	Yes	No
Religious/Faith Leader	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/Physician	<input type="checkbox"/>	<input type="checkbox"/>
School Staff (e.g., counselor or teacher)	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Worker	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

How often do you use mental health services provided by any of the following providers?
(Please indicate frequency)

Mental Health Service Provider	Never	Rarely	Sometimes	Often	Always
Religious/Faith Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What barriers do you face in accessing mental health services in your community?
(Select all that apply)

- Financial limitations
- Lack of nearby providers
- Stigma around mental health
- Lack of information about services
- Limited availability of specialists (e.g., psychiatrists)
- Other (Please specify): _____

➤ **Addiction Challenges and Mental Health Questionnaire**

How often do you engage in the following behaviors?

(Please indicate your frequency for each)

Substance/Behavior	Daily	Weekly	Monthly	Rarely	Never
Smoking (cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes or vaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risky alcohol consumption (e.g., binge drinking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of any illicit drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis use (marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy use (MDMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine or amphetamine use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical use of pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ *Family Dynamics Questionnaire*

1. How have parenting challenges in your family been impacted over the past year?

- Severely Affected
- Relatively Affected
- Not Affected

2. How has domestic violence impacted your family dynamics?

- Severely Affected
- Relatively Affected
- Not Affected

3. Have you or your family experienced intergenerational trauma (emotional or psychological harm passed down through generations)?

- Severely Affected
- Relatively Affected
- Not Affected