



WAR
child

ENTRY TO
CARE

1. MAIN DETAILS

Challenge owner: War Child Holland (WCH)

<https://www.warchildholland.org/research-and-development/>

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War Child Holland undertakes research and development to demonstrate the effectiveness of all our interventions. Our in-house R&D team is working to develop a holistic Care System made up of evidence-based intervention models. This Care System will increase access to integrated education, protection and psychosocial support for conflict-affected children and their communities. This challenge brief outlines and contributes to the development of one specific element of this Care System.

2. PROBLEM STATEMENT

“How can we tackle barriers that exist to access services related to safety and protection for the most vulnerable people in need of these services?”

3. CURRENT CHALLENGE: From identification to utilization

“Noor is 12. She lives with her family and goes to the local primary school. She always liked school, especially playing with her friends. Over the last few months though, Noor doesn't seem herself. She doesn't want to play with her friends anymore, and she seems sad all the time. Sometimes she cries for no reason, or she gets irritated at little things, and can't explain why. Noor never wants to go to school now. Most mornings Noor complains that she has a headache or that she feels sick in her stomach and can't go, and gets very upset – she goes quiet, starts shaking and goes pale, and seems afraid. Noor worries too much about little problems and seems lost in her thoughts. Noor's marks at school have gotten worse, and when she is encouraged to think about her future and what she might like to do when she grows up, Noor says she doesn't care, and it doesn't matter because she doesn't want to have a future anyway.”

Are you worried about Noor? Or does it require a professional mental health background to answer this question?

Millions of children living with mental health problems - brought about by exposure to violence and armed conflict - currently receive no treatment for their condition. They are denied access to potentially life-saving mental healthcare services - which means innovative and low-cost solutions to increase access are urgently required.

Depression is the number one cause of illness and disability in people aged from 10 to nineteen years old, and suicide ranks number three among causes of death. Half of all people developing mental disorders experience their first symptoms by the age of fourteen¹. Early

¹ Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., ... & Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet*, 378(9801), 1515-1525.

identification of symptoms and support are essential to prevent further development of mental disorders. Yet in contexts of humanitarian and protracted crisis the mental health of children and young people (CYP) is often neglected. Less than 25 percent of people living with mental health problems in low- and middle-income countries currently receive treatment for their conditions². For CYP living with the ongoing effects of armed conflict, who often cannot seek services of their own accord, the figure is even lower.

This is not only due to low availability of services in contexts of humanitarian or protracted crisis; even with services in place there is a major gap observed between CYP in need and those who can access available services. Misconceptions tied to mental health problems often result in perceptions towards mental illness as a defect, a weakness and a sign of disability. Some parents are not aware of the symptoms or (unconsciously) ignore them due to cultural (gender-related) norms that might result in stigma towards their family, or due to anxiety regarding future opportunities. Other barriers include lack of awareness of service availability and a perception that treatment is ineffective.

As improved psychosocial wellbeing is a crucial contributor towards enhanced personal safety and protection, the challenge is to find simple, innovative, contextual and scalable solutions to tackle these demand-side issues, and significantly reduce the access gap for mental health care.

War Child has developed a tool to engage with these challenges. The Community Case Detection Tool (CCDT) increases awareness among community members and strengthens their skills to identify MH-related problems among CYP. The tool is currently in a research phase in Sri Lanka and the occupied Palestinian territories (oPt). The tool assists in identification - and we now need **expertise** to develop solutions to **improve access and take-up of MH services**.

4. IMPACT GOAL

According to the World Health Organization, key components for CYP-friendly services include availability; easy accessibility; equitability (e.g. non-judgemental, inclusive regardless of gender, ethnicity etc.), acceptability (e.g. confidential); and, appropriateness (e.g. in terms of the characteristics of the service provider)². In addition, strategies to improve access for CYP at risk of mental health conditions require a multilevel approach with varied delivery (plat)forms – e.g. digital media, health or social care settings, schools or the community³.

The Community Case Detection Tool (CCDT)⁴ is an innovative and scalable tool to raise awareness about mental illness in communities, tackle the lack of identification and increase help-seeking among CYP and their families. The CCDT contains an illustrated narrative, like Noor's story above, about a child experiencing mental distress. Each narrative is based on specific cultural idioms of distress to support simple identification. Trusted community members are trained to use the tool to proactively identify these problems at an early stage and thereby approach the family to encourage and support help-seeking.

² Kaess, M., Ritter, S., Lustig, S., Bauer, S., Becker, K., Eschenbeck, H., ... & Resch, F. (2019). Promoting help-seeking using e-technology for adolescents with mental health problems: study protocol for a randomized controlled trial within the ProHEAD consortium. *Trials*, 20(1), 94.

³ <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

⁴ <https://www.warchildholland.org/why-single-page-could-support-millions-need/>

DO YOU KNOW OR ...



... have you heard about a boy or girl (6-18 years) who has some or many similar problems to these? For some time, Prakash has become irritable and quick to anger. He often upsets, harasses and annoys other children, and gets into (physical) fights with others. He seems unable to control his behaviour, and argues with teachers and adults constantly. Prakash no longer cares about school, he sometimes skips classes and is getting bad marks. His behaviour has put many of his old friends off, and now he is often alone, or with others who influence him badly. He increasingly breaks rules, and for some time, there are even rumours that he has been using alcohol and stealing. All this has caused him problems at home; his parents no longer know how to deal with him. Every time they try to control him, Prakash loses his temper. Prakash does not seem happy – he does risky things, and often seems to have injuries.



Do you know or have you heard about a boy or girl (6-18 years) who has some or many similar problems to these?

NO	YES I know a child with some of these problems	YES I know a child who has many of these problems
STOP	NO Do you think these problems have been seriously affecting the child's daily life in the past month? (e.g. at school, in their family, or with friends)	YES Invite to assessment

DO YOU KNOW OR ...



... have you heard about a boy or girl (6-18 years) who has some or many similar problems to these? Sara lives with her family and goes to school in her village. She has always enjoyed going to school and playing with her friends. But in the last few months Sara has not been acting the way she used to. She is no longer as energetic or excited to play her favourite game "Kareem-board" or be with her friends, and often seems to be sad or irritable. Even eating nice food does not make her happy like it used to. Most mornings Sara complains of a headache or stomachache and wants to stay home. She remains quiet more often than before and always seems tired. It seems like Sara is always thinking and worrying too much, and cannot concentrate as well as before. Her marks have deteriorated at school and she is no longer involved in many activities – instead she often wants to sit alone. Sara does not seem to feel good about herself and when asked what she wants to become in the future, she cannot think of a positive answer.



Do you know or have you heard about a boy or girl (6-18 years) who has some or many similar problems to these?

NO	YES I know a child with some of these problems	YES I know a child who has many of these problems
STOP	NO Do you think these problems have been seriously affecting the child's daily life in the past month? (e.g. at school, in their family, or with friends)	YES Invite to assessment

With this tool, and its potential to increase awareness and identification, our **next goal is to find the most effective solution(s) to improve actual access to and utility of potentially life-saving mental healthcare services** by CYP and their families.

Current trends and widespread access to information technology bring potential new solutions to support safe and low threshold access to help for CYP dealing with mental health issues⁵. Together with you we hope to find these solutions that tackle the barriers mentioned above and improve entry to care. This will serve to ultimately **address the mental health needs of millions of CYP**.

Any innovative solution that we can come up with together, on-/offline, involving technology or not; it should be low-cost, low-resourced-settings-proof, and have the potential to be adapted for large-scale impact. If we find this solution, the impact will reach far beyond enhanced mental health and psychosocial wellbeing – it will serve to improve long-term opportunities for CYP to lead fulfilling lives as adults.

5. ASSUMPTIONS MADE

- Access and utilization of services for CYP at risk of severe emotional distress can be increased by implementing new strategies that provide safe and low threshold access, given that these services are accessible for everyone, either on-line or off-line;
- (Parents of) children and youth want to improve their mental health and are willing to seek professional help when facilitated to do so;
- Service providers are willing to share up-to-date information about their location and service offers - and this information can be easily shared through local off- or on-line platforms;

⁵ An inspiring example from a high income setting: <https://www.good-thinking.uk/>

- Tackling barriers that exist for CYP to access support requires a multilevel approach with varied delivery (plat)forms – e.g. digital media, health or social care settings, schools, or the community.
- The solution should and can be easily adapted to different humanitarian and protracted crisis settings as well as the local context.
- The solution can be scaled.

6. RISKS IN PURSUING THIS CHALLENGE

- Risk is to overburden the current system by promoting help-seeking;
- Risk is to reinforce notions of stigma by focusing on trying to find confidential solutions to increase help-seeking (e.g. providing a solution to hide it);
- Risk of relying solely on information technology is that in low-resource settings, with for example frequent power cuts, 24/7 (immediate) access is not guaranteed;
- Risk of relying on information technology and personal devices only (e.g. mobile phones), is that we might exclude certain people and reinforce imbalances based on access to devices;
- *In case the solution we are looking for to increase help-seeking is used in places without available services there is a risk to **do harm** and not be able to adequately provide access to urgent support.*

7. NEXT STEPS

- We would like to invite **actors working within and outside of the humanitarian sector**, to share their expertise and jointly brainstorm on out of the box, scalable solutions that can be tested in unstable, humanitarian contexts. For parties to **indicate their interest the deadline is May 9**. Depending on availability of the interested parties, the brainstorm session is planned on 20, 21 or 22 May, 3-5pm, at the War Child office in Amsterdam;
- Explore current effective (i.e. tested) solutions used in similar, or other settings (e.g. in high income countries), examples: <https://www.good-thinking.uk/>, <https://mydoctor.lk/>, <https://www.echannelling.com/Echannelling/index> and check feasibility for sensitive MH issues and/or low-resource settings;
- Multi-disciplinary **exploration of innovative on/off-line solutions to effectively increase access to services for children, youth and their families;**
- Identification of (a) country context(s) to carry out the intervention research;
- Conduct research in contexts to examine the underlying barriers for lack of access to care and confirm assumptions;
- Develop and test innovative strategies (the challenge) to improve access to services and care in the coming years. This process has great potential for cooperation between sector actors.

Want to know more about War Child and increasing access to care? Scan the QR-code or visit <https://www.warchildholland.org/why-single-page-could-support-millions-need/> and watch the short video.

