A Large Gap in Mental Health Services in Displacement Areas

Internally Displaced Persons in Marib Governorate as a Model

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Mental health is an essential part of human health, and the internally displaced persons (IDPs) in Marib Governorate, eastern Yemen, are exposed to many psychological challenges due to their harsh conditions, which include poverty, fear, anxiety, and loss. In Marib, IDPs face significant challenges that greatly affect their mental health. The psychological state of the displaced people in the camps reflects deep suffering, as many live in harsh conditions lacking safety and stability, leading to various psychological problems such as depression, sleep disorders, and continuous anxiety about their fate and future.

A Displaced Woman in Marib Seeks a Different Kind of Return

"What matters to me is that I live the rest of my life with my six children and husband in a room or even in a tent... The most important thing for me is that my husband regains his health and sanity, the delusions and doubts leave him, and we can live in peace, forgetting the dark days and hellish life we are living now."

This is how Um Masoud (a pseudonym), a 35-year-old woman, summarizes her and her children's suffering after experiencing repeated and harsh displacement to Al-Jawf Governorate, and then to Marib Governorate (eastern Yemen) due to the escalating military actions and the expansion of war events in the country since 2014. This conflict has led to the displacement of more than 4.5 million Yemenis, according to estimates by the Executive Unit for IDPs Camps Management, with Marib hosting over 1.3 million displaced persons, representing more than two-thirds of the IDPs in areas under the control of the internationally recognized legitimate government, according to relief organizations' estimates.

Um Masoud recounts her story: "We were displaced for the first time due to the war to Al-Jawf Governorate, where we lived for three years in a room. We slept in one part and cooked in the other. There, my husband was injured for the first time and received treatment. After the Houthis entered Al-Jawf, we were displaced to Marib. We rented two rooms for two months before being evicted because we couldn't pay the rent. We then borrowed money from some acquaintances, managed to gather an amount, and built a room, a small kitchen, and a bathroom in the camp, but we still owe more than 400,000."

Um Masoud explained how her husband's behavior towards her and their children, including their eldest son, Masoud, aged 12, changed after he was injured again following their second displacement to Marib. He did not fully recover, leaving some shrapnel in his

body, possibly worsening his psychological condition, leading him to prevent them from going out and sometimes beating them violently.

Um Masoud's story is one of hundreds of similar stories. A recent study by the National Center for Strategic Studies in Marib revealed that 290,000 displaced families in Marib suffer from varying psychological effects due to the war and displacement risks.

Despite this family's struggle to meet basic needs like shelter, food, and clean water, their main and ongoing suffering lies in the absence of specialized and integrated humanitarian interventions related to mental health services.

Mental Health Situation in Marib Governorate

According to WHO reports, about 80% of displaced people in Yemen suffer from psychological disorders due to the ongoing conflict. Displaced children face psychological and social difficulties, missing access to education and essential services, negatively impacting their psychological and social development.

Statistics show that about 50% of women visiting mobile clinics exhibit deteriorated mental health due to family disintegration and changes in husbands' behavior postdisplacement. Men also suffer psychological pressures due to their inability to fulfill their traditional role as family providers.

Dr. Mahyoub Ahmed Al-Makhlafi, a psychiatrist and mental health coordinator at the Health Office in Marib Governorate, said, "Physical injuries in war can cause psychological trauma with various impacts. Repeated injuries can lead to PTSD, panic disorders, and fear. On a personal level, a person feeling incapacitated may become involuntarily hostile towards themselves, their family, or society."

It is evident that the mental health services in Yemen, in general, and in Marib, in particular, are significantly lacking. WHO reports indicate that Yemen's mental healthcare system suffers from funding shortages, low priority from decision-makers, a scarcity of mental health professionals, and the social stigma associated with mental illness.

Most people needing mental healthcare, including medications, must pay for treatment, forcing many to stop treatment due to inability to afford it. This is the case for Abu Masoud, as his wife confirms, "He improved significantly during the two weeks he took the prescribed medications, but when the treatment ended, his condition worsened, and he returned to his delusions and doubts, preventing us from leaving the house. We couldn't afford the two-month treatment, costing 35,000 per month."

Um Masoud further describes her recurring ordeal with her husband, saying, "Two months ago, Abu Masoud came home while I was outside with our youngest daughter, returning from our neighbor's house. In his anger, he grabbed the little girl's hand and threw her inside the house, breaking her leg and injuring her hand, which still suffers to this day. He then had a seizure. We took him to the hospital, where they requested an MRI scan, which is expensive. His monthly salary barely covers household expenses and children's education, and we receive the salary every three months."

These challenging circumstances require intensive efforts to provide psychological and social support to IDPs in Marib. Urgent and effective mental health services should be available, including psychological consultations, group psychological support, and workshops to enhance psychological resilience.

Efforts and Needs in the Mental Health Sector in Marib Governorate

The need for psychological support in Marib is urgent and no less critical than other health and livelihood needs. Psychological support is a fundamental pillar for improving overall health and well-being, helping IDPs cope with trauma and daily challenges.

Currently, organizations like Doctors Without Borders provide basic healthcare and psychological support to IDPs through mobile clinics. These organizations also disseminate information about available services and identify people with special needs for humanitarian aid. However, there remains a need for more resources and specialized psychological support to address the immense challenges posed by displacement and ongoing conflict.

Dr. Ali Al-Tam, head of the Protection Organization for Civil Orientation in Marib, considers that the protection programs provided by humanitarian organizations are very weak and cover less than 10% of the needs for life-saving medical services. There is a significant gap in other protection aspects, particularly child protection and psychological support.

Despite Um Masoud's suffering, she has not lost hope and is trying to find someone who can help her husband recover, whether from a government entity, an organization, or a benefactor.

During our conversation, Dr. Al-Makhlafi asked us to convey his message to Marib's governor, Sultan Al-Arada, and active humanitarian organizations, urging the establishment of an emergency psychiatric facility in the governorate. He added, "The situation has become more than necessary, with increasing numbers of psychological patients due to the prolonged war, economic deterioration, unemployment, high living costs, and lack of a psychiatric facility in Marib could exacerbate these conditions, leading to schizophrenia, paranoia, depression, and the patient becoming a source of psychological distress for their family, known as conversion disorder."

Al-Makhlafi revealed that the number of patients visiting medical facilities providing psychological care in the governorate exceeds 18,000 annually, excluding those receiving treatment outside the governorate to avoid social stigma and exposure to their families and surroundings.

Dr. Al-Makhlafi attributes the shortcomings in psychological medical services in Marib to the shortage of psychological specialists, with only three specialists serving a population of three million in the governorate, equating to one psychiatrist per million people. WHO guidelines indicate that there should be one psychiatrist per 100 people during wars and disasters.

Dr. Al-Tam agrees with Dr. Al-Makhlafi on the need for a psychiatric facility in Marib. Official statistics indicate this need, with about 70 cases referred outside the governorate in the past two months requiring psychiatric hospitalization. Regarding organizational interventions, Dr. Al-Tam confirms they are simple and have no significant impact, as they have not sought to provide psychological specialists despite knowing the governorate's urgent need for specialists and technicians in this field.

Despite some efforts by organizations and agencies in Marib, access to psychological support remains limited and inadequate. Efforts should be intensified to raise awareness about the importance of mental health and provide necessary support to IDPs, enhancing collaboration between organizations and relevant parties to ensure comprehensive and effective psychological services for IDPs in Marib Governorate.

In conclusion, Um Masoud's story is a vivid depiction of the suffering of hundreds of thousands of displaced persons facing countless challenges in their daily lives. This story highlights the significant gaps in mental health services in displacement areas and calls for intensified humanitarian efforts to meet the psychological and health needs of the displaced. Providing integrated mental healthcare and specialized medical interventions is not a luxury but a vital necessity to ensure the restoration of a dignified life for these individuals and their families. The international community, humanitarian organizations, and the government must work together to bridge this gap and ensure that every displaced person finds the support they need to live in peace and security. Hope remains for a better future where humanitarian justice is achieved, and stability and reassurance return to the lives of all those forcibly displaced from their homes.