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| Date | 27 November 2024 | | | |
| Proposed study title | Burden of mental health illness among children and adolescents in humanitarian settings: a retrospective analysis of MSF mental health program data, 2019-2024 | | | |
| Purpose of study | This retrospective analysis of routine mental health data focused on children addresses two key objectives of the current MSF-OCA Medical-Operations Functional Strategy: “Deliver healthcare that is evidence-based, safe and an acceptable quality” and “Provide services that meet the needs of those we often fail to reach in our programmes” where children and adolescents are both specifically highlighted in that second objective.  This retrospective analysis of routine data from MSF-supported mental health programs across MSF projects will contribute to the systematic epidemiological description of mental ill-health and mental health service utilization among children and adolescents. Including a focus on gender, adolescents and residence status will help MSF, health authorities and other humanitarian actors to better understand the diverse and intersecting mental health needs of children and adapt services as appropriate.  The findings of this analysis may influence how we approach children and adolescents in MSF-supported mental health services, such as the way mental health services are promoted and referred to and the modality of mental health service delivery.  Furthermore, this analysis will contribute to advocacy efforts on the mental health needs of children and adolescents in humanitarian settings | | | |
| Research question | What are the demographic characteristics, presenting mental health complaints, precipitating events, and short-term outcomes of children and adolescents at MSF-supported mental health services? | | | |
| **Objectives** | This study will help MSF, health authorities and other humanitarian actors to better understand the mental health needs of children and adapt services as appropriate. In addition, the study will contribute to the documentation of mental health symptoms of children in humanitarian settings. More specifically, we aim to meet the following objectives:   1. Describe the demographic characteristics of children and adolescents presenting to MSF-supported mental health services 2. Describe the presenting mental health symptoms, and precipitating or underlying events associated with these complaints of children and adolescents 3. Describe the mental health services provided and their short-term outcomes (symptom reduction and exit status) of children and adolescents 4. Stratification of analysis of objectives 1-3 by different age groups (<0-9, 10-19 years), gender (m/f/unknown), residential status and geographical region and assess any significant differences | | | |
| **Background/significance**  *1 paragraph* | In 2024, more than 110 million children worldwide are estimated to require humanitarian assistance[[1]](#footnote-2). Humanitarian crises profoundly impact the health of children and adolescents, with consequences on physical, social, environmental and mental wellbeing[[2]](#footnote-3). Exposure to violence, being displaced, disruption to family structure and education, losing family members can all significantly impact the mental wellbeing of children and adolescents in these settings[[3]](#footnote-4)[[4]](#footnote-5)[[5]](#footnote-6). The World Health Organization estimates that approximately 20% of people in conflict-affected areas experience mental health disorders, including depression, anxiety and post-traumatic stress disorder[[6]](#footnote-7). Research suggests that similar or even higher prevalences of such conditions among children in various humanitarian contexts5[[7]](#footnote-8)[[8]](#footnote-9)  In response to these needs, Médecins Sans Frontières (MSF) provides mental health and psychosocial support services across diverse humanitarian settings. These services include individual, family and group counselling, psychological care activities and care of patients with severe mental health disorders. Over the past 5 years, MSF has conducted 264,739 individual mental health counselling sessions, of which 58,870 (22%) were provided to children and adolescents (under 20 years).  This study is a retrospective analysis of routine data from MSF-supported mental health programs across multiple projects. By systematically documenting mental health symptoms and mental health service utilization among children and adolescents, this analysis aims to inform a more nuanced understanding of the mental health needs in this specific population. Insights from this study will help MSF, health authorities and other humanitarian actors to better understand and address the mental health needs of children and adolescents in humanitarian contexts. | | | |
| ***Study topic***  *Check all that apply* | Is the study part of an approved OCA topical research agenda?  No  Yes, namely:  If yes, please provide a link to, or submit research agenda with this concept paper | | | |
| AMR  Cholera  Covid-19  Ebola  Environmental Health  Emergency  HIV  Leishmaniasis  Malaria  Nutrition  Other disease outbreak  If Other or Other disease outbreak, please state: | Maternal & women's health  Measles  Meningitis  Mental health  Mortality  NTDs (excluding leishmaniasis)  Neonatal & child health  Non-communicable diseases  Other | | Upper/lower respiratory tract disease (excluding Covid-19)  Sexual violence  Surgery  Tuberculosis  Vaccination  VHF (excluding Ebola)  Violence  Water & Sanitation |
| **Methods - design**  *Check one study design* | Please consult the relevant study reporting guidelines\* listed at the end of this concept note. | | | |
| Observational study  Randomised trial  Systematic review  Case report  Diagnostic study  Brief explanation for chosen study design:  Retrospective analysis of data collected as part of the routine monitoring of MSF-supported mental health services | | Mixed methods study  Qualitative research  Quality improvement study  Prediction model  Other | |
| **Methods - setting** | **Study location/setting:** We will conduct retrospective data analysis of data collected between June 2019 and December2024 as part of the routine monitoring of MSF-supported mental health services. We will extract these data from the District Health Information System 2 (DHIS2). Data collection took place as a routine medical activity. The dataset contains data from children and adolescents under 20years that received mental health services at MSF-supported mental health programs during the study period.  **Context (1 paragraph):** We will include mental health program data that was collected across MSF-OCA mental health services during the study period. | | | |
| **Methods – participants, procedures, analysis**  *For retrospective analyses of routine data, if this section is sufficiently complete, this concept note will serve as the study protocol.* | **Study participants**: *sampling strategy including where and how they will be found, over what time period, and inclusion/exclusion criteria; sample size (including sample size calculations if appropriate).*  Definitions of children include those under 18 years (UN Conventions on the rights of the Child) or may also include those under 20 years when considering adolescents. In this study, children and adolescents will be defined as patients attending MSF health facilities who are under the age of 20 years.   |  |  |  | | --- | --- | --- | |  | **Inclusion criteria** | **Exclusion criteria** | | **Age** | Clients that are under 20 years will be included in the analysis | * Clients that are 20 years or over | | **Context** | Areas where MSF-OCA has supported mental health services during the study period | - | | **Countries** | Low- and Middle-Income Countries as per World Bank classification | High Income Countries as per World Bank classification | | **Health care level** | Mental health services at the primary and secondary care level | - | | **Support level** | MSF-supported mental health services | Mental health services that are not supported by MSF |   **Data variables (quant):** The following variables will be included in this study:   |  |  | | --- | --- | | **Demographic characteristics** | Age | | Sex | | Unaccompanied minor status | | Residential status | | **Admission** | Referred to MSF by | | Heard of MH services through | | Precipitating event | | Main symptom | | **Treatment** | Patient initiated on psychiatric medication | | Type of support (individual/group) | | Individual counselling focus | | Total number of counselling sessions / average number of sessions per client | | **Exit** | Change in complaint rating | | Change in functional rating | | Exit status |   **Data sources and collection**: We will conduct retrospective data analysis of data collected between June 2019 and December 2024 as part of the routine monitoring of MSF-supported mental health services. We will extract these data from the District Health Information System 2 (DHIS2). Data collection took place as a routine medical activity. The datasets contain data from all adults that received mental health services at MSF-supported mental health programs during the study period.  **Data analysis:** All analysis will be conducted using RStudio (RStudio Team (2020). RStudio: Integrated Development for R. RStudio, PBC, Boston, MA URL <http://www.rstudio.com/>). Following data cleaning and transfer to RStudio, we will conduct a descriptive analysis of the available data. Precipitating events and symptoms will be presented as proportions, other variables will be presented either as proportions or medians with their range. Where appropriate, differences in proportions will be measured using logistic regression, Pearson χ2 test and p-value (p) will be presented. All results will be presented in text, tables or graphs as appropriate. | | | |
| **Resources/costs:** | No costs incurred from this analysis. The analysis will be conducted by Patick Keating and Elburg van Boetzelaer, both Epidemiology Advisors with guidance from Raghda Sleit and Nadia Fredj, both mental health advisors. | | | |
| **Planned dates**  *List proposed* ***start/end date******[mm/yyyy]*** *of each stage and any time restrictions* | **Protocol development: NA**  **Ethics review: November 2024**  **Study preparation: November2024**  **Data collection: N/A**  **Data analysis: November 2024**  **Write up (report): December 2024**  **Write up (other study outputs): January 2025** | | | |
| **Ethics** | **Benefits:**  There will no direct benefits to the patients who contributed data to this study. However, an in-depth analysis of routine medical data from MSF supported mental health programs focusing on children will provide the following benefits   * will contribute to the systematic epidemiological description of mental health symptoms among children in humanitarian emergencies; * will help MSF, health authorities and other humanitarian actors to better understand the mental health needs of children and adapt services as appropriate; * will help to identify gaps and room for improvement in current data collection and data quality which can guide future data collection improvements at MSF-supported mental health programs; * will contribute to the scientific basis of MSF’s advocacy; * will support other actors in their humanitarian programming and advocacy strategy.   **Risks:** *Potential harms to patients/community and risks to study completion.*  This is a retrospective data analysis study and there will no additional data collection conducted. As such, we don’t foresee any harm for the individuals who contributed their data. There are no personal identifiers collected as part of the dataset for this study. No harm is anticipated for MSF as an organisation.  **Involvement of / collaboration with relevant local stakeholders:** It is not possible to contact/involve clients from MSF-supported mental health programs as we will be unable to trace them. We will conduct the analysis as a bulk across MSF-OCA projects and will not name any countries in the analysis and write up. We will closely collaborate with the mental health advisors from MSF.  **Obtaining informed Consent**: No consent for individuals whose data will be used in this analysis will be sought. This project will involve a retrospective analysis of routinely collected operational data which does not contain personally identifiable information in the electronic databases. Obtaining consent would entail retrieval of securely stored paper case files with identifying information and contacting the individuals involved. These steps are not justified and would pose potential harm and create additional risk for the participants.  **Confidentiality and privacy:** *Describe how you plan to protect confidentiality*  This is a retrospective analysis of existing data; all data have been collected anonymously. The data will be presented in aggregated format only, and no individual-level data will be reported. All individual-level data will be kept confidential and will only be accessible to authorized personnel involved in the analysis. The MSF policy on data protection will be strictly followed and the team will ensure that the data are handled in a confidential and respectful manner, considering the rights and dignity of the participants and community. It is important to note that the data will be handled only by the MSF team and will not be shared with any external parties or organizations. In addition, the data used for the analysis will not include any directly identifiable information – it will contain a clinic record identifier, but it will not contain person name, contact details, address, or national identification number.  **How will the study demonstrate respect for study participants:** *including how findings are shared with them*  Study participants will not be traceable because of the selected study design (retrospective analysis of routine data). We will however ensure that key findings of the study are shared with clients of MSF-supported mental health, through leaflets and/or information booklets.  **In-country permissions and regulatory review:**   * Has a protocol been submitted to or approved by National/ Local Ethics Review Committee(s)?   No/Not yet  Yes   * If not yet submitted, please indicate when and to which committee the protocol will be submitted: * If not planned to be submitted to local committees please note why not, and which alternative permissions have been obtained:   This analysis will include all mental health program data collected across MSF-OCA projects. For external publication, the findings will be presented in bulk, and not by country. In the external publication, countries will not be mentioned by name. Additionally, an internal report will be produced that will only be shared within MSF-OCA, to make the findings operationally relevant, country and project names will be included in the internal report. Therefore, we believe there is no national/local ethics review procedure needed. We seek approval of MSF ERB exemption for the study through the MSF-OCA research committee.  **Do you believe your study meets MSF ERB criteria for exemption from full review?:**   * No. * Yes, because it is a retrospective review of routinely collected data. If so, it must meet all [criteria to qualify for exemption](https://scienceportal.msf.org/assets/7964) * Yes, because it is a survey that follows the MSF Intersectional Standardized Survey Protocol. If so, it must meet the [exemption criteria](https://scienceportal.msf.org/assets/6996) * Yes, for any other reason (please explain here)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Roles and responsibilities**  If responsibilities are split differently between the roles outlined below or held by other members of the research team, please describe clearly in the sections below. ReMIT responsibility must be held by an MSF staff member. | | | | |
| **Primary Investigator (PI)**  *Responsible for carrying out the study with support and consultation from research team. Will usually lead on all journal correspondence. TOR is* [*here*](https://msfintl.sharepoint.com/sites/OCA-dept-PHD/Shared%20Documents/Research%20%26%20Innovation/Operational%20Research%e2%80%8b%e2%80%8b/Research%20System%20Processes/Research%20Team%20ToR.pdf) | Name: Patrick Keating  Email address: [Patrick.keating@london.msf.org](mailto:Patrick.keating@london.msf.org)  Name: Elburg van Boetzelaer  Email address: [Elburg.vanboetzelaer@london.msf.org](mailto:Elburg.vanboetzelaer@london.msf.org) | | | |
| **Study Coordinator (SC)**  *Overall responsible for study, must be MSF HQ staff, usually topic specialist. Responsible for: ensuring HA and PI have fulfilled their roles; ensuring everyone named in this CP is clear about their involvement; updating ReMIT, translating findings into impact, appropriately disseminating materials (see later section). TOR is* [*here.*](https://msfintl.sharepoint.com/sites/OCA-dept-PHD/Shared%20Documents/Research%20%26%20Innovation/Operational%20Research%e2%80%8b%e2%80%8b/Research%20System%20Processes/Research%20Team%20ToR.pdf) | Name: Raghda Sleit  Email address: [Raghda.Sleit@amsterdam.msf.org](mailto:Raghda.Sleit@amsterdam.msf.org)  Is the topic specialist / topic holder informed/involved?  Yes | | | |
| **MSF research team** | Name(s): Didem Yuce  Email address(es): Didem.yuce@amsterdam.msf.org  Responsibilities: Review of concept note, analysis output and report  Name(s): Neal Russell  Email address(es): [Neal.Russell@london.msf.org](mailto:Neal.Russell@london.msf.org)  Responsibilities: Review of concept note, analysis output and report  Name(s): Nadia Fredj  Email address(es): [Nadia.fredj@amsterdam.msf.org](mailto:Nadia.fredj@amsterdam.msf.org)  Responsibilities: Review of concept note, analysis output and report  Name(s): Martins Dada  Email address(es): Martins.Dada[@amsterdam.msf.org](mailto:Neal.Russell@london.msf.org)  Responsibilities: Review of concept note, analysis output and report  Name: Yetunde Awobode  Email address: [nigeria-mho@msf.oca.org](mailto:nigeria-mho@msf.oca.org)  Responsibilities: Review of concept note, analysis output and report  Name: Shariful Islam  Email address: [cxb-mentalhealth@oca.msf.org](mailto:cxb-mentalhealth@oca.msf.org)  Responsibilities: Review of concept note, analysis output and report | | | |
| **Field involvement** | Are national/other field staff informed/included as co-investigators?  No  Yes  Will protocol development include field team input?  No  Yes  If no to either of above, please provide explanation:  This retrospective analysis will analyse Mental Health program data that was collected across MSF-OCA projects in bulk. Therefore, we did not seek support from field teams for the protocol development, except for the inputs of those MSF staff that are mentioned in the MSF Research Team section of this concept note.  Please describe any planned capacity building activities for national staff: N/A | | | |
| **Health Advisor (HA)**  *Responsible for facilitating study operationally, ensuring desk/field have agreed to study and feeding back to PI/SC.* | Name of relevant HA(s): Martins Dada  Is/are the HA(s) supporting the study on behalf of the countries they manage?  No  Yes | | | |
| **External partners/MoH**  *Name, position, role of external collaborators.* | **International: N/A**  **Local:** Given all data have already been collected and from a multitude of countries, no local actors will be involved  **Community**: Given all data have already been collected and from a multitude of countries, no community members will be involved  Are **resource agreements in place**, e.g. Open Access publication costs?  No  Yes, namely: EPH team will cover publication costs | | | |
| **Competing interests** | *TBD* | | | |
| **Data management and sharing**  *Contact details of those responsible for ensuring data are managed and shared in accordance with MSF’s Health Data Protection Policy and GDPR* | Name: Patrick Keating  Email: Patrick.Keating@london.msf.org  Data management plan:  Data is already available in MSF DHIS2 tools. CSV files will be exported for analysis into R software. Data will be stored on the OneDrive of the PI for analysis purposes. All cleaned and final data will be stored in Amsterdam HQ in an electronic format for 5 years. The data will not be shared with an external partner.  Will data be shared with an external partner such as an academic institution?  No  Yes, namely:  *Complete the* [*OCA Data Sharing Agreement*](https://msfintl.sharepoint.com/:w:/s/Researchsystem/EUzjH4uorYtApQ2oduCHxO0BQXa7WT97eyajiqacMxr-1w?e=tnvzUh) *and submit for Medical Director signature.* | | | |
| **Opting out**  *All concept papers and/or (ERB approved) protocols are made available on ReMIT and the MSF Field Research website*. Questions about ReMIT? Email  *oca.research@london.msf.org* | This concept paper and/or accompanying protocol cannot be made available on:  ReMIT; because:  MSF Field research website; because: | | | |
| **Implementation/ impact and dissemination**  Responsibility of the Study Coordinator (unless otherwise noted in roles/responsibilities section) | | | | |
| **Implementation/impact** | This retrospective analysis of routine data from MSF-supported mental health programs across MSF projects will contribute to the systematic epidemiological description of mental ill-health and mental health service utilization among children and adolescents. Including a focus on gender, adolescents and residence status will help MSF, health authorities and other humanitarian actors to better understand the diverse and intersecting mental health needs of children and adolescents and adapt services as appropriate.  The findings of this analysis may influence how we approach children and adolescents in MSF-supported mental health services, such as the way mental health services are promoted and referred to and the modality of mental health service delivery.  Furthermore, this analysis will contribute to advocacy efforts on the mental health needs of children and adolescents in humanitarian settings | | | |
| **Dissemination**  *Note on journal publication - MSF has an Open Access (OA) journal publication policy. Fee reduction must be requested* ***at article submission.*** *See* [*guidance*](https://msfintl.sharepoint.com/:b:/r/sites/OCA-dept-PHD/Shared%20Documents/Research%20%26%20Innovation/Operational%20Research%E2%80%8B%E2%80%8B/Publication%20and%20Dissemination/Publication%20and%20data%20advice.pdf?csf=1&web=1&e=lCVTiD) *on publication.* | **Dissemination of findings:** *Describe how findings will be disseminated:* *including translation of research into booklets or other advocacy materials as appropriate.*  MSF – project, mission, headquarters: We will check with the health advisors and missions if they would like to receive a report specific for their mission. These reports will only be shared with the health advisor and mission and will not be shared externally but will be used by the (Mental) Health Advisors, missions and projects to consider adaptations to Mental Health programming to meet the needs of clients who are children.  Community:  In country partners (including MoH): The findings will be disseminated through a manuscript for peer-reviewed open-access publication. The manuscript will not include any reference to country names but will only reference geographical region.  International dissemination (including WHO and other agencies, scientific publication): The findings will be disseminated through a manuscript for peer-reviewed open-access publication. The manuscript will not include any reference to country names but will only reference geographical region and ‘type of context’ (ie conflict, displacement, natural disaster). The study will also be submitted to MSF Sci days or other conferences focused on child health or mental health in humanitarian contexts  **Budget: Has budget been allocated for dissemination, including potential scientific editing costs?** Scientific publication will be paid for by the EPH team.  **Agreements**  Authorship: Joint first: Patrick and Elburg, other authors depending on contribution and senior author with Raghda.  Has the dissemination plan got the support of the Health Advisor (HA)? Yes  *Research outputs must be sent in parallel, before wider distribution, to the OCA Research Committee for quality review and to the HA, who will have 1 week to raise any context concerns with the Committee. Context concerns arising since Concept paper approval or quality of output likely the main reasons to postpone outputs.* | | | |

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| **\*Study Reporting Guidelines**  To assist authors in writing up their studies to meet scientific journal criteria | |
| Observational studies – [STROBE](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040296) ([& extensions](http://www.equator-network.org/?post_type=eq_guidelines&eq_guidelines_study_design=0&eq_guidelines_clinical_specialty=0&eq_guidelines_report_section=0&s=+STROBE+extension&btn_submit=Search+Reporting+Guidelines))  Randomised trials – [CONSORT](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000251) ([& extensions](http://www.equator-network.org/reporting-guidelines/consort/))  Systematic reviews – [PRISMA](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000097) ([& extensions](http://www.equator-network.org/reporting-guidelines/prisma/))  Case reports – [CARE](http://jmedicalcasereports.biomedcentral.com/articles/10.1186/1752-1947-7-223) | Qualitative research – [SRQR](http://journals.lww.com/academicmedicine/Fulltext/2014/09000/Standards_for_Reporting_Qualitative_Research___A.21.aspx) ([& extensions](http://intqhc.oxfordjournals.org/content/19/6/349.long))  Diagnostic studies – [STARD](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4623764/)  Quality improvement studies – [SQUIRE](http://qualitysafety.bmj.com/content/17/Suppl_1/i3.long)  Prediction model studies - [BMJ](http://www.bmj.com/content/350/bmj.g7594.long) |

1. <https://www.unicef.org/emergencies/unicef-launches-appeal-meet-unprecedented-humanitarian-needs#:~:text=Through%20the%20Humanitarian%20Action%20for,million%20children%20with%20humanitarian%20assistance.&text=If%20playback%20doesn't%20begin%20shortly%2C%20try%20restarting%20your%20device>. [↑](#footnote-ref-2)
2. <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00131-8/fulltext> [↑](#footnote-ref-3)
3. <https://www.tandfonline.com/doi/pdf/10.1179/2046905513Y.0000000098> [↑](#footnote-ref-4)
4. <https://jamanetwork.com/journals/jama/fullarticle/182377> [↑](#footnote-ref-5)
5. <https://www.sciencedirect.com/science/article/pii/S2352250X22001816> [↑](#footnote-ref-6)
6. <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext> [↑](#footnote-ref-7)
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9845561/> [↑](#footnote-ref-8)
8. <https://www.nature.com/articles/s41599-023-02438-8> [↑](#footnote-ref-9)