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THE UNSEEN TOLL:THE PREVALENCE OF DEPRESSION,BURNOUT AND PTSD AMONGST HUMANITARIAN AID WORKERS IN KAKUMA AND DADAAB REFUGEE CAMPS

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THE UNSEEN TOLL:THE PREVALENCE OF DEPRESSION BURNOUT AND PTSD AMONGST HUMANITARIAN WORKERS IN KAKUMA AND DADAAB REFUGEE CAMPS.

BACKGROUND:

The 21st century has seen a dramatic increase in global humanitarian crises, doubling the number of people in need to 360 million in the last decade. This surge far outstrips available resources, placing immense pressure on humanitarian aid workers who operate in inherently dangerous, volatile, and unpredictable environments. The mental health and resilience of humanitarian aid workers is directly intertwined with the well-being and resilience of the conflict-affected communities they serve. If aid workers are struggling with trauma, burnout, and depression, their capacity to effectively support the community's healing and resilience building is compromised.

Understanding the mental health burden on these frontline providers is critical for community mental health. This study aimed to determine the prevalence of depression, burnout, and PTSD, and their associated factors, among humanitarian aid workers delivering healthcare services in Kenya's Dadaab and Kakuma Refugee camps.

METHODS:

This study utilized a cross sectional quantitative design amongst 124 humanitarian aid workers, employing a census survey to collect data. Data collection involved a researcher-designed socio-demographic questionnaire and adaptations of established psychometric tools: the Beck Depression Inventory (BDI) for depression, the Maslach Burnout Inventory (MBI) for burnout, and the Post-traumatic Stress Disorder Checklist for DSM-5 (PCL-5) for PTSD. Ethical approval was granted by the KNH –UON ERC.This robust methodology provides a foundation for evidence-based integration of mental health support within humanitarian operations.

RESULTS:

Psychometric analyses showed that 31% of respondents had depression, with 19% experiencing severe depression. For PTSD, 41% were above the cut-off score, suggesting they could benefit from further assessment and treatment. Burnout analysis revealed that 7% had high emotional exhaustion, 77% had high depersonalization scores, and all 124 respondents had high scores for personal accomplishment. The study revealed a significant number of humanitarian aid workers providing healthcare to refugees suffer from depression, PTSD, and burnout. Key contributing factors identified included high staff turnover, heavy workloads, stressful shifts, lack of supervisor support, and poor mental health-seeking behavior. These findings underscore the critical need for proactive mental health interventions. The high prevalence of these conditions among aid workers has direct implications for the sustainability and effectiveness of humanitarian efforts, impacting not only the aid workers themselves but also the resilience of the communities they serve.

CONCLUSION:

Understanding the mental health landscape of aid workers is crucial for designing more effective, sustainable, and humane humanitarian interventions in conflict zones. Investing in aid worker well-being is an investment in the long-term recovery and resilience of affected communities. The delineation of these determinants and patterns of depression, burnout, and PTSD among humanitarian aid workers in Dadaab and Kakuma refugee camps is crucial. The study's findings provide a clear mandate for innovation in developing and implementing targeted programs and policies aimed at mitigating the incidence and progression of these disorders. By identifying effective modalities of management, we can ensure humanitarian aid workers remain safe and effective providers of essential care. This is vital for strengthening community mental health initiatives in the

21st century, ensuring the integration of mental health support into humanitarian aid systems, and ultimately enhancing the impact of their life-saving work on vulnerable populations.

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