INSTITUTO
UNIVERSITÁRIO
DE LISBOA

Mental Health support programs in the Humanitarian sector: Field workers' well-being and perspectives on NGO practices

Jessica Alexandra Nunes Castanheira

Master's in Development Studies

Supervisor:
PhD Joana Azevedo, Associate Professor,
ISCTE - Lisbon University Institute

October, 2024

CIÊNCIAS SOCIAIS
E HUMANAS

Department of Political Economy

Mental Health support programs in the Humanitarian sector: Field workers' well-being and perspectives on NGO practices

Jessica Alexandra Nunes Castanheira

Master’s in Development Studies

Supervisor:
PhD Joana Azevedo, Associate Professor,
ISCTE - Lisbon University Institute

October, 2024

“Not everything that is faced can be changed, but nothing can be changed until it is faced”

-James Baldwin

Acknowledgments

This dissertation represents the end of one more chapter and the beginning of a new direction in my career—one I am eager to pursue with passion and purpose.

First, I would like to express my sincere gratitude to my supervisor, PhD Professor Joana Azevedo, for her continuous support, guidance, and invaluable insights throughout this research journey. Your expertise and dedication have been instrumental in shaping my academic development. Thank you for encouraging me to pursue this topic, which is so close to my heart.

To all the Interviewees who dedicated their time and trusted me with their stories and insights on a challenging subject – this research would not have been possible without your openness and contributions.

A heartfelt thank you to my parents, for supporting all my ambitions, including the decision to start a second master's degree, and for believing in me every step of the way. Thank you for the late-night phone calls that kept me company on my walks home after class, the Sunday meals you packed for me to take back to Lisbon, the endless encouragement, and everything else.

To Carlota, my best friend and flatmate during my first year of this master's, who cheered me on through final exams and papers, and who is, once again, sitting next to me, offering support as I finish the last touches of this dissertation.

To all my friends, especially Milene, Tiz, and Calvo, who even from afar, are always there. And to the friends I met in Greece, who helped me truly understand the importance of mental health support, as they became part of that support for me.

To my family – both by blood and by heart – thank you for the constant presence, support, and love.

And finally, to myself, for choosing to follow my passion.

Resumo

Este estudo exploratório qualitativo investiga os desafios psicológicos enfrentados pelos trabalhadores humanitários e avalia a eficácia dos programas de saúde mental implementados por Organizações Não Governamentais (ONGs) para apoiar esses profissionais. A pesquisa baseia-se em entrevistas semiestruturadas realizadas com trabalhadores humanitários e especialistas em saúde mental, permitindo uma análise profunda das suas experiências, crenças e perceções sobre o apoio recebido. Os resultados destacam a importância crítica de programas de apoio à saúde mental, revelando lacunas significativas na sua implementação e no acompanhamento pós-missão. Com base na informação obtida, são apresentadas recomendações para o aperfeiçoamento das práticas organizacionais, visando melhorar o bem-estar dos trabalhadores humanitários e a eficácia das intervenções.

Palavras-chave: Saúde mental, trabalhadores humanitários, ONGs, apoio psicossocial, programas de intervenção.

Abstract

This exploratory qualitative study investigates the psychological challenges faced by humanitarian workers and assesses the effectiveness of mental health programs implemented by Non-Governmental Organizations (NGOs) to support these professionals. The research is based on semi-structured interviews with humanitarian workers and mental health experts, providing an in-depth analysis of their experiences, beliefs, and perceptions regarding the support received. The findings underscore the critical importance of mental health support programs, revealing significant gaps in their implementation and post-mission follow-up. Based on the results, recommendations are offered to improve organizational practices to enhance the well-being of humanitarian workers and the effectiveness of interventions.

Keywords: Mental health, humanitarian workers, NGOs, psychosocial support, intervention programs.

TABLE OF CONTENTS

Glossary of Acronyms

NGO – Non-Governmental Organization

HAW – Humanitarian Aid Workers

PTSD - Post-Traumatic Stress Disorder

MSF – Médecins Sans Frontières

STS – Secondary Traumatic Stress

IFRC – International Federation of Red Cross

MHPSS – Mental Health and Psychosocial Support

SDG – Sustainable Development Goals

WHO – World Health Organization

URCS – Ukrainian Red Cross Society

UNHCR – United Nations High Commissioner for Refugees

Introduction

The field of Development Studies is fundamentally concerned with improving the well-being and quality of life for populations, particularly in vulnerable and marginalized contexts. It encompasses a wide array of topics, including economic development, social equity, policymaking, and sustainability. One critical yet often overlooked aspect of achieving sustainable development outcomes is the mental health and well-being of the workers who operate on the frontline's crises. Humanitarian Aid Workers (HAWs) are pivotal in executing projects in some of the most challenging environments. However, the psychological toll of working in high-stress, conflict-ridden, and disaster-prone areas can compromise both the effectiveness of these workers and the success of the missions they undertake.

This research emerged from personal and observed experiences within the humanitarian sector. Humanitarian workers, whether professionals in specific fields or volunteers, are essential in saving lives and breaking down barriers that prevent people from accessing basic, fundamental care and having their human rights respected. This is true not only in emergency settings but also in long-term development contexts. However, despite their crucial role, HAWs are often exposed to significant stressors that can take a heavy toll on their mental health.

Within the framework of Development Studies, mental health is increasingly recognized as an integral part of human development. The psychological well-being of individuals is a crucial factor in enabling communities to thrive and recover from crises. However, there remains a gap in addressing the mental health needs of those tasked with facilitating this recovery. This research aims to fill that gap by assessing the efficacy of current mental health programs provided by Non-Governmental Organizations (NGOs) and identifying areas where interventions can be improved. It argues that the sustainability of humanitarian aid outcomes is not only contingent on the resources allocated to affected populations but also on the capacity and well-being of the humanitarian workers delivering those resources.

In alignment with Howe's (2019) "Triple Nexus" framework, this research echoes the interconnectedness of humanitarian, development, and peace efforts in achieving sustainable development goals. Howe's model, which calls for integrating these three areas, reinforces the idea that supporting the mental health of HAWs is essential for the success of aid operations. The *triple nexus* highlights that coordinated actions across these domains not only enhance effectiveness but also ensure long-term, sustainable impact (Howe, 2019). Similarly, by examining the mental health needs of HAWs, this research recognizes their well-being as a critical factor in achieving development and peace outcomes in vulnerable and crisis-prone

areas. Through this lens, the psychological support of HAWs becomes vital in ensuring that humanitarian missions contribute to lasting positive change in affected communities.

This work is organized into five chapters. Chapter I provides the theoretical framework, offering a general overview of the main concepts being addressed, such as non-governmental organizations, humanitarian professionals, mental health, and debriefing as an intervention technique. At the end of this chapter, the research question and its general and specific objectives are presented. Chapter II covers the research methodology, detailing the rationale behind the chosen approach as well as the necessary components for conducting the study. Chapter III presents and analyzes the results obtained from the interviews conducted with humanitarian workers and mental health professionals.

Chapter I. Conceptual Framework

1.1. The Humanitarian Sector

Humanitarian work has evolved significantly over time. What began as small-scale efforts by individuals and local groups has transformed into large-scale, organized programs managed by international and national NGOs, as well as governments. Early humanitarian efforts were often limited by resources and coordination, but the sector has since grown more professionalized, with organizations becoming better equipped and more efficient in responding to crises. Over the past few decades, humanitarian organizations have developed stronger operational frameworks, improved logistical support, and established professional standards to meet the increasing demands of global crises (Sifaki-Pistolla *et al.*, 2017).

Despite these advances, HAWs – the individuals who professionally or as volunteers work to assist people in crises – continue to face significant challenges. The demanding nature of this work has been a persistent feature of the sector, as workers are often exposed to both physical risks and psychological pressures. Historical records, such as *Stoddard et al.*, (2009), highlight that in 2009, approximately 250,000 individuals were employed in humanitarian work globally, moving from one crisis to another in an effort to provide aid[1]. The emotional toll of this work

[1] Stoddard, A., Harmer, A., & Didomenico, V. (2009). Providing aid in insecure environments : 2009 Update and the operational response. *Policy*, *34*(April), 1–12. http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Providing+aid+in+insecure+environments:+2009+Update#0

has long been acknowledged, with many aid workers struggling to process the trauma they witness, leading to difficulties in reintegrating into everyday life once their assignments end[2].

Humanitarian stakeholders encompass a broad range of actors providing aid and support in crises, including international organizations such as United Nations agencies (e.g., UNHCR, UNICEF, WFP, WHO) and the International Red Cross and Red Crescent Movement. NGOs, both international (e.g., Médecins Sans Frontières, Oxfam, Save the Children) and local, play a crucial role, as do host country governments and donor governments. Community-based organizations, local groups directly involved in the community, and the private sector, including corporations and social enterprises, also contribute significantly. Donors from bilateral and multilateral entities to philanthropic organizations and individual contributors provide essential funding. Affected communities, including individuals and local leaders, are central to the response, while academic and research institutions offer valuable study and expertise. Additionally, the media plays a vital role in raising awareness and providing information, and military and peacekeeping forces often assist with security and logistics. These diverse stakeholders collaborate to address complex humanitarian challenges, each bringing unique resources, perspectives, and expertise.

The camaraderie among aid workers has been a source of comfort for many, allowing them to find support in shared experiences. Yet, the intensity of the work has been likened to an addiction, with one aid worker stating, "You get addicted to this work, [because it is so] hard to settle back into normal life" (The Guardian, n.d.). This emotional attachment to the field reflects the ongoing mental and emotional challenges that aid workers face, challenges that have persisted throughout the evolution of humanitarian work.

As humanitarian organizations expanded, more attention has been paid to the psychosocial care of these workers. Yet, effective mental health support systems remain insufficient in many organizations, often due to limited resources and the lack of prioritization of staff care (Foundation, 2012).

1.1.1. Challenges faced by humanitarian aid workers

Humanitarian aid work is a profession fraught with risks, both physical and psychological. Workers are frequently exposed to traumatic events, either directly or indirectly, which can

[2] The Guardian. (n.d.). Research Suggests Mental Health Crisis among Aid Workers. Retrieved August 3, 2024, from https://www.theguardian.com/global-development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers

negatively affect their mental health. Chronic exposure to stress caused by witnessing injuries, mutilations, deaths, and working in insecure environments can lead to burnout, depression, and even substance abuse or suicidal behavior (Veronese *et al.*, 2013). HAWs often support individuals experiencing extreme distress, which can make them vulnerable to posttraumatic stress symptoms as a natural reaction to assisting traumatized individuals (Mitchell and Dyregrov, 1993).

Research by Veronese & Pepe (2015) provides further insight into how aid workers cope with these challenges. They found that Palestinian aid workers operating in war-like conditions managed to maintain satisfactory psychological functioning despite moderate levels of stress and trauma. This resilience was attributed to their ability to assign meaning and coherence to their experiences. However, the study acknowledged that these findings might not be generalizable, as it was based on a small sample size. Additionally, the evolving conflict in the region may have altered the psychological landscape, potentially changing the capacity of workers to cope with ongoing stressors (Veronese and Pepe, 2015).

For example, in 2008, the mortality rate of HAWs was higher than that of UN peacekeeping troops. 260 HAWs were killed, taken hostage, or injured in serious assaults on their service in that year[3]. More recently, in 2020, there were 484 recorded violent incidents against aid workers globally, resulting in 117 deaths, with countries such as South Sudan, Syria, and the Democratic Republic of Congo seeing the highest number of attacks (Stoddard *et al.*, 2022). Such statistics emphasize the dangerous environments in which HAWs operate, leading to significant risks to their physical safety as well as their mental health.

[3] Stoddard A, Harmer A, DiDomenico V. Providing aid in insecure environments: 2009 Update. Humanitarian Outcomes. https://www.humanitarianoutcomes.org/publications/providing-aid-insecure-environments-2009-update. Published 2009. Accessed March 3, 2024.

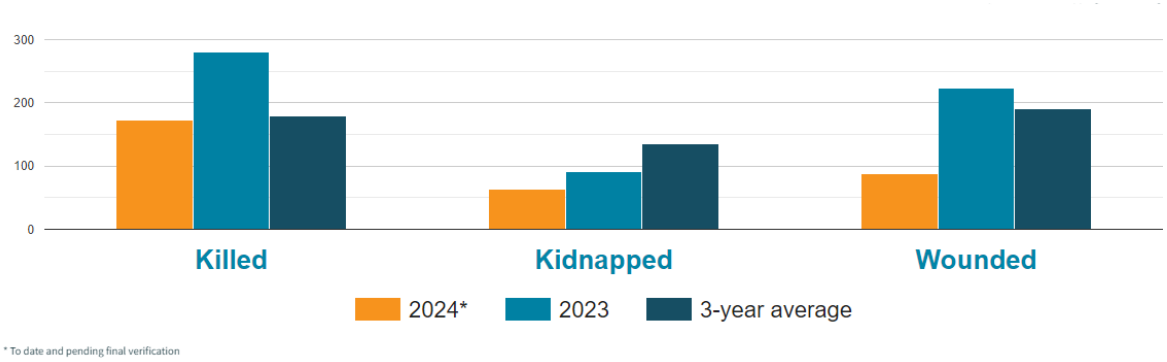

Figure 1. Statistical data on the number of humanitarian aid workers who were killed, kidnapped, or wounded across three time periods: a 3-year average, the year 2023, and the year 2024 (up to the current date). The data is sourced from the Aid Worker Security Database. The image was retrieved from the website https://www.aidworkersecurity.org/ on August 11, 2024.

Over time, humanitarian workers may develop symptoms of post-traumatic stress due to repeated exposure to trauma. Feelings of frustration, helplessness, and moral distress are common among HAWs, particularly when they are unable to alleviate the suffering they witness. This moral stress—defined as the feeling of "knowing exactly what to do but being prevented from following the right course of action due to institutional, contextual, or cultural constraints"—has led organizations like Médecins Sans Frontières (MSF) to implement initiatives like the “Moral Experiences” project, launched in 2018, to support workers facing ethical dilemmas.[4]

In addition to these emotional and ethical challenges, HAWs also face job insecurity, limited career development opportunities, and inadequate living conditions, further exacerbating burnout risk (Bjerneld *et al.*, 2004; Lopes Cardozo *et al.*, 2012). The stress is compounded by the financial uncertainty often associated with short-term, externally funded projects (Ebren, Demircioğlu and Çırakoğlu, 2022).

One important distinction in the mental health challenges faced by HAWs lies in the nature of the disasters they respond to. Studies suggest that aid workers dealing with man-made disasters, such as wars, experience greater psychological trauma compared to those responding to natural disasters like earthquakes (Merrell, 2013). This nuance is important in understanding the diverse psychological tolls on aid workers based on the contexts they serve.

In 2023, humanitarian workers faced some of the most complex and dangerous conditions in recent history. This year has recorded the highest number of civilian casualties from airstrikes, bombs, and artillery since 2010. Hundreds of violent incidents against aid workers

[4] Silent wounds - MSF-UREPH. https://msf-ureph.ch/publications/silent-wounds/. Accessed February 28, 2024.

have been documented globally. By mid-year, the number of forcibly displaced people rose from 108.4 million to over 110 million (IFRC, 2023). The destruction caused by the wars in Ukraine and Gaza has dominated media coverage and public discourse, while ongoing crises in regions such as Asia, Sub-Saharan Africa, and Latin America—exacerbated by conflict, displacement, and climate change—have received far less attention (IFRC, 2023).

Humanitarian workers today operate in increasingly restricted spaces where personal safety and access to populations in need are no longer guaranteed. Organizations like the International Federation of Red Cross and Red Crescent Societies (IFRC) report that their staff and volunteers face heightened risks as they continue to provide critical services in war-torn regions, raising urgent questions about how to protect the mental and physical well-being of aid workers (IFRC, 2023)

Indeed, research suggests that low perceived organizational support is associated with mental health problems (Foo, Verdeli and Tay, 2021).

1.2. Mental Health in Humanitarian Work

1.2.1. Historical perspective

Mental health has long been a neglected aspect of humanitarian work, despite its recognition as a key component of global public health. The World Health Organization (WHO) characterized mental health as a state of well-being that enables individuals to cope with stress, realize their abilities, work productively, and contribute to their communities[5]. WHO also acknowledged mental health acknowledged mental health as essential for overall health in its 1948 constitution, defining health as a state of complete physical, mental, and social well-being[6]. Despite this, it took decades for mental health and psychosocial support (MHPSS) to be formally integrated into humanitarian interventions.

The significance of prioritizing mental health for aid workers was underscored by a landmark 2015 case, in which the Norwegian Refugee Council was found guilty of gross negligence concerning the kidnapping of aid worker Steven Dennis in Kenya. This ruling marked a pivotal moment in establishing accountability for organizations, as it shifted the

[5] WHO. (2022). *Mental Health*. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[6] WHO. (2022). *Mental Health*. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

perspective on such incidents from being an inherent risk of the job to a responsibility for safeguarding the mental and physical well-being of staff. By holding the organization accountable for its duty of care, the case set a precedent for ensuring the welfare of aid workers is recognized as a fundamental obligation[7].

1.2.2. Current status of mental health among humanitarian workers

Despite growing awareness of mental health issues, aid workers continue to struggle to access adequate psychological support. Many humanitarian organizations still lack the necessary systems to provide mental health care, leaving workers vulnerable to conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety.

Quantifying mental health problems among HAWs is challenging because these issues often remain hidden due to stigma. While safety incidents can be easily measured, concrete data on mental health issues like PTSD, depression, and anxiety disorders are harder to obtain. Many HAWs are hesitant to seek help due to the stigma surrounding mental illness and substance abuse, and out of concern for potential negative impacts on their careers. Mental health and psychosocial needs increase considerably after emergencies and armed conflict situations. Although the needs are not always visible, they are real, urgent, and can be life-threatening.

Research has consistently demonstrated a significant prevalence of mental health problems among HAWs. A 2016 study found that approximately 17.1% of rescue workers in Lesvos exhibited probable symptoms of PTSD, with female workers being at twice the risk of their male counterparts (Sifaki-Pistolla *et al.,* 2017). This heightened vulnerability among women was attributed to several factors. Women were more likely to engage intensely with traumatic events and had greater exposure to vulnerable populations, such as children and victims of abuse, which increased emotional distress. Furthermore, societal gender norms may have contributed to this disparity, as women often faced greater pressure to provide empathetic care, thereby exacerbating their psychological burden (Sifaki-Pistolla *et al.*, 2017).

Furthermore, studies focused on refugee aid workers reveal that a considerable number experience symptoms of Secondary Traumatic Stress (STS). For instance, Espinosa et al. (2019) reported that 31.7% of refugee aid workers showed severe symptoms of STS (Espinosa,

[7] The Guardian. (n.d.). *Research Suggests Mental Health Crisis among Aid Workers*. Retrieved August 3, 2024, from https://www.theguardian.com/global-development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers

Akinsulure-Smith and Chu, 2019). Additionally, the United Nations High Commissioner for Refugees (UNHCR) reported that 38% of its staff members displayed symptoms of STS[8].

In a study involving 210 refugee aid workers, it was found that 31.7% exhibited severe STS symptoms, while another study indicated that 22.9% of participants, including psychotherapists, social workers, and interpreters, had experienced secondary traumatization, with 14.3% and 8.6% of these participants reporting moderate and severe STS symptoms, respectively. A separate study revealed that 21% of interpreters working directly with refugees exhibited STS symptoms (Kindermann *et al.*, 2017). An analysis encompassing 15 studies indicated a pooled prevalence of STS at 45% among professionals and volunteers working with forcibly displaced individuals (Roberts *et al.*, 2021).

The mental health risks associated with working in humanitarian contexts remain a pressing issue. According to a 2019 study by WHO, the estimated prevalence of mental health problems—including depression, anxiety, and PTSD—among conflict-affected populations is around 22% at any given time (Charlson *et al.*, 2019). However, this figure is likely an underestimate of the actual burden due to the severe stigma surrounding mental health conditions.

Factors contributing to the mental health challenges faced by HAWs include a lack of previous experience, extended operational periods, longer shift hours, and the distressing nature of their work, which may involve handling deceased individuals (Sifaki-Pistolla *et al.*, 2017). Furthermore, studies indicate that occupational groups working with refugees, such as interpreters, psychologists, lawyers, social workers, and medical professionals, are particularly prone to developing STS and Vicarious Traumatic Stress (Mishori, Mujawar and Ravi, 2014; Berger, 2015; Kindermann *et al.*, 2017; Denkinger *et al.*, 2018; Espinosa, Akinsulure-Smith and Chu, 2019; Živanović and Marković, 2020; Harris and Mellinger, 2021)

In 2016, the UNHCR Staff Wellbeing and Mental Health Report highlighted that among a sample of 2,431 HAWs, 31% experienced symptoms of anxiety, and 25% experienced symptoms of depression[8]. Similarly, a study conducted with 376 aid workers in Uganda revealed prevalence rates for depression and anxiety of 68% and 53%, respectively (Ager *et al.*, 2012). Additionally, HAWs frequently report sleep disturbances (Lusk and Terrazas, 2015).

[8] United Nations High Commissioner for Refugees. (2016). *Staff Well-Being and Mental Health*. https://www.unhcr.org/media/staff-well-being-and-mental-health-unhcr-survey-report-2016

Despite the growing body of research focused on the mental health concerns among HAWs, there remain very few studies that assess intervention or prevention programs. In 2015, mental health became part of the Sustainable Development Goals (SDGs), a global initiative aimed at addressing various health challenges over the next thirty years. However, it is crucial to explore how to effectively implement the SDGs and track progress toward achieving them.

1.3. Staff Care Programs and Practices

1.3.1. Overview of current staff care programs and practices by various NGOs

Staff Care has evolved from a visionary concept into a global community recognized as a crucial aspect of humanitarian interventions. While closely related to MHPSS, which focuses on supporting affected populations, Staff Care emphasizes the well-being of employees and volunteers who deliver humanitarian services.

In 2009, People in Aid issued a report on the Approaches to Staff Care in international NGOs (Interhealth and People in Aid, 2009). Although theoretical guidelines exist, practical support programs are still required for comprehensive implementation (MacPherson and Burkle, 2021). For instance, the IFRC Psychosocial Centre, established in 1993, has implemented numerous interventions amid the Ukraine conflict, including online training sessions on Child-Friendly Spaces and Psychological First Aid, along with producing mental health guides. These activities align with MHPSS objectives by focusing on the broader community[9].

The URCS established a Mental Health and Psychosocial Needs Policy in 2019, targeting both the affected populations and their teams. Within this support system, URCS staff and volunteers receive training on "Psychosocial Support in Emergency Situations," "Psychological First Aid," and aiding those with mental and neurological disorders, which enhance their awareness of crisis management and support methods. At the same time, a strong focus on Staff Care ensures that the well-being of volunteers and staff remains a priority. Regular team support meetings, facilitated by trained coordinators, provide opportunities to address stress and discuss coping mechanisms. Resources on self-care and stress management are distributed, and free psychological counseling is available in emergencies. Collaboration with the Volunteer

[9] Ukrainian Red Cross Society. (n.d.). *MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT*. https://redcross.org.ua/en/mhpss/

Development Sector enables swift responses to team needs, while informational videos on emotional and physical health further support staff resilience[10].

The IFRC Psychosocial Centre's "Heartbeat of Humanity" podcast complements these initiatives by addressing topics relevant to both MHPSS and Staff Care. It provides a platform for discussing scalable psychological interventions, youth mental health, mental health stigmas, and the intersection of mental health with climate change. Such resources are valuable for both crisis-affected populations and humanitarian workers, reflecting the interplay between MHPSS and Staff Care in complex humanitarian contexts.

A focus on Staff Care is particularly evident in organizations like MSF. In 1998, MSF formally recognized the need for mental health and psychosocial interventions as part of their operations[11]. MSF psychologists and psychiatrists train local counselors to deliver mental health services to affected populations, offering psychological first aid to individuals exposed to traumatic events. However, the organization also acknowledges the critical question: who supports the professionals?

To address this, MSF has also implemented support systems for their staff, particularly in war-affected regions such as Ukraine. MSF's mental health program provides psychological support for health workers in frontline areas like Donetsk, Kharkiv, and Trostianets Hospital. Sessions led by MSF psychologists help medical staff process trauma, develop recovery mechanisms, and address personal concerns. Alisa Kushnirova, who supervises MSF psychologists in regions including Kherson and Mykolaiv, emphasizes the importance of psychological support to prevent burnout among healthcare workers. She underscores that recognizing and expressing emotions is a strength, not a weakness, enabling staff to continue delivering vital care.

Similarly, the URCS's approach to Staff Care integrates seamlessly with its broader psychosocial support system. Guided by the International Red Cross and Red Crescent Movement's Mental Health and Psychosocial Needs Policy of 2019 and the 2021 Regulation on Psychosocial Support, the URCS ensures the safety and well-being of staff and volunteers while maintaining high-quality service delivery. Regular training on psychosocial support, stress management, and self-help techniques complements access to free emergency counseling

[10] How to support volunteers and staff of the Ukrainian Red Cross Society? – Товариство Червоного Хреста України. https://redcross.org.ua/en/mhpss/how-to-support-volunteers/. Accessed July 8, 2024.

[11] Saúde mental - MSF Portugal. https://msf.org.pt/o-que-fazemos/atividades-medicas/saude-mental/. Accessed February 22, 2024

and peer support. Coordinators and volunteer leaders receive specialized training to foster team cohesion and resilience. Collaboration with the Volunteer Development Sector ensures a responsive and proactive approach to team needs, while multimedia resources, such as health-related informational videos, enhance staff awareness and capacity[12].

Ultimately, the integration of MHPSS and Staff Care reflects the interconnected nature of humanitarian work. While MHPSS targets the psychosocial needs of crisis-affected populations, Staff Care addresses the occupational stress, burnout, and psychological well-being of those delivering aid. Both dimensions are essential for sustainable humanitarian efforts, ensuring that support systems are in place for communities in need as well as for the individuals committed to serving them.

1.4.The gap in existing support systems and practices

Despite its importance, much work remains to address this topic correctly.

Mental health lacks sufficient funding despite its significant global impact, receiving far less financial support compared to other diseases. Funding for mental health is so inadequate that the amount spent on takeaway coffee in a single week in the UK surpasses the annual development assistance for mental health in low- and middle-income countries (Gilbert *et al.*, 2015).

While there are guidelines for psychological staff care in the humanitarian sector, practical methods for implementing effective programs are lacking. Current frameworks often adopt a "top-down" approach, overlooking the individual aid worker's trust in their organization. Organizations must clearly define their accountability and support for staff mental health through personal and empathetic communication from leadership. Educating line management on trauma-induced mental illnesses is crucial before discussing support with staff. Building a culture of resilience requires established protocols, standards, policies, and a commitment to ethical accountability, ensuring confidentiality and job security for those seeking help. (MacPherson and Burkle, 2021)

Organizations should involve staff from all levels in designing support systems, establish clear procedures for psychological assistance, specify eligibility for mental health support, and

[12] How to support volunteers and staff of the Ukrainian Red Cross Society? – Товариство Червоного Хреста України. https://redcross.org.ua/en/mhpss/how-to-support-volunteers/. Accessed July 8, 2024.

implement confidentiality safeguards. They should develop practices to reduce stress, revitalize grievance mechanisms, identify vulnerable groups, plan assistance for national staff, provide pre-deployment and post-deployment briefs on health dangers and mental health support, and offer on-site or online health services. This holistic approach promotes resilience, helping aid workers adjust to changing situations and manage stress, fostering a culture that values mental health and replaces stigma with positive reinforcement.(MacPherson and Burkle, 2021)

Chapter II - Methodology

The research followed the constructivist paradigm, which, according to Creswell (2009), focuses on the interpretation individuals make of their contexts, allowing them to develop perspectives on their experiences (Creswell, 2009). This paradigm is crucial in qualitative research, as it places the participants' voices at the center of the analysis, allowing for the understanding of subjective realities such as those of aid workers. In this way, the study valued their experiences, beliefs, and opinions, providing a solid basis for the construction of shared meanings.

2.1. Objectives of the Study and Research Questions

Most studies addressing the mental health of HAWs have employed quantitative methods, often overlooking the in-depth examination of the programs and practices that NGOs implement to support their staff. This study aims to fill that gap by exploring not only the mental health challenges faced by HAWs but also the effectiveness of mental health programs, organizational responses, and support strategies provided by NGOs. The research focuses on several key questions: the importance of mental health support for aid workers, the primary factors contributing to stress and burnout, the resources and mechanisms available to manage stress, the effectiveness of organizational support, and the policies and funding structures behind mental health programs. Additionally, the study seeks to gather recommendations for improving current mental health programs to better support aid workers in this critical field.

2.2.Research Design

The explorative qualitative study used semi-structured video interviews to gain an in-depth understanding of this topic. This approach was particularly effective and allowed the gathering of detailed, in-depth data through interviews and comprehensively captured the participants' experiences, beliefs, and opinions. This depth of understanding was essential for addressing my research questions, especially given the exploratory nature of the study. Additionally, the flexibility of qualitative methods enabled me to adapt the interview process according to each participant's characteristics. By focusing on participants' perspectives, I was able to gather authentic and accurate representations of their experiences, which were crucial for developing or refining theoretical frameworks.

2.3. Data collection method

The data was collected through semi-structured interviews. All the interviews were conducted online, via Google Meet. The participants were contacted by email and were requested for an interview. In this email, it was explained the purpose of the study, the duration of the interview, and its voluntary nature. It was also mentioned that the data collected would be anonymous and used solely for academic purposes.

At the beginning of each interview, participants were asked to respond to a set of sociodemographic questions. The purpose of these questions was to obtain a detailed profile of each participant and to gather relevant data that would help contextualize the information shared during the interviews. The questions addressed the participant's age range, gender, nationality, academic qualifications, and professional experience (see Annex A). These variables allowed for the creation of a socio-demographic profile of the participants, which served as an essential foundation for data analysis and enhanced the understanding of their perspectives and experiences within the study's context.

2.3.1. Interviewees

The sample was recruited using a non-probabilistic snowball method (Coleman, 1958; Goodman, 1961) and the inclusion criteria were (a) being aged 18 or over, (b) having a good knowledge of Portuguese, English, or Spanish, and (c) having worked or volunteered in an organization (national or international) with a humanitarian focus, (d) for a minimum period of six months, (e) within the last five years.

Table 1. Sociodemographic data of Interviewees

Interviewee	Age	Sex	Nationality	Academic Qualifications	Field of study	Job Function	Current/last job location
1	21-30	Female	Italian	Master's Degree	Political Sciences	Peer Supporter	Serbia
2	21-30	Female	Catalan	Bachelor	Primary Education	Volunteer's Coordinator	Greece
3	21-30	Female	Portuguese	Master's	European Studies	Coordinator	France
4	31-40	Female	Portuguese	Master's	Law	Program Manager	Portugal
5	21-30	Female	German	Bachelor	Political Sciences	Intern	France
6	41-50	Female	Portuguese	Master's	Psychology	Psychologist	Sudan
7	41-50	Female	Cuban	Bachelor	Arts	Communications Manager	Spain
8	21-30	Female	French	Master's	Psychology	Psychologist	Serbia
9	21-30	Female	Greek	Bachelor	Political Sciences	Coordinator	Greece
10	61-70	Male	German	Master's	Psychology	Psychologist	Germany
11	21-30	Female	Portuguese	Master's	Law	Lawyer	Greece
12	31-40	Male	Spanish	Bachelor	Nutrition	Nutritionist	Burkina Faso
13	31-40	Male	Spanish	Master's	Psychology	Psychologist	Democratic Republic of Congo
14	31-40	Female	Italian	Master's	Economy	Program Manager	Mozambique

2.3.2. Data Analysis

The recordings of the interview were anonymized, transcribed, and translated to English when needed.

The qualitative method selected for data analysis was Thematic Analysis, an approach widely used in sociological studies to identify, organize, and interpret significant patterns in qualitative data. According to Bryman (2016), Thematic Analysis is particularly effective in understanding qualitative data as it allows researchers to highlight patterns relevant to the research questions, providing a rich and detailed account of participants' experiences (Bryman, 2016). To support this process, MAXQDA^{R} software was used, a tool that allows data to be coded and categorized systematically and efficiently.

2.3.3. Ethical Considerations

In this study, ethical principles were upheld to protect interviewees' rights and well-being. Informed consent was a key consideration, with all interviewees required to sign consent forms before their interviews. These forms clearly outlined the study's objectives, procedures, and the interviewees' roles, ensuring full awareness and understanding.

The informed consent document explicitly stated that participation was voluntary, with interviewees free to withdraw at any time without negative consequences. Additionally, the study ensured anonymity and confidentiality by removing all personal identifiers during the transcription of interviews.

No potential harm to the interviewees was anticipated. The topics discussed were not expected to cause psychological or emotional distress, and there were no physical risks associated with participation. However, interviewees were given the option to discontinue their involvement if any discomfort arose.

The study was submitted to *Comissão Especializada de Ética de Economia Política* for approval. This body assesses the study's design, ethical safeguards, and potential risks, ensuring the research is conducted responsibly and per established ethical guidelines.

Chapter III - Data Analysis & Discussion

3.1. Importance of Mental Health Support

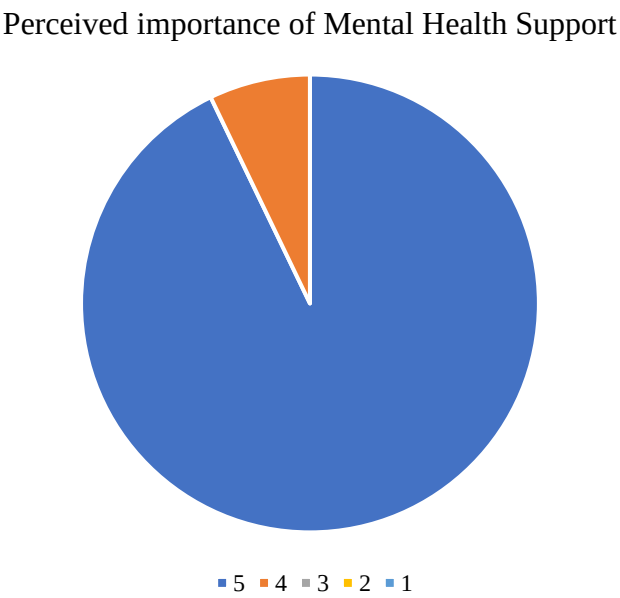

Figure 2.Perceived Importance of Mental Health Among Interviewees: Ratings on a Scale from 1 (Not Important) to 5 (Extremely Important).

The interviewees consistently emphasized the importance of mental health support for humanitarian workers. Every respondent rated mental health support as essential, with various reasons highlighting the unique psychological demands of the sector. For example, Interviewee 3 rated the importance of mental health as 4 out of 5, noting that it is often underestimated despite being essential. Interviewee 5 highlighted that mental health is more than important but pointed out the lack of adequate preparation before deployment, particularly in understanding one's limits and emotional barriers, pointing out that "*unfortunately the topic of mental health is not treated the way it should*". Interviewee 6 unequivocally rated it as a "5," and Interviewee 9 also emphasized its importance as "*absolutely crucial*", recognizing that mental health support is essential for both humanitarian workers and beneficiaries. Interviewee 11 similarly rated it a "5" but noted that, while the theoretical importance of mental health support is recognized, in practice, it often isn't prioritized by aid workers, particularly in the early stages of their careers. This point was supported by Interviewee 7, who emphasized that many humanitarian workers are unaware of their "breakpoint" when starting to work on the field, underscoring the unpredictable nature of the job and the emotional strain it brings.

Other interviewees, such as Interviewees 2 and 14, provided insights into the organizational implications of insufficient mental health support. They argued that proper psychological care could mitigate high staff turnover and ensure continuity in professional profiles, which are essential in maintaining the quality of humanitarian work. In fact, Interviewee 14 considers that the lack of support "*…can have 2 consequences: either the pressure is so great that it makes you give up work, or it has the opposite effect, it makes you stop caring about the people you work with, it forces you to create a defense mechanism that is distancing, it loses the importance of the work. It leads to a lack of empathy"*. Moreover, Interviewee 10 rated mental health support as the highest level of importance, drawing parallels between the needs of humanitarian workers and emergency services personnel who face high-stress situations. Interviewee 8 linked this necessity to scientific research, noting that humanitarian workers are more vulnerable to stress, burnout, and vicarious trauma than the general population due to their exposure to volatile environments. Interviewee 1, reflecting on personal experiences, highlighted the transformative impact of mental health care on both individual well-being and job performance. They stressed the need for self-care strategies but also underscored the necessity of external support, especially in high-stress, field-based environments.

Interestingly, Interviewee 4 brought up conflicting feelings about humanitarian work, noting that many workers come from privileged backgrounds and may not be prepared for the intense emotional challenges they encounter. This participant emphasized the prevalence of "vicarious trauma," or second-hand trauma, which underscores the need for mental health tools to prevent harm to both workers and beneficiaries. Despite this, Interviewee 4 still acknowledged that one can get "*deeply traumatized from the situations faced, and if the person doesn't have the tools to deal with that, might end up harming others*", rating the importance of mental health support a 5.

The discussion reveals a shared understanding that mental health is essential not only for individual well-being but also for the effective operation of humanitarian organizations. Interviewees noted that the consequences of neglecting mental health include professional disengagement, emotional detachment, and diminished empathy towards beneficiaries, as described by Interviewee 14. Furthermore, interviewees like Interviewee 8 raised concerns about the effectiveness of current mental health interventions, criticizing some organizational responses as performative and insufficiently focused on the well-being of workers, instead prioritizing reputational concerns.

In the literature, the importance of mental health for humanitarian workers is well-documented, with studies highlighting the high levels of stress, burnout, and secondary trauma

experienced by these professionals, as demonstrated above. Vicarious trauma, which occurs when individuals absorb the emotional pain and suffering of those they are helping, can have long-term psychological effects if not adequately addressed. Studies have shown that humanitarian workers face high levels of stress, burnout, and mental health challenges, which can affect their ability to perform their duties effectively and lead to harmful coping mechanisms. Research (Aldamman *et al.*, 2019) emphasizes the need for organizations to provide structured psychological support to mitigate the effects of prolonged exposure to trauma and extreme work environments. This aligns with the Interviewees' accounts of the inadequacy of existing mental health programs. The consensus among interviewees reflects an urgent need for organizations to invest in comprehensive mental health frameworks that not only support workers in crisis but also prepare them for the emotional challenges they will face.

This evidence supports the argument that mental health care for humanitarian workers must be viewed as an integral part of operational planning and not as an afterthought. Ensuring that staff are mentally resilient is essential for maintaining the long-term effectiveness of humanitarian interventions. The interviews highlight the gap between the recognized importance of mental health and the practical implementation of effective support systems. Therefore, the integration of proactive mental health strategies is critical for both the sustainability of the workforce and the quality of care provided to those in need.

3.2. Psychological Challenges in Humanitarian Work

Humanitarian workers face a variety of psychological challenges, often rooted in the extreme environments and situations in which they operate. One of the most significant challenges, as highlighted by Interviewees 1 and 11, is the emotional toll of witnessing continuous injustice and violence. It was described by the interviewees the daily frustration of confronting situations of abuse and feeling powerless to effect real change, along with a sense of personal frustration from having to accept situations as "normal" that should not be normalized, which parallels the concept of "moral injury." Moral injury occurs when individuals are forced to act in ways that contradict their ethical beliefs or witness situations that violate their sense of justice, leading to feelings of guilt, shame, and disillusionment (Griffin *et al.*, 2019).

This complexity of trauma in humanitarian work reflects a broader dimension that Didier Fassin (2008) highlights: "*Trauma is not only a clinical description of a psychological status but also the political expression of a state of the world*."(Fassin, 2008). The experiences of

humanitarian workers, therefore, are not solely personal psychological burdens but are also shaped by the systemic injustices and global inequalities they encounter.

Interviewee 1 also pointed out the difficulty of maintaining emotional boundaries, as repeated exposure to traumatic events can make it hard to separate personal emotions from professional responsibilities. Furthermore, the constant proximity to other volunteers or workers without personal space adds to the mental strain, making it harder to achieve emotional recovery or detachment. Interviewee 10 expanded on the prevalence of PTSD, particularly in response to traumatic events witnessed or heard about in the field, such as refugee stories or the physical dangers encountered during rescue operations ("*Sometimes…volunteers are told about tragic stories on the way of refugees in Libya, that are hit and killed and abused and so on*."). Exposure to extreme situations, such as retrieving bodies from the water during rescues, can leave workers emotionally scarred.

Interviewee 7 described how workers may initially reject psychological support, only to experience severe anxiety attacks later due to unprocessed trauma. Additionally, the normalization of toxic behaviors and environments, such as excessive empathy leading to emotional overload (as noted by Interviewee 13), or the use of drugs as coping mechanisms (according to Interviewee 5), contributes to long-term psychological distress. Furthermore, the tension between the idealism that motivates many workers and the bureaucratic and corrupt systems they encounter in the field adds to their frustration and emotional burden. As discussed by Interviewee 14, many aid workers grapple with the challenges of translating their vision into reality: "*I remember that when I started, it was difficult for me because we often have a vision of what needs to be done and supported, but we must face limitations, whether it's in the organization or the context, of situations of corruption, systems at the country level that don't work, bureaucracies that don't allow certain actions to be implemented."* This highlights the complex dynamics that can hinder effective humanitarian action.

Another challenge frequently mentioned by the interviewees is the emotional disconnection that sets in when humanitarian workers leave the field. Interviewee 2 explained that while in the field, adrenaline and a sense of purpose often mask the emotional impact of their work. However, once removed from the high-pressure environment, unresolved emotions and questions begin to surface. As it was explained, *"When you are in the field, you are so involved in the job and in the situation, that you try to give 200%. The adrenaline you feel keeps you going and prevents you from feeling the real emotions. Maybe you feel really strong, and you feel you have all the tools to deal with the situation. However, when you leave this context, and your body stops being in survival mode, all the emotions and unsolved questions arise. Maybe*

if you spoke about the situation with someone qualified, at that moment, it wouldn't accumulate so much.". This phenomenon can be understood through the lens of "*post-mission psychological adjustment*," a process discussed in the literature and often associated with military operations (De Soir, 2017), where workers experience delayed emotional responses after leaving crisis zones. The participant emphasized the need for spaces where workers could express and process these emotions, to facilitate the transition back to "normal" life.

The chronic lack of resources and inadequate staffing was another source of psychological strain, as expressed by Interviewee 9. In smaller NGOs, where staff shortages are common, workers often find themselves overburdened with responsibilities, many of which require specialized knowledge. This mismatch between the needs of the population and the skills available among staff and volunteers creates additional stress, particularly when young, inexperienced volunteers are asked to manage complex issues like trauma among refugees.

The psychological challenges faced by humanitarian workers in the field are multi-faceted, including the emotional toll of witnessing violence and injustice, the pressure of working in under-resourced settings, and the difficulties of post-mission emotional adjustment. These challenges are exacerbated by a lack of mental health support structures both during and after missions.

3.2.1. Stress and Burnout Factors

The Interviewees identified several key factors contributing to stress and burnout among humanitarian workers, painting a comprehensive picture of the challenges faced in the sector. Key contributors include the emotional toll of witnessing extreme suffering and the physical strain of operating in high-stress environments, characterized by prolonged exposure to traumatic events, intense workloads, and insufficient psychological support. Additional stressors stem from feelings of inadequacy when unable to address all observed needs, frustration with bureaucratic obstacles, and the normalization of mental health struggles within the humanitarian work culture. Burnout, as described by researchers, manifests as a condition marked by physical, mental, and emotional exhaustion, feelings of depersonalization, and a diminished sense of personal accomplishment. This is further exacerbated by organizational structural issues, such as work overload, lack of control over tasks, insufficient rewards, workplace incivility, inequality in pay or promotions, and conflicts between personal values and job demands (Schaufeli, Leiter and Maslach, 2009). For instance, Interviewee 1 discussed

the challenges of being constantly exposed to injustice which, combined with an emotional investment in the people they serve, made it difficult to establish personal boundaries, further intensifying feelings of burnout. Similarly, Interviewee 11 noted that witnessing the worst aspects of humanity, such as the severe conditions faced by those they help, significantly affected their mental well-being.

This psychological toll was exacerbated by additional frustrations, including the ineffectiveness of government responses and the inability to make significant progress despite working beyond expected hours.

Interviewees also mentioned organizational dysfunctions, such as poor communication, high staff turnover, and mismanagement, as major contributors to stress. Indeed, Interviewee 4 pointed out that while there is some formal training provided, such as HEAT (Hostile Environment Awareness Training), it is often insufficient in preparing workers for the emotional toll of the job. The absence of effective coping strategies and mental health support systems leads workers to carry the weight of the cases they handle long after the workday ends. This aligns with Interviewee 11's account of setting unrealistic goals in an attempt to "*save the world*," which often leads to disappointment when the worker's ambitions clash with the stark realities of their situation.

Interviewees also highlighted that while some organizations offer resources such as specialized mental health support through phone or video calls, the general lack of anticipation for crises often leaves workers unprepared for the realities they face. This creates a reactive rather than proactive approach to mental health, where interventions are only introduced after issues arise. Interviewee 6 discussed the importance of the "*duty of care*" in humanitarian work, underscoring the need for organizations to develop mechanisms that safeguard workers' mental health from the outset. However, they noted that despite efforts to offer training and resources, unpredictable factors like exposure to traumatic events, lack of communication with loved ones, and the physical challenges of working in crisis zones contribute to a sense of loss of control, further heightening stress levels.

3.2.2. Work Environment as a Stressor

The work environment itself plays a significant role in exacerbating stress levels, as highlighted by several Interviewees. For instance, Interviewee 13 discussed how disorganized work structures, coupled with extreme environmental conditions such as high temperatures and

inadequate physical infrastructure, created a psychologically challenging atmosphere. Similarly, Interviewee 12 noted that the high turnover of staff in humanitarian organizations, particularly in crises, can lead to constant disruption in team dynamics, making it difficult to establish stable working relationships. Interviewee 6 highlights that this issue is now beginning to receive attention, but historically, turnover was not considered problematic, as new workers were always available to replace those who burned out. However, this replacement model disregards the loss of expertise, and the deep connections workers form with communities during missions, which cannot be easily transferred to new team members.

This, combined with the intense pace and the need for rapid decision-making in life-or-death situations, such as rescue operations (as described by Interviewee 10: "*It's very hard to get people out of the water, and it causes stress at a very high level, but also in a physical sense, in these situations, sometimes it's during the night, you cannot see what is happening, you cannot see how many people there are. They're shouting, they're screaming. This can also cause trauma if you try to pull someone on board, but you are not successful…And sometimes there are situations with massive physical problems in the person, some are unconscious, some have fuel burns from the way on the boat…Sometimes there's another problem that people they take on board try to commit suicide when they are on board and have the feeling they will not take them to a safe place, that they don't have a real future, or they jump overboard and try to swim to the next island, which is very, very dangerous."*), contributes to a high level of psychological strain. Furthermore, limited privacy, insufficient rest, and inadequate communication between team members who often come from different cultural and political backgrounds, as mentioned by Interviewees 7 and 3, exacerbate the already stressful work environment. Regarding this aspect, Interviewee 9 offers a slightly more positive perspective on the interpersonal dynamics within smaller organizations, stating that "*The smaller the organization, the bigger the support and solidarity in the team*", as they share similar ethical motivations for entering the field. However, the emotional closeness that develops within teams can also blur professional boundaries, making the work environment emotionally charged and sometimes less functional from a productivity standpoint. Despite these challenges, workers in smaller organizations tend to cover for each other and "…*get very, very bonded in these kinds of situations*". which helps mitigate some of the stressors associated with the work.

Interviewee 6 provides a detailed description of how the field teams become a substitute family, particularly during missions where workers live and work in the same space. This blurring of personal and professional boundaries creates an intense emotional environment, where workers push themselves to extremes due to a sense of guilt and responsibility. The

notion of "vocation" in humanitarian work, as described by Interviewee 6, reinforces this culture of endurance, where workers feel they must sacrifice personal well-being because of the dire circumstances of the beneficiaries they serve. The pressure to continue working despite exhaustion or stress is compounded by a cycle where older generations of managers, often from privileged backgrounds, perpetuate a culture of overwork and undervalue mental health concerns. Interviewee 6 emphasizes that this has led to high burnout and turnover rates, with many workers leaving the field after prolonged exposure to these conditions.

This sense of guilt is further amplified by the direct comparison between the workers' hardships and the extreme suffering of the populations they serve. Humanitarian workers are conditioned to downplay their struggles, viewing them as insignificant in comparison to the life-or-death situations they witness daily. As a result, mental health is often neglected, with workers feeling they can always do more and that they are not doing enough.

The lack of opportunities for relaxation or psychological decompression in conflict zones, as discussed by Interviewee 13, further hinders workers' ability to manage stress effectively.

3.3. Effectiveness of Mental Health Programs

3.3.1. Best Practices

The data collected from participants highlights several practices that could enhance the design and implementation of mental health programs for humanitarian workers. One central practice, suggested by Interviewee 6, is the pre-mission psychological assessments, which would evaluate a worker’s emotional state, coping mechanisms, and responses to stress before their deployment. This practice aligns with the more comprehensive health checks that many organizations, such as the United Nations, already implement for physical health. However, emotional and mental health assessments are often neglected, which can lead to insufficient preparation for the mental challenges workers face in the field. The inclusion of these psychological assessments as part of the pre-mission preparation could help workers better understand their emotional triggers and coping strategies. This would equip both the individual and the organization with mechanisms to manage stress and improve overall mental health outcomes.

Additionally, Interviewee 6 emphasized the value of using existing organizational data, such as absenteeism rates and illness reports, as indirect indicators of workers' mental health. This practice of correlating psychosomatic symptoms—such as frequent headaches or stomach

issues—with underlying mental health problems could serve as an early warning system for organizations to intervene and provide support. Similarly, satisfaction surveys, which some organizations already use, can provide valuable insights into the mental well-being of workers by capturing changes in emotional states over time. This aligns with existing literature on mental health in the workplace, which underscores the importance of ongoing evaluation to understand both individual and organizational well-being.

Furthermore, in the opinion of Interviewee 6, if mental health support programs are to be made mandatory, which the Interviewee agrees, it should be done *"…in the sense of protecting people and developing better mechanisms, both for individuals and for the organization. It makes sense to me to disseminate them in a normal way, just like medical tests and other issues*". This mandatory inclusion would normalize mental health as part of workers' overall health, ensuring they are better prepared for the emotional challenges they will face. However, a cautionary note was raised regarding the use of mental health assessments as punitive measures, highlighting the need for sensitivity and confidentiality in how these assessments are implemented.

Interviewee 13 highlighted the importance of using validated psychological assessments to measure the effectiveness of mental health programs. This practice, which involves testing worker's psychological states before and after missions, could be considered a best practice for tracking changes in mental health and determining the efficacy of support programs. Additionally, the Interviewees pointed out the potential link between poor mental health and issues such as fraud and sexual abuse within organizations, suggesting that mental health support programs should also address the broader implications of stress and organizational culture on behavior. This perspective extends the scope of mental health programs beyond individual well-being, positioning them to safeguard the integrity of the organization.

3.3.2. Assessment of Program Effectiveness

The interview data suggests a gap between the design and implementation of mental health programs in humanitarian organizations and the lived experiences of their employees. One best practice identified by Interviewee 12 is the provision of psychological resources, such as access to a psychologist, which is an essential feature of many mental health support systems. However, despite such resources, the Interviewees observed that they often exist for superficial compliance with the funder's requirements rather than being truly integrated into the

organizational culture. This misalignment with the needs of workers is exacerbated in larger organizations, where human connections and empathy tend to be overshadowed by pressure to meet objectives and deliver results. On the other hand, smaller organizations maintain more initial motivation and empathy, which is critical for fostering a supportive working environment.

The interviewees generally expressed dissatisfaction with the effectiveness of the mental health programs currently in place, often rating them poorly. Interviewee 12 acknowledged that while resources like psychologists are available, they often are not internalized within the organizational working dynamics. The effectiveness of these programs is further diminished by the focus on performance metrics, such as achieving targets, rather than the well-being of team members. Interviewee 13 introduced the idea of using psychological testing before and after missions to assess mental health program effectiveness. This type of metric, combined with monitoring staff turnover, provides a more data-driven method for evaluating whether these programs are having a meaningful impact on a worker's mental health. Indeed, High turnover rates or an increased number of workers considering leaving their positions are indicators that mental health programs are not adequately addressing the workers' needs. Interviewee 6 added to this by suggesting that absenteeism rates and reported illnesses could also serve as indirect metrics of mental health. As mentioned, many workers take time off for physical symptoms that are psychosomatically linked to mental health issues. Monitoring these indicators would allow organizations to identify mental health concerns early on and offer timely interventions. The participant also emphasized that satisfaction surveys can be a straightforward and effective way to assess changes in workers' mental health states over time, providing a direct metric for evaluating the impact of support programs. However, the Interviewees' assessment revealed that current programs lack this rigor, suggesting that this methodology could significantly improve program evaluations.

Despite the potential for using structured assessments, most Interviewees rated the support they received very low, indicating that these programs were neither comprehensive nor effective in addressing their mental health needs. For instance, Interviewee 3 rated the support a 2, citing the minimal and sporadic nature of the assistance offered. Interviewees 5 and 13 gave even lower scores, with Interviewee 13 stating that the program's effectiveness was "zero". Interviewee 14 also rated the program a 1, reinforcing the perception that the mental health interventions were inadequate.

The interviews revealed a wide set of concerns. Issues like mental fatigue leading to unethical behaviors such as theft and abuse, as mentioned by Interviewee 13, extend the

understanding of program effectiveness beyond just mental well-being, suggesting that the success of mental health initiatives should also be evaluated in terms of their ability to maintain organizational integrity and ethical standards. The feedback highlights a critical gap between the intended and actual outcomes of mental health programs, underscoring the need for more comprehensive evaluations that address both individual and organizational well-being.

3.4. Policies and Funding

3.4.1. Awareness and Challenges in Funding

The interviewees provided a broad perspective on the awareness of policies and funding mechanisms related to mental health initiatives in humanitarian organizations. Overall, there is limited understanding of how mental health programs are funded, with several interviewees expressing uncertainty about how these initiatives are supported.

Some organizations, such as the one described by Interviewee 1, choose not to comply with official European Union funding regulations, relying instead on private donations. This approach introduces flexibility in decision-making but may limit access to larger funding pools, affecting the stability of mental health initiatives for humanitarian workers. There is a consensus, reflected in the responses of interviewees 2 and 4, that while mental health is becoming a more prominent topic, particularly following the COVID-19 pandemic, the primary focus of funding remains on beneficiaries rather than staff. Interviewee 4 suggests that this is largely due to mental health not being viewed as a priority for many organizations, since it "*…remains a taboo subject, although it's becoming less so. But because it's not as prominent a topic as others, it doesn't receive the same investment, whether because of ignorance or a lack of appreciation. Managing an organization is difficult, and deciding where resources should go is hard, so mental health can be overlooked".*
This is compounded by the fact that workers often feel guilty about seeking help, fearing they are diverting resources away from the more vulnerable populations they serve. Furthermore, as noted by interviewee 11, the intangible nature of mental health outcomes presents a challenge for securing funds, as it is difficult to quantify or present in a way that appeals to donors. Besides, Interviewee 14 admitted that in their experience writing projects, mental health costs are rarely included. This indicates a broader issue where mental health support is often not a priority in project proposals, despite the recognized need.

3.4.2. Donor Acknowledgement and Funding Allocation

Donors play a critical role in determining how mental health programs are funded, but their acknowledgment of these needs and willingness to allocate resources appear inconsistent.

Interviewee 6 highlights that funders generally seek to achieve specific objectives, and while they are increasingly aware of the need to address mental health, the priority remains on supporting communities rather than workers. Similarly, interviewee 9 stresses that while those within the humanitarian sector recognize the necessity of psychosocial support, this understanding is often not shared by donors or broader civil society. There is an underlying challenge in framing mental health as a fundamental component of humanitarian work, as evidenced by interviewee 11's observation that psychological support is much harder to fund than more visible services like food distribution or housing. This difficulty arises from the abstract nature of mental health outcomes and the stigma surrounding humanitarian workers seeking support. Interviewee 11 also mentions that partnerships with external organizations providing mental health services, such as psychologists, can alleviate financial burdens on the NGOs, but these partnerships are not always available and can be fragile due to the scarcity of resources.

According to Interviewee 13, mental health is often minimally represented in donor protocols. They cited a project with the UNHCR where mental health was mentioned only briefly, despite the project's high-stress context involving human rights violations and war zones. Additionally, the lack of measuring instruments for tracking mental health outcomes makes it difficult to demonstrate the urgency of mental health needs to donors, further complicating efforts to secure adequate funding.

Interviewee 8 pointed out that successful integration of mental health support often depends on embedding it into broader program funding requests, such as including staff care in budgets for other projects like gender-based violence, and if it was integrated, "*…as it should be in every program as a mandatory line the same way a salary, then maybe there would be more funding*". This approach increases the likelihood that donors will accept mental health costs as a necessary component, but it remains a piecemeal solution. Interviewee 13 argued that funders need to take more responsibility, emphasizing that they should demand robust mental health policies from organizations, just as they do for safeguarding. The interviewee stressed that increased visibility and data collection are essential to convince donors of the importance of

mental health initiatives and that funders must play a more active role in promoting these programs.

Interviewee 12 noted that mental health funding is often camouflaged within other budget lines, rather than being recognized as a distinct and essential component. This lack of formal recognition diminishes the focus on mental health and suggests that it is treated as an afterthought rather than a core aspect of staff care.

3.4.3. Impact of Policy and Financing on Program Effectiveness

Policy decisions and financing mechanisms play a critical role in determining the effectiveness of mental health programs. Interviewees consistently pointed to insufficient funding and lack of clear policies as major obstacles to effective mental health support.

Interviewees 1 and 9 both highlight the fragmented nature of funding for mental health, with a lack of protocols and limited options for organizations trying to secure consistent support. This fragmentation not only limits the availability of resources but also hampers the development of holistic mental health strategies that integrate both staff and beneficiary needs. Interviewee 6 suggests that effective mental health programs must be designed by professionals with a community-focused approach, and organizations should emphasize prevention over crisis intervention. Additionally, policies that encourage rotation, shifts, and spaces for relaxation are essential in creating an environment conducive to mental well-being.

Furthermore, the absence of standardized tools for measuring mental health outcomes, as mentioned by Interviewee 13, undermines the ability to present compelling evidence to donors and policy makers. Without concrete data, organizations struggle to justify the need for increased funding or more comprehensive policies, making it difficult to improve program effectiveness. This creates a cycle where inadequate policies lead to insufficient funding, which in turn limits the scope and impact of mental health programs.

However, the failure to adequately prioritize these policies can lead to significant challenges, as noted by interviewee 4, who argues that unless organizations create a culture of trust and open communication, mental health initiatives are unlikely to succeed. Similarly, interviewee 11 points out that mental health is often seen as a luxury rather than a necessity. These factors combine to create an environment in which mental health programs are often underfunded and undervalued, diminishing their overall effectiveness and leading to higher rates of burnout and turnover among humanitarian workers.

In summary, the interviewees emphasized that the current policies and funding mechanisms fall short of addressing the mental health challenges faced by humanitarian workers. There is a clear need for more dedicated funding, improved visibility of mental health issues, and the development of metrics that can better capture the psychological well-being of workers. Donors must take a more active role in promoting mental health initiatives, and organizations need to integrate mental health support as a fundamental part of their operations to enhance the effectiveness of these programs.

3.5. NGO Support and Training

To analyze the mental health support provided by NGOs to HAWs, the research focused on evaluating three stages: preparation and training before deployment, support during the mission, and follow-up after leaving the NGO. The interviews reveal varied experiences across these stages, with gaps in both the provision and effectiveness of mental health support systems.

3.5.1. Pre-Deployment Training and Preparation

The responses indicate that the pre-deployment mental health training provided by NGOs is often inconsistent. While some organizations offer formal training, others leave workers unprepared for the psychological challenges they may face. For instance, Interviewee 1 recalls undergoing online training before their first deployment, but it was superficial and did not efficiently prepare them for the reality of fieldwork. Similarly, Interviewee 9 noted a lack of preparation, highlighting the irony that they were tasked with training volunteers despite feeling ill-prepared themselves.

There are examples of more structured pre-deployment training in some organizations. Interviewee 12 mentioned participating in a European Union volunteer program that offered two weeks of practical training, including roleplay exercises to simulate real-life humanitarian contexts. This type of training, while not specifically focused on mental health, helped the participants develop emotional management skills that were useful in the field. However, this type of initiative was not standard across organizations and was, in this case, the result of personal initiative rather than institutional policy.

In some cases, organizations are beginning to acknowledge the need for better preparation. Interviewee 11, for example, noted that their organization has since developed a manual and

initial training sessions for new members, which include discussions on the psychological impact of humanitarian work. However, this development came after the interviewee had already joined the organization, indicating that such measures are still being implemented progressively and are not yet universally applied.

3.5.2. Support Offered During Job

Support during missions also varies greatly between organizations, with some providing access to psychological services and others offering little to no support. Interviewee 11's organization had a partnership with external psychologists, providing access to regular psychological sessions. However, the interviewee chose not to use these services, preferring to continue therapy with their psychologist due to language barriers and personal preference. Despite the availability of support, Interviewee 11 also highlighted the stigma that persists within humanitarian circles, where workers are hesitant to seek help, often feeling guilty for taking resources that could be directed toward the communities they serve. This stigma underscores a need for greater team trust and cultural shifts within NGOs to encourage mental health care.

Other participants noted a lack of formal mental health support. For example, Interviewee 3 reported receiving no mental health training or support during their time in the NGO, and Interviewee 14 remarked that while burnout was a known issue, the available support mechanisms were not well-publicized or accessible. Similarly, Interviewee 5 mentioned group calls were organized by a peer supporter rather than a certified psychologist. While these calls provided some level of emotional support, they did not equate to the professional mental health care that might have been more effective in addressing workers' stress and trauma.

Some organizations, like the one described by Interviewee 7, do have structured support systems during the mission. They have volunteer psychologists who offer ongoing psychological support via WhatsApp, providing a more continuous connection between workers and mental health professionals. Interviewee 10 also mentioned psychological debriefings following missions, indicating that some organizations are taking proactive steps to address mental health issues as they arise during humanitarian work.

3.5.3. Post-Deployment Support

Follow-up support after leaving the NGO is equally inconsistent. Some organizations offer post-deployment debriefings or the possibility of ongoing psychological care, while others leave workers to manage their mental health independently. For instance, Interviewee 10's organization provides private psychological consultations to workers returning from sea missions, aiming to address stress-related issues that may arise after operations. Interviewee 11's organization also offered final sessions with psychologists after the mission, although not all workers chose to take advantage of this service.

However, many participants reported an absence of post-deployment support. Interviewees 3 and 14 both noted a lack of any kind of follow-up after their work, with no structured process in place to help workers transition out of the intense humanitarian environment, which was also echoed by Interviewee 5.

The experiences of the interviewees reflect significant variability in the mental health support provided by NGOs at different stages of humanitarian work. While some organizations are making strides in offering pre-deployment training, continuous support during missions, and post-deployment follow-up, others fail to adequately prepare workers or provide consistent care throughout their time in the field. The gaps in mental health support, exacerbated by stigma and a lack of resources, highlight a need for NGOs to standardize and improve their psychological care practices to ensure the well-being of humanitarian workers across all stages of their work.

Conclusion

In concluding this study, it is important to reflect on the key findings and their broader implications for both research and practice. This research aimed to explore the mental health challenges faced by HAWs and to evaluate their perspective on the effectiveness of existing support programs within NGOs. The insights gathered from interviews with aid workers and mental health professionals have highlighted the gaps in mental health care for those working in highly stressful and demanding environments. By examining these issues through a qualitative lens, the study provides valuable perspectives on the needs of HAWs and offers recommendations for improving organizational support. The conclusion draws together these insights, emphasizing the significance of addressing mental health as a crucial factor in the sustainability and effectiveness of humanitarian work.

Significance of the study

This study addresses a critical gap in the literature regarding the mental health support provided to HAWs, an often overlooked yet essential component of their well-being. HAWs are frequently exposed to high levels of stress, trauma, and precarious working conditions, which can lead to burnout, secondary trauma, and long-term psychological distress. Despite this, many NGOs still lack comprehensive mental health programs that adequately address the unique needs of these workers.

The significance of this research lies in its exploration of the challenges HAWs face and the effectiveness of the mental health programs and practices currently in place. By conducting an in-depth qualitative analysis of the experiences of aid workers and mental health professionals, this study sheds light on the limitations of existing organizational support systems and highlights areas where improvements are critically needed.

Furthermore, this research contributes to the broader discussion on mental health in the humanitarian sector by offering recommendations for the development of more effective and sustainable mental health interventions. It also underscores the importance of mental health as a factor in the overall efficiency and resilience of humanitarian operations. By supporting the mental well-being of workers, organizations can not only improve the quality of aid delivered but also reduce high turnover rates and the long-term psychological impact on their staff.

Dess and Shaw (2001) highlighted that staff turnover imposes substantial costs on organizations, including both direct costs such as recruitment, selection, and training, and indirect costs such as reduced morale, added pressure on the remaining employees, diminished service quality, and the loss of institutional knowledge (Dess and Shaw, 2001). Therefore, for NGOs, this underscores the importance of developing retention strategies, such as Mental Health support programs, that not only attract but also maintain a skilled workforce, as the loss of key staff can disrupt service delivery and prevent the achievement of organizational goals. Therefore, managers must identify key factors that influence employee retention to ensure staff longevity and operational continuity.

In an era where humanitarian crises are increasing in complexity and frequency, this study is timely and relevant, advocating for a stronger commitment to the mental health of those who work tirelessly to assist others in need. It calls for NGOs and other humanitarian stakeholders to prioritize mental health as a core element of their operational frameworks, ensuring that workers are adequately supported both in the field and beyond.

Scope and limitations

This study focuses on exploring the mental health challenges faced by HAWs and assessing the effectiveness of mental health programs provided by NGOs using a qualitative approach. The primary objective was to examine the resources, strategies, and organizational responses to support aid workers' psychological well-being, focusing on the three main stages of humanitarian work: pre-deployment training, support during missions, and post-mission follow-up. In focusing on these stages, the study provides a comprehensive overview of the mental health support that is available to workers at various points of their service. However, the study does not engage in a quantitative analysis but rather emphasizes the subjective experiences of the participants to offer a deeper insight into the challenges and opportunities for improvement in this field. While providing valuable insights, the research also faces several limitations. First, the reliance on qualitative methods limits the generalizability of the findings. Although the semi-structured interviews provide rich data, they are based on a relatively small sample size, which may not fully capture the diversity of experiences across different humanitarian contexts. The snowball sampling method, while effective in recruiting participants, may also introduce bias, as it is limited to individuals within certain networks, potentially excluding other significant perspectives from different geographical locations or organizations.

Another limitation is that the study only includes participants in the field within the last five years, potentially overlooking the evolving nature of mental health challenges and interventions over longer periods. Humanitarian work, especially in crisis-prone areas, is subject to dynamic changes due to geopolitical shifts, natural disasters, and technological advancements. These factors may alter the stressors experienced by aid workers over time. For instance, the use of technology has greatly evolved during the last years, allowing for remote working tools and improved communication technologies, potentially alleviating certain mental health stressors.

Mental health interventions themselves have evolved. Practices and programs implemented five years ago may differ in scope and focus compared to current approaches. For example, recent trends in mental health support may place more emphasis on trauma-informed care, peer support systems, and the use of digital mental health resources. Thus, excluding aid workers from earlier timeframes could prevent the study from assessing how well interventions have adapted to meet these changing needs, as well as from understanding the long-term mental health effects on workers who may have lacked adequate support during their missions.

Finally, the use of online interviews, while necessary due to logistical constraints, may limit the depth of some responses, as participants might feel less comfortable discussing sensitive mental health issues in a virtual setting. This factor, combined with the inherent subjectivity of self-reported data, poses challenges in verifying the accuracy of the accounts provided.

These limitations suggest the need for further research with a broader, more diverse sample and mixed methods to corroborate and expand upon the qualitative insights provided in this study.

Recommendations for Improvement

As stated previously, this study resonates with the *triple nexus* framework, which highlights the interconnectedness of humanitarian, development, and peace efforts. By addressing the mental health challenges of humanitarian workers, organizations can enhance not only the immediate effectiveness of their aid missions but also contribute to broader, long-term sustainable development and peacebuilding goals. Supporting the well-being of HAWs is essential to ensuring that aid operations are resilient and capable of fostering lasting positive change in crisis-affected communities.

Based on the interviews, several key recommendations for improving mental health programs were identified. These suggestions emphasize the need for a holistic and context-aware approach that addresses the psychological and practical needs of humanitarian workers.

Field-experienced psychologists and Customized Support

Several interviewees (Interviewees 1, 2, and 6) highlighted the importance of involving psychologists with direct field experience. They emphasized that a deep understanding of the specific challenges humanitarian workers face is crucial for effective psychological support. These psychologists should provide personalized care that validates emotions and helps workers develop coping mechanisms. Additionally, psychological support should not be limited to formal therapy but should be integrated with team-building activities that encourage self-reflection and mutual support (Interviewee 1).

Transparency, Preparation, and Realistic Expectations

Interviewees 5 and 6 stressed the need for better onboarding processes. They recommended that organizations offer realistic expectations during recruitment and onboarding, including transparent communication about the emotional and psychological challenges of the field. This

preparation should include both initial training and ongoing support mechanisms, such as peer mentoring and mental health awareness programs. Allowing workers to reconsider their participation after being informed of these challenges could also help in mental preparedness (Interviewee 5).

Mandatory Mental Health Policies and Safe Spaces

The question of whether mental health support programs should be mandatory is not consensual among interviewees. While some participants (Interviewees 2, 9, and 12) advocated for mandatory implementation, emphasizing the need for policy-level interventions, others argued that mental health is a sensitive topic, and workers should not be forced into such programs. Instead, they suggested that organizations should focus on creating safe spaces to normalize discussions about mental health (Interviewee 5) and provide highly encouraged yet flexible support options, such as informal group discussions and personalized sessions (Interviewees 3 and 11).

Peer Support and Knowledge Sharing

The role of peer support in mental health was consistently emphasized across interviews (Interviewees 1, 6, 11, and 12). A common recommendation was to create spaces where workers could share experiences and support each other, especially after returning from missions. Having groups led by people who have experienced similar challenges would allow for better emotional processing and community-building.

Workload Management and Avoiding Burnout

Interviewees 6, 11, and 12 suggested that organizations need to be more proactive in managing workloads to prevent burnout. Monitoring workers' hours and ensuring proper vacation time are simple yet effective measures that could help mitigate exhaustion. Work-life balance should be a priority, and organizations should develop systems to ensure that workers are not overburdened.

Partnerships and Resource Optimization

Several participants (Interviewees 11 and 12) pointed out the lack of financial and human resources as a barrier to implementing robust mental health support. To overcome this, they suggested creating partnerships with other organizations and professionals. For example, NGOs could collaborate with external mental health professionals to provide affordable or volunteer-based support, thereby increasing the capacity to assist workers.

Cultural Awareness and Community Involvement

Interviewees 6 and 12 emphasized the importance of cultural awareness in mental health support, particularly when working in diverse and global contexts. Workers should be trained to recognize cultural variations in mental health and well-being. Engaging with local community leaders, doctors, and teachers could enhance understanding and referral processes, making mental health interventions more accessible and context specific.

Organizational Responsibility and Accountability

Many interviewees (Interviewees 6, 7, 9, and 14) called for increased accountability on the part of organizations. They argued that mental health should be seen as a core part of worker well-being and should be integrated into the broader health policies of organizations. Human resources departments should take a more active role in ensuring that workers have access to mental health resources and that communication channels are open for workers to report mental health concerns.

Future Steps

Based on the conclusions drawn from this dissertation, various important areas have been identified for future exploration and practical application. These proposed next steps are intended to deepen the comprehension of the mental health issues affecting humanitarian workers, enhance the success of interventions, and shape both policy and practice within the humanitarian sector.

A critical step for future research is expanding the sample size to include a more diverse group of humanitarian workers. Including workers from different regions, organizations, and sectors within humanitarian work (such as medical professionals and logisticians) would provide a broader perspective on the mental health challenges in this field. Additionally, examining workers' experiences at various stages of their careers, from early-career professionals to veterans, could yield important insights into how mental health needs evolve.

A longitudinal approach would better understand how mental health challenges develop and persist. By following humanitarian workers through the stages of pre-deployment, during missions, and post-mission, future research could assess the long-term effects of stressors and interventions. This would also allow for the evaluation of the sustained effectiveness of current support programs and provide insights into the ongoing psychological needs of aid workers.

Given the significant role that employee retention plays in organizational effectiveness, future research should also explore in detail the costs associated with staff turnover in NGOs. Conducting intensive research into the financial burden turnover imposes on NGOs – through recruitment, training, and the loss of institutional knowledge – would provide valuable data that could be linked to mental health interventions. Understanding how much NGOs spend on turnover could highlight the importance of investing in mental health support, as reducing turnover through better support could lead to long-term financial savings for the organization.

Based on the challenges identified in this study, the next logical step would be the design and evaluation of targeted mental health interventions. Collaborating with NGOs to implement pilot projects—such as peer-support groups, trauma-informed care initiatives, or the integration of digital mental health tools—would be valuable. Conducting evaluations of these interventions would help refine mental health programs to better meet the needs of workers and create evidence-based best practices for the sector.

While this study focused on qualitative methods, future research could benefit from incorporating quantitative approaches. By conducting surveys or psychological assessments, researchers could quantify the prevalence of mental health conditions, such as burnout, anxiety, and PTSD. This would complement the rich qualitative data, offering a more robust and comprehensive understanding of the scope of mental health issues among humanitarian workers.

The findings of this research provide a foundation for the development of policy recommendations aimed at improving mental health support within humanitarian organizations. Future work could focus on creating standardized protocols, including mandatory debriefing processes and regular mental health check-ins for workers. These recommendations could be presented to NGOs and international bodies to influence organizational policies and promote a more supportive environment for humanitarian staff.

To enhance the impact of future interventions, it is recommended to collaborate more closely with mental health professionals experienced in humanitarian work. Such partnerships could facilitate the co-development of training programs, workshops, and on-site interventions that are contextually relevant and culturally sensitive. Strengthening these collaborations would help ensure that mental health strategies are well-informed and more effective.

Given the increasing role of technology in modern humanitarian work, future research could explore how digital tools might be used to support mental health interventions. This could involve testing the efficacy of mobile applications for mental health self-care, teletherapy platforms, and virtual peer support systems, particularly for workers in remote or high-risk

areas. These innovations could play a critical role in making mental health support more accessible to those on the ground.

Finally, to ensure that the insights gained from this research have a broader impact, it is essential to disseminate the findings through academic publications, conferences, and workshops with NGOs. Publishing the results and recommendations will contribute to the academic discourse on humanitarian work and mental health, while also informing the practices of organizations tasked with supporting aid workers.

By pursuing these next steps, future research can build on the strengths of this dissertation, contributing to a deeper understanding of humanitarian workers' mental health challenges. Moreover, it will influence the design and implementation of more effective mental health support systems, ultimately enhancing the well-being of humanitarian staff and improving the sustainability of development and crisis intervention efforts.

References

Ager, A. *et al.* (2012) 'Stress, Mental Health, and Burnout in National Humanitarian Aid Workers in Gulu, Northern Uganda', *Journal of Traumatic Stress*. John Wiley & Sons, Ltd, 25(6), pp. 713–720. doi: 10.1002/JTS.21764.

Aldamman, K. *et al.* (2019) 'Caring for the mental health of humanitarian volunteers in traumatic contexts: the importance of organisational support', *European Journal of Psychotraumatology*. Taylor & Francis, 10(1). doi: 10.1080/20008198.2019.1694811.

Berger, R. (2015) *Stress, trauma, and posttraumatic growth: Social context, environment, and identities.* Routledge.

Bjerneld, M. *et al.* (2004) 'Perceptions of work in humanitarian assistance: Interviews with returning Swedish health professionals', *Disaster Management & Response*. Mosby, 2(4), pp. 101–108. doi: 10.1016/J.DMR.2004.08.009.

Bryman, A. (2016) *Social Research Methods*. 5th ed. Oxford University Press.

Charlson, F. *et al.* (2019) 'New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis', *The Lancet*. The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license, 394(10194), pp. 240–248. doi: 10.1016/S0140-6736(19)30934-1.

Coleman, J. S. (1958) 'Relational analysis: The study of social organizations with survey methods', *Human Organization*, 17(4). doi: 10.17730/humo.17.4.q5604m676260q8n7.

Creswell, J. W. (2009) *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 3rd edn. SAGE Publications, Inc. doi: 10.1128/microbe.4.485.1.

Denkinger, J. K. *et al.* (2018) 'Secondary traumatization in caregivers working with women and children who suffered extreme violence by the "Islamic State"', *Frontiers in Psychiatry*. Frontiers Media S.A., 9(JUN), p. 374544. doi: 10.3389/FPSYT.2018.00234/BIBTEX.

Dess, G. G. and Shaw, J. D. (2001) 'Voluntary Turnover, Social Capital, and Organizational Performance', *The Academy of Management Review*. Academy of Management, 26(3), p. 446. doi: 10.2307/259187.

Ebren, G., Demircioğlu, M. and Çırakoğlu, O. C. (2022) 'A neglected aspect of refugee relief works: Secondary and vicarious traumatic stress', *Journal of Traumatic Stress*, 35(3), pp. 891–900. doi: 10.1002/jts.22796.

Espinosa, A., Akinsulure-Smith, A. M. and Chu, T. (2019) 'Trait emotional intelligence, coping, and occupational distress among resettlement workers', *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(1), pp. 28–34. doi: 10.1037/tra0000377.

Fassin, D. (2008) ‘The humanitarian politics of testimony: Subjectification through Trauma in the Israeli-Palestinian conflict’, *Cultural Anthropology*, 23(3), pp. 531–558. doi: 10.1111/j.1548-1360.2008.00017.x.

Foo, C. Y. S., Verdeli, H. and Tay, A. K. (2021) ‘Humanizing Work: Occupational Mental Health of Humanitarian Aid Workers’, *The SAGE Handbook of Organizational Wellbeing*, (October), pp. 318–338. doi: 10.4135/9781529757187.n21.

Foundation, A. (2012) ‘Managing stress in humanitarian workers - Guidelines for good practice’, p. 40.

Gilbert, B. J. *et al.* (2015) ‘Assessing Development Assistance for Mental Health in Developing Countries: 2007–2013’, *PLoS Med*, 12(6), p. 1001834. doi: 10.1371/journal.pmed.1001834.

Goodman, L. A. (1961) ‘Snowball Sampling’, *The Annals of Mathematical Statistics*, 32(1), pp. 148–170. doi: 10.1214/aoms/1177705148.

Griffin, B. J. *et al.* (2019) ‘Moral Injury: An Integrative Review’, *Journal of Traumatic Stress*. John Wiley and Sons Inc., 32(3), pp. 350–362. doi: 10.1002/JTS.22362.

Harris, L. M. and Mellinger, H. (2021) ‘Asylum Attorney Burnout and Secondary Trauma’, *Wake Forest Law Review*, 56, pp. 733–824.

Howe, P. (2019) ‘The triple nexus: A potential approach to supporting the achievement of the Sustainable Development Goals?’, *World Development*. Pergamon, 124, p. 104629. doi: 10.1016/J.WORLDDEV.2019.104629.

IFRC (2023) *Annual Report 2023*. doi: 10.3934/energy.2024013.

Interhealth and People in Aid (2009) ‘Approaches to Staff Care in International NGOs’, (September).

Kindermann, D. *et al.* (2017) ‘Prevalence of and Risk Factors for Secondary Traumatization in Interpreters for Refugees: A Cross-Sectional Study’, *Psychopathology*. S. Karger AG, 50(4), pp. 262–272. doi: 10.1159/000477670.

Lopes Cardozo, B. *et al.* (2012) ‘Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study’, *PLoS ONE*, 7(9). doi: 10.1371/journal.pone.0044948.

Lusk, M. and Terrazas, S. (2015) ‘Secondary Trauma Among Caregivers Who Work With Mexican and Central American Refugees’, *http://dx.doi.org/10.1177/0739986315578842*. SAGE PublicationsSage CA: Los Angeles, CA, 37(2), pp. 257–273. doi: 10.1177/0739986315578842.

MacPherson, R. I. S. and Burkle, F. M. (2021) ‘Humanitarian Aid Workers: The Forgotten First Responders’, *Prehospital and Disaster Medicine*, 36(1), pp. 111–114. doi: 10.1017/S1049023X20001326.

Merrell, H. (2013) *Dissociation Differences Between Human-made Trauma and Natural Disaster Trauma*. George Fox University.

Mishori, R., Mujawar, I. and Ravi, N. (2014) 'Self-reported Vicarious Trauma in Asylum Evaluators: A Preliminary Survey', *Journal of Immigrant and Minority Health*, 16 (6), pp. 1232–1237. doi: 10.1007/s10903-013-9958-6.

Mitchell, J. T. and Dyregrov, A. (1993) 'Traumatic Stress in Disaster Workers and Emergency Personnel', *International Handbook of Traumatic Stress Syndromes*, (January 1993). doi: 10.1007/978-1-4615-2820-3.

Roberts, F. *et al.* (2021) 'The Prevalence of Burnout and Secondary Traumatic Stress in Professionals and Volunteers Working With Forcibly Displaced People: A Systematic Review and Two Meta-Analyses', *Journal of Traumatic Stress*. John Wiley & Sons, Ltd, 34(4), pp. 773–785. doi: 10.1002/JTS.22659.

Schaufeli, W. B., Leiter, M. P. and Maslach, C. (2009) 'Burnout: 35 years of research and practice', *Career Development International*, 14(3), pp. 204–220. doi: 10.1108/13620430910966406.

Sifaki-Pistolla, D. *et al.* (2017) 'Who is going to rescue the rescuers? Post-traumatic stress disorder among rescue workers operating in Greece during the European refugee crisis', *Social psychiatry and psychiatric epidemiology*. Soc Psychiatry Psychiatr Epidemiol, 52(1), pp. 45–54. doi: 10.1007/S00127-016-1302-8.

De Soir, E. (2017) 'Psychological adjustment after military operations: The utility of postdeployment decompression for supporting health readjustment', *Handbook of Military Psychology: Clinical and Organizational Practice*. Springer International Publishing, pp. 89–103. doi: 10.1007/978-3-319-66192-6_7.

Stoddard, A. *et al.* (2022) 'Aid Worker Security Report 2021: Crime risks and responses in humanitarian operations', pp. 1–24.

Veronese, G. *et al.* (2013) 'Can sense of coherence moderate traumatic reactions? a cross-sectional study of palestinian helpers operating in war contexts', *British Journal of Social Work*, 43(4), pp. 651–666. doi: 10.1093/bjsw/bcs005.

Veronese, G. and Pepe, A. (2015) 'Sense of Coherence as a Determinant of Psychological Well-Being Across Professional Groups of Aid Workers Exposed to War Trauma', *Journal of Interpersonal Violence*, 32(13), pp. 1899–1920. doi: 10.1177/0886260515590125.

Živanović, M. and Marković, M. V. (2020) 'Latent structure of secondary traumatic stress, its precursors, and effects on people working with refugees', *PLOS ONE*. Public Library of Science, 15(10), p. e0241545. doi: 10.1371/JOURNAL.PONE.0241545.

Annex

Annex A – Interview Guide

Interview Guide for Mental Health Professionals

The following questions were posed to mental health professionals with experience in supporting humanitarian aid workers. These questions aimed to understand the professionals' perspectives on the importance, design, and funding of mental health programs.

Sociodemographic inquiry

1. Age range
2. Sex
3. Nationality
4. Academic Qualifications:
5. Professional Experience:
    a. For how long have you been working in the humanitarian field?
    b. Organization where you currently work, and position occupied?

Importance of Mental Health Support

1. On a scale of 1 to 5, how important do you consider mental health support to be for humanitarian workers?

Psychological Challenges

2. In your opinion, what are the primary factors contributing to high levels of stress and burnout among humanitarian aid workers?
3. Do you believe that the work environment itself can be a source of stress for humanitarian workers?
4. What were the main psychological challenges you encountered while working in this field?

Effectiveness of Mental Health Programs

5. From your experience, what are the best practices for designing and implementing effective mental health programs for humanitarian workers?

6. How do you assess the effectiveness of a mental health program?

Policies and Funding

7. Are you familiar with the policies and funding mechanisms that support these programs? If so, what challenges arise when seeking funding for mental health initiatives?
8. In your experience, do donors acknowledge the necessity of allocating specific funds for mental health programs for humanitarian workers?
9. Could you describe specific challenges or successes you've encountered while implementing mental health programs for humanitarian workers?
10. How do policy decisions and financing mechanisms influence the effectiveness of mental health initiatives in humanitarian settings?

Suggestions for Program Improvement

11. What recommendations would you make for improving existing mental health programs for humanitarian workers?

Interview Guide for Humanitarian Aid Workers

This guide was used for interviews with humanitarian aid workers, focusing on their experiences with mental health support and their challenges in the field.

Sociodemographic inquiry

6. Age range
7. Sex
8. Nationality
9. Academic Qualifications:
10. Professional Experience:
    a. For how long have you been working in the humanitarian field?
    b. Organization where you currently work, and position occupied?

Importance of Mental Health Support

1. On a scale of 1 to 5, how important do you consider mental health support to be for humanitarian workers?

Psychological Challenges

2. In your opinion, what are the primary factors contributing to stress and burnout among humanitarian aid workers?
3. Do you believe the work environment can contribute to stress?
4. What were the primary psychological challenges you faced while working in this field?

Resources for Managing Stress

5. What resources or mechanisms have you found most effective in managing stress and maintaining your mental and emotional well-being in difficult work environments?

Effectiveness of Organizational Support

6. Can you share your views on the mental health support provided by the NGOs you've worked with?
7. How would you rate, on a scale of 1 to 5, the effectiveness of these organizations in addressing and prioritizing workers' mental health?
8. Did you receive any training or preparation related to mental health before starting your role in humanitarian work?
9. Did you receive mental health support or training during your work or after your departure?

Policies and Funding

10. Are you aware of the policies and funding structures behind mental health programs? If so, what challenges have you encountered in securing funding for these initiatives?

Suggestions for Program Improvement

11. What recommendations would you make to improve the current mental health programs for humanitarian workers?

Annex B – Informed Consent

Informed Consent

The present study is part of a research project being carried out at ISCTE - Instituto Universitário de Lisboa.

The study aims to assess the existence of programs and policies in non-governmental organizations to support the mental health of humanitarian aid workers. Your participation in the study, which will be highly valued, consists of taking part in an interview via Google Meet, lasting around 30 to 60 minutes, with an audio recording.

ISCTE is responsible for processing your personal data, which is collected and processed exclusively for the purposes of the study, on the legal basis of your consent.

The study is being carried out by Jessica Castanheira (janca@iscte-iul.pt), as part of her master's dissertation in Development Studies, under the supervision of Professor Joana Azevedo (joana.azevedo@iscte-iul.pt), whom you can contact to clarify any doubts or to exercise your rights regarding the processing of your personal data. You can use the contact details provided to request access, rectification, erasure, or restriction of the processing of your personal data.

Participation in this study is confidential. Your personal data will always be treated with secrecy and confidentiality. ISCTE guarantees the use of appropriate techniques, and organizational and security measures to protect personal information.

Participation in the study is also strictly voluntary: you can freely choose to participate or not to participate. If you choose to participate, you can interrupt your participation and withdraw your consent to the processing of your personal data at any time, without having to provide any justification. Withdrawal of consent does not affect the lawfulness of processing previously carried out based on your consent.

The audio recording of the interview will be kept until it has been transcribed, after which it will be deleted. The transcription of the interview will be anonymized, guaranteeing their anonymity in the results of the study, only excerpts of which will be published in the dissertation and the communication of results in possible scientific articles or communication at meetings.

There are no significant expected risks associated with participating in the study.

ISCTE does not disclose or share information about your personal data with third parties.

ISCTE has a Data Protection Officer who can be contacted at dpo@iscte-iul.pt. If you consider it necessary, you also have the right to complain to the competent supervisory authority - the National Data Protection Commission.

I declare that I have understood the objectives of what has been proposed and explained to me by the researcher, that I have been allowed to ask all the questions about this study, and that I have received explanatory answers to all of them. **I agree** to participate in the study and consent to my data being used per the information provided to me.

☐ Yes

_____ (place), _____/_____/_____ (date)

Name: _____

Signature: _____