

**Title**

**ASSESSING THE RESPONSIVENESS OF MENTAL HEALTH SUPPORT SYSTEMS ON THE TRAUMA REDUCTION OF PRETEEN CHILDREN AT DZALEKA REFUGEE CAMP**

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## ABSTRACT

This study examined the responsiveness of mental health support systems in addressing trauma among preteen children within Dzaleka Refugee Camp. The researcher focused on organizations offering psychosocial support, specifically Jesuits Refugee Services (JRS) and UNHCR. A sample of 14 social workers and counselors from these two institutions participated, providing insights into the availability and effectiveness of psychosocial interventions for children aged 9–12 years.

Findings revealed that both UNHCR and JRS primarily provide psychosocial support to adults and elderly populations, with limited direct programming for children. Preteen children experiencing trauma are not systematically included in psychosocial activities. Those with severe mental health challenges were being referred to St. John of God Hospital; however, due to the termination of the memorandum of understanding (MOU) between UNHCR and the hospital, the referral system no longer operates, requiring refugees to pay for assistance.

The study concludes that the absence of specialized child mental health programs reduces the responsiveness of psychosocial support systems to preteen trauma. Children remain vulnerable to long-term psychological consequences due to delayed interventions and lack of preventive care. Based on these findings, the researcher recommends the development of child-focused psychosocial programs, capacity building for staff, and integration of child mental health awareness into community structures such as schools and parent groups. These measures would strengthen system responsiveness and promote resilience among preteen children in refugee settings.

**Keywords:** mental health support, trauma reduction, preteen children, refugee camp, psychosocial interventions

## INTRODUCTION

Refugee children experience numerous stressors throughout their pre-migration, flight, and resettlement experiences, which significantly impact their psychological well-being. Trauma can result from war and political violence in their countries of origin as well as experiences within refugee camps. The UN Convention on the Rights of the Child emphasizes that children have a right to “voice and influence” in matters affecting them (General, 1989). General Comment No. 12 (United Nations Committee on the Rights of the Child, 2009) further establishes that children’s views must be taken seriously to determine their best interests.

A preteen is defined as a boy or girl who is not yet a teenager, typically between the ages of 9–12 (Webster, 1929). According to UNHCR, 28% of the refugee population comprises children who face a significant number of challenges, including trauma (Moyo, 2024). Traumatic events may include the loss of loved ones, assault, language barriers, poverty, and discrimination (Jensen et al., 2019).

In Malawi, the majority of refugees reside in Dzaleka Refugee Camp in Dowa. Trauma is defined as a sudden, forceful event that overwhelms a person’s ability to respond (Horowitz, 1989). Mental health support systems are critical in reducing trauma. As children enter the preteen phase, activities at school, new interests, and a growing social life become increasingly important. Nevertheless, parents remain key anchors, providing love, guidance, and support.

Mental health support systems are interventions and activities designed to empower individuals, enhance quality of life,

and reduce health inequalities by creating affirming conditions and promoting psychological well-being. Refugee experiences can increase the likelihood of mental health disorders (Frounfelker, 2022). However, the effectiveness and responsiveness of these systems for preteen children remain under-researched. Mental health responsiveness refers to a system's ability to meet the expectations and needs of its population regarding access, coverage, quality, and safety (Woodward, 2022).

This research sheds light on the effectiveness of existing mental health support systems in reducing trauma among preteens in Dzaleka and identifies areas for improvement. The camp, initially designed for 10,000 people, currently hosts over 52,000 refugees and asylum seekers. Mental health care in Dzaleka faces significant challenges, including limited resources and a high prevalence of mental health conditions such as depression and suicidal thoughts. Organizations like Inua Advocacy and the Psychological and Reflexology Reception Centre work to address these needs, though funding and resources remain crucial.

Refugee children are among the most vulnerable worldwide, with high exposure to violence and traumatic events (Silove et al., 2017). Daily life in camps includes uncertainty about basic needs, such as food and shelter, and children require protection from various forms of violence (Save the Children, 2019). Despite evidence of high needs, barriers to mental health care persist, including stigma, language difficulties, service fragmentation, and lack of culturally appropriate interventions (Betancourt et al., 2017; Fuhr et al., 2019; Satinsky et al., 2019).

Health system responsiveness reflects how populations are treated and the environment in which care is delivered, emphasizing non-health aspects of service provision (Darby et

al., 2003; Valentine, 2003). UNICEF estimates that conflicts and crises displaced 36.5 million children at the end of last year, with unaccompanied minors facing particularly high risks (Annu Rev Public Health, 2020).

In Malawi, the government offers limited assistance to refugees, including children. While the 1951 UN Refugee Convention establishes the responsibilities of signatory states, Malawi signed with reservations, allowing restrictions on refugee movement and residence. Refugee-background children face cumulative risks of adverse childhood experiences, which are associated with physical, psychological, and emotional problems (Bager et al., 2022; Wood et al., 2020).

Mental health challenges among refugee children are acute. Médecins Sans Frontières observed that nearly a quarter of children aged 6–18 had self-harmed, attempted suicide, or had suicidal thoughts (MSF, 2018). Suicide is the third leading cause of death among children aged 10–14, and exposure to trauma increases vulnerability (The National Child Traumatic Stress Network, 2022). Understanding these challenges is crucial for assessing the responsiveness of mental health support systems to preteen trauma.

This research aimed to assess the responsiveness of mental health support systems in reducing trauma among preteen refugees, identify gaps, and inform targeted interventions to enhance the well-being and resilience of these vulnerable children.

## LITERATURE REVIEW

A large number of studies have documented a wide range of symptoms experienced by refugee children, including preteens, ranging from anxiety, recurring nightmares, insomnia, and secondary enuresis to

introversion, depressive symptoms, relationship and behavioral problems, academic difficulties, anorexia, and somatic complaints (Allodi, 1980; Almqvist & Brandell-Forsberg, 1997).

Machi and McEvoy (2009) describe a literature review as a systematic, explicit, and reproducible method for identifying, evaluating, and interpreting the existing body of research. This chapter critically reviews theoretical and empirical literature on mental health support systems for preteen refugees, covering definitions, empirical evidence, and theoretical frameworks.

### **Key Definitions:**

**Preteen:** Boy or girl aged 9–12 (Merriam-Webster, 1938).

**Refugee:** Any person who, due to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside their country of nationality and unable or unwilling to return (UN, 1951).

**Trauma:** An experience perceived as painful or distressing that results in acute or chronic mental and physical impairment (Ferriante & Sharma, 2023).

**Mental health support systems:** Organized frameworks for delivering mental health care and psychosocial support, including health facilities, school-based programs, community-led initiatives, and NGO-led services (WHO, 2007).

Until early 2023, St. John of God Hospital in Lilongwe received referrals for children showing trauma, depression, or other psychological disorders from Dzaleka via UNHCR and partner organizations (UNHCR, 2022). Studies in Sierra Leone and Uganda indicate that structured trauma-focused interventions, especially those delivered in

clinical environments, significantly improve emotional regulation among youth (Betancourt et al., 2021; Ventevogel et al., 2015).

School-based psychosocial support has shown success in promoting resilience. Jesuits Refugee Services operate primary and pre-primary schools offering informal counseling, group activities, and life skills training (JRS Annual Report, 2022; JRS Global Education Report, 2020). Teachers trained in psychosocial support act as frontline responders for children's mental health challenges (Mendenhall et al., 2017). Community-based interventions also improve reintegration, reduce trauma, and reinforce local coping mechanisms (Betancourt & Khan, 2008; Santos, 2021).

In Dzaleka, the Psychological and Reflexology Reception Centre (PRRC) provides walk-in psychological services, including child-focused interventions such as drawing, storytelling, play therapy, and breathing exercises (Reframe Network, 2021). Globally, mental health support systems reduce trauma by acting as a stress buffer, improving emotional regulation, and fostering resilience (Krieger, 2021; WHO, 2022).

Evidence from conflict-affected regions like Syria, South Sudan, Nigeria, and the DRC demonstrates measurable reductions in PTSD symptoms through structured psychosocial support, including group therapy, education-based interventions, and emotional coaching (UNICEF, 2021; Save the Children, 2019).

Despite this evidence, challenges persist. Many services lack specialized child-focused frameworks, early intervention is limited, and preteens are often overlooked, leaving them vulnerable to long-term psychological consequences (Cruz et al., 2022; University of East Anglia). Embedding psychosocial support in schools provides a stable and

protective environment for early detection of trauma (Burde et al., 2015).

Erik Erikson's psychosocial theory identifies the preteen stage as "industry versus inferiority," where children build confidence through learning, success, and friendships. Displacement, interrupted schooling, stigma, discrimination, and family stress can disrupt this stage, leaving refugee preteens vulnerable to trauma and long-term psychological consequences.

## METHODOLOGY

This study employed an **exploratory research design** to investigate a problem with limited prior information (Creswell, 2017; Yin, 2013). A **qualitative research method** was used to understand the effectiveness of mental health support systems on trauma reduction in preteen children (Creswell, 2013).

**Research Setting:** Dzaleka Refugee Camp, Dowa District, Malawi.

**Target Population:** Mental health support workers providing psychosocial services to preteen children.

**Sampling Method:** Purposive sampling was used to select participants who were directly involved in child mental health care (Creswell, 2013).

**Sample Size:** 15 participants were targeted, with 14 participating, achieving a 93.3% response rate.

**Research Instruments:** Interviews and questionnaires collected detailed perceptions and experiences of participants regarding mental health interventions.

**Data Collection Procedure:** One-on-one interviews were conducted, and responses documented for analysis.

**Pilot Study:** Conducted at Dzaleka to ensure research instruments aligned with study objectives.

**Data Analysis:** Thematic analysis was used to identify patterns and themes in the data (Lemonaki, 2020).

**Ethical Considerations:** Participation was voluntary, confidential, and participants could withdraw at any time without providing reasons (Beauchamp & Childress, 2019).

## RESULTS

The study explored the responsiveness of mental health support systems on trauma reduction among preteen children at Dzaleka.

**Demographic Profile:** The study focused on UNHCR and JRS, both of which primarily provide psychosocial support to adults and elderly populations. No specialized child-focused programs were identified. Critical mental health cases were referred to St. John of God Hospital in Lilongwe, but the MOU with UNHCR had been terminated due to funding shortages, halting referrals.

### Key Findings:

**Direct Psychosocial Support:** Only children with severe trauma received counseling. Other preteens were engaged in recreational activities (football, sports) but lacked formal mental health support.

**Challenges:** Limited staff and resources, parental resistance to counseling, absence of age-appropriate materials (toys, crayons, pencils), and halted referral systems.

### Quotes from Respondents:

Counselor: "There are only two of us working here at JRS and UNHCR, and due to lack of funding, many operations are affected."

Social Worker: "Most children who faced mental health trauma and are not assisted turn out to be bullies and troublemakers at school."

### Summary Table of Services:

Organization	Location	Target Group	Child Mental Health Service	Referral System
UNHCR	Dzaleka	Adults, Elderly	None	Used to refer critical child cases to St. John of God
JRS	Dzaleka	Adults, Elderly	None	Used to refer critical cases to St. John of God
St. John of God Hospital	Lilongwe	Children, Adolescents, Adults	Specialized psychiatric and psychological services	Used to receive referrals from UNHCR

### DISCUSSION

The study highlighted the limited responsiveness of mental health support systems to preteen trauma in Dzaleka. Existing services prioritize adults and elderly populations, leaving preteens underserved. Reliance on external referrals introduces delays, and logistical and financial barriers further hinder access.

**Impact on Preteens:** Trauma is often addressed only at crisis points rather than through continuous care, increasing vulnerability to anxiety, depression, and behavioral difficulties. Lack of preventive

programs reduces opportunities for resilience-building and early recovery.

### Recommendations:

Develop psychosocial support programs specifically for preteen children, including counseling and trauma-informed activities.

Train mental health workers in child psychology and trauma care.

Restore the MOU between UNHCR and St. John of God Hospital to ensure timely access to specialized services.

Involve schools, parents, and community leaders in child mental health awareness to facilitate early detection and create supportive environments.

**Further Study:** Investigate alternative approaches for addressing preteen trauma in refugee contexts.

### CONCLUSION

The study concludes that mental health support systems in Dzaleka are insufficiently responsive to the trauma of preteen children. Existing programs are adult-focused, and critical cases are referred externally, with limited accessibility following the termination of the MOU with St. John of God Hospital. Preteens without access to formal psychosocial interventions are vulnerable to long-term psychological consequences.

The study emphasizes the importance of integrating child-specific mental health programs, training staff in trauma-informed care, and strengthening collaboration with schools and community structures to ensure early identification and intervention.

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