The Syrian conflict in its fifth year embodies a real humanitarian disaster by any measure, Where the conflict had a direct impact on every aspect of life in Syria. In this presentation we will try to highlight the impacts of this conflict on the mental health of Syrian Youths. I would like to highlight the limited research on the mental health of Syrian youth, both IDPs and refugees and specifically those with disabilities. Most indicators reflect advanced levels of distress and increased need for mental health and psychosocial services for both adults and children.
Life for Youths in Syria

Witness extreme violence and death
Constantly feel in danger
High levels of protection violations and GBV
Exposure to unexploded ordnance and increased levels of disability.
Deprivation of resources
Deprivation of education
Loss of one or both parents or separation from family.
Change in roles and responsibilities (child labor, forced recruitment early/forced marriage etc.)
Arrest
MHPSS Issues

Increased levels of distress, aggression, depression, anxiety, panic attacks and fear
Isolationism and withdrawal
Enuresis and nightmares
PTSD, bi-polar, psychotic disorders
Emotional problems/disorders
Pre-existing issues are worsened and those youths become more vulnerable (ADHD, Intellectual/physical disability, speech difficulty, autistic spectrum and learning disorders).
MH SERVICES

Psychological first aid for children.
Psychosocial support.
Mental health services
Peer to peer support
Support groups for caregivers
Awareness sessions, psychoeducation and focus group discussions.
Capacity building
Child Friendly Spaces
Recreational and social activities.
Youth empowerment projects.
Sources of self-support (family, peers, spiritual values, etc.)
Challenges

Decreased safety and limited accessibility to specialized services
Limited resources
Increasing needs with decreasing supports
Reduction in community awareness of Mental Health
Stigma of Mental Health disorder.
Absence of centers specialized in developmental disorders.
Focus basically on relief and general health
Focus only on the common psychological problems
Difficulties with host country authorities
Different cultures
Some programs do not integrate with the local community
Absence of qualified local MHPSS programs
The scarcity of official studies and research in this sector
Thank you for listening