Aid Worker Mental Health

Explorations of aid worker wellbeing and development of an online intervention

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Aid Worker Mental Health

- Mental Health – humanitarian and development workers
- Research Gaps & Study Aims
- Methods
- Results
  - Qualitative
  - Quantitative
- Intervention Research
Aid Worker Psychological Distress

Increased risk for:

- **Depression** (Lopes Cardozo et al. 2012)
- **Stress** (Lopes Cardozo et al. 2012)
- **Anxiety** (Lopes Cardozo et al. 2012)
- **Burnout** (Eriksson et al., 2009)
- **Post Traumatic Stress Disorder** (Blake, Claudio, & Taylor, 2013).

**Stigma** (Fetcher, 2012; Gritti, 2015)

&

**Lack of support** (Ehrenreich et al., 2004)
Aim 1: Describe levels of mental health in aid workers including psychological distress and wellbeing.
Research Gaps

Sub-groups

- National aid workers
- Development workers
- Employees of
  - smaller NGOs
  - independent consultants
  - private managing contractors

Aim 2: Explore associations between mental health and both demographics and aid worker context
Psychological Protective Factors

Aim 3: Test psychological protective factors of mental health
### Methods

**Procedure:**
- 20 minute
- online survey
- quantitative scales
- qualitative questions

**Participants:**
- 386 aid workers
- overlooked groups
- aged M=36, SD=9.4
- 68.54% female
- living in 77 countries
- 59 nationalities

### Quantitative Measures

<table>
<thead>
<tr>
<th>Wellbeing</th>
<th>Distress</th>
<th>Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>emotional, social, psychological</td>
<td>depression, anxiety &amp; stress</td>
<td>emotional exhaustion, depersonalisation, diminished personal accomplishment</td>
</tr>
</tbody>
</table>

Psychological Flexibility
Resilience
Meaning

### Demographics

- age, gender, education, subjective income, ethnicity, religion, religious identification, spirituality

### Aid Context

- work role, organisation type, years worked, international/ national worker, short/ long term, past psychosocial training, emergency setting, humanitarian/ development work, past traumas
Methods - Qualitative

Qualitative Questions:

- Motivations for starting aid work
- Expectations and reality
- Stressors
- Coping mechanisms
  - Effective
  - Ineffective
Stressors

Organisational
- “Unreasonable workload”
- “Limited support from HQ”

Colleagues/ managers
- “office politics, difficult personalities”
- “poor management”

Lifestyle
- “balancing my family and work life”
- “personal safety and security”

Existential
- “realities of poverty”
- “are we having an impact?”
Qualitative Results - Coping Mechanisms

**Effective mechanisms**

Social support
- “friends for debriefing”
- “Regular home calls”

Healthy outlets
- “creative or sporting outlet”

Psychological approaches
- “local psychologist”
- “meditation”
- “keep calm”

**Ineffective mechanisms**

Avoidance
- “ignoring problems”
- “Drugs, drinking, shopping”

Working more
- “Working harder pushing through”

Emotion-based responses
- “getting angry”
- “complaining”
Psychological Distress

Quantitative Results - Aid Workers vs Normative data

Aid Workers vs Comparative data

- Depression: (p<0.0001)
- Anxiety: (p<0.0001)
- Stress: (p<0.0001)
Quantitative Results - Aid Workers vs Normative data

Wellbeing

- Emotional Wellbeing
- Social Wellbeing
- Psychological Wellbeing

Aid Workers vs Comparative data:

- Emotional Wellbeing: $p<0.0001$
- Social Wellbeing: $p<0.0001$
- Psychological Wellbeing: $p<0.0001$
Quantitative Results - Aid Workers vs Normative data

Burnout

- Emotional Exhaustion: Aid Workers (p<0.0001), Comparative data (p<0.0001)
- Depersonalisation: Aid Workers (p=0.25), Comparative data (p=0.25)
- Personal Accomplishment: Aid Workers (p<0.0001), Comparative data (p<0.0001)
## Psychological Distress Categories

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>42%</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>Mild</td>
<td>17%</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>Moderate</td>
<td>23%</td>
<td>23%</td>
<td>16%</td>
</tr>
<tr>
<td>Severe</td>
<td>13%</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>Extremely Severe</td>
<td>5%</td>
<td>9%</td>
<td>5%</td>
</tr>
</tbody>
</table>
### Results - Diagnoses

#### Wellbeing Categories

<table>
<thead>
<tr>
<th>Wellbeing Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Languishing</td>
<td>7%</td>
</tr>
<tr>
<td>Moderate Mental Health</td>
<td>68%</td>
</tr>
<tr>
<td>Flourishing</td>
<td>25%</td>
</tr>
</tbody>
</table>

[Diagram showing the relationship between mental health and symptoms, with labels for optimal mental health ("flourishing"), serious mental illness, poor mental health ("languishing"), and no mental illness/symptoms.]
## Results - Diagnoses

### Burnout Categories

<table>
<thead>
<tr>
<th></th>
<th>Emotional Exhaustion (EE)</th>
<th>Depersonalisation (DP)</th>
<th>Personal Accomplishment (PA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>29%</td>
<td>45%</td>
<td>54%</td>
</tr>
<tr>
<td>Moderate</td>
<td>24%</td>
<td>31%</td>
<td>27%</td>
</tr>
<tr>
<td>High</td>
<td>47%</td>
<td>24%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Results- Effects of Demographics

- **Female**: lower wellbeing (.16**) and higher emotional exhaustion (-.19**)

- **Higher subjective income**: less psychological distress (-.23**)

- **Stronger religious identity**: higher wellbeing (.17***) & personal accomplishment (.21***) lower emotional exhaustion (-.17**)

- **Spirituality**: higher wellbeing (.20**)
Results - Effects of Aid Worker Context

• **More years worked** in aid: higher wellbeing (.15**), lower distress (-15**), lower depersonalisation (-.16**)

• **Disaster context:** higher psychological distress (.20**) 

• **International workers:** lower wellbeing (-.135*) higher emotional exhaustion (.35***)

**Non-significant associations:**

• Short term vs long term

• Organisation type

• Humanitarian vs development professionals
## Results - Psychological protective factors

### Mental Health Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Wellbeing</th>
<th>Psychological Distress</th>
<th>Emotional Exhaustion</th>
<th>Depersonalisation</th>
<th>Personal Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Flexibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resilience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presence of Meaning</td>
<td></td>
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</tbody>
</table>
Results - Psychological protective factors

- Meaning
- Psychological Flexibility
- Resilience

Aid Worker Mental Health

Controlling for: each other, age, gender, income, religious identity, spirituality, disaster context, ethnicity, international/national worker
Results - Psychological protective factors

Controlling for: each other, age, gender, income, religious identity, spirituality, disaster context, ethnicity, international/national worker

Meaning → Wellbeing
  β = .44***

Psychological Flexibility → Wellbeing
  β = .21**

Resilience → Wellbeing
  β = .12

$R^2 = .49$
Results - Psychological protective factors

Controlling for: each other, age, gender, income, religious identity, spirituality, disaster context, ethnicity, international/national worker

\[ R^2 = 0.42 \]

- Meaning: \[ \beta = -0.36^{***} \]
- Psychological Flexibility: \[ \beta = -0.08 \]
- Resilience: \[ \beta = -0.12^* \]
Aim: develop and test intervention to improve aid worker mental health

Current Research - Interventions

Existing responses for Aid Worker Mental Health

- Independent guidelines (Antares Foundation, 2012)
- Limited organisational support & resources (Connorton et al., 2012)

In-house organisational initiatives (Curling & Simmons, 2010)

- Often not based on psychological research
- Not rigorously tested
- Not available outside of the organisation

No empirically tested psychological interventions designed for aid workers
Intervention Pilot Study

A Wellbeing And Resilience (AWARE) program for Meaningful work

Acceptance and Commitment Therapy (ACT)

- Meaning
- Psychological Flexibility
- Resilience

Aid Worker Mental Health
Potential Impact

- Aid workers
- Organisations
- Aid recipients
Questions

Intervention Interest

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