

# 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:

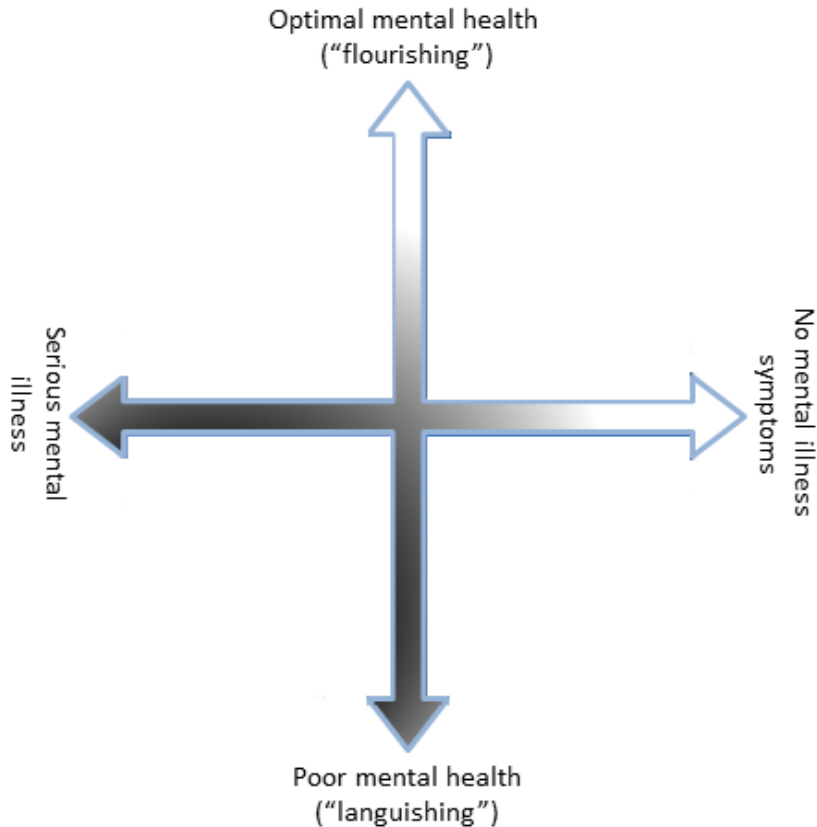
- **Depression** (Lopes Cardozo et al. 2012)
- **Stress** (Lopes Cardozo et al. 2012)
- **Anxiety** (Lopes Cardozo et al. 2012)
- **Burnout** (Eriksson et al., 2009)
- **Post Traumatic Stress Disorder** (Blake, Claudio, & Taylor, 2013).

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

**&**

**Lack of support** (Ehrenreich et al., 2004)

## Dual Factor Mental Health (Keyes, 2005)



Research Gap: aid worker **wellbeing**

**Aim 1:** Describe levels of mental health in aid workers including psychological distress and wellbeing

Aid Worker Mental Health

# Research Gaps

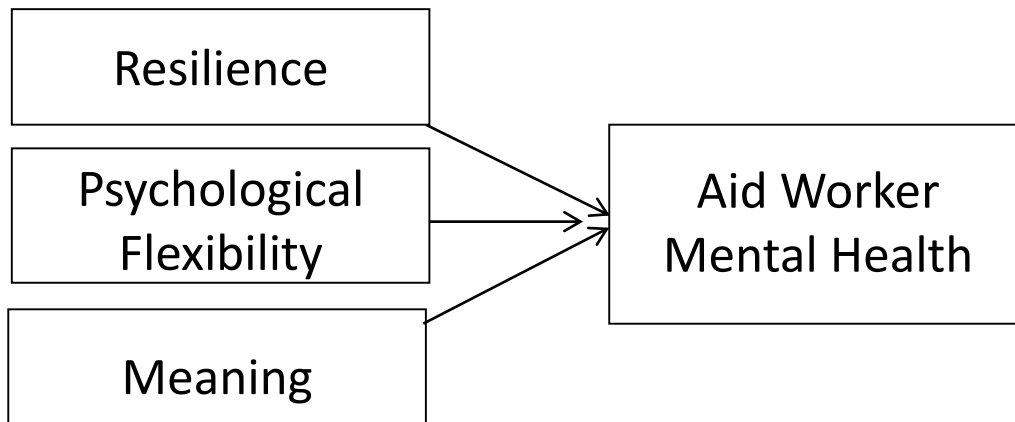
## Sub-groups

- 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

# Research Gaps

## 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

**Wellbeing:** emotional, social, psychological

**Distress:** depression, anxiety & stress

**Burnout:** emotional exhaustion, depersonalisation, diminished personal accomplishment

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”*

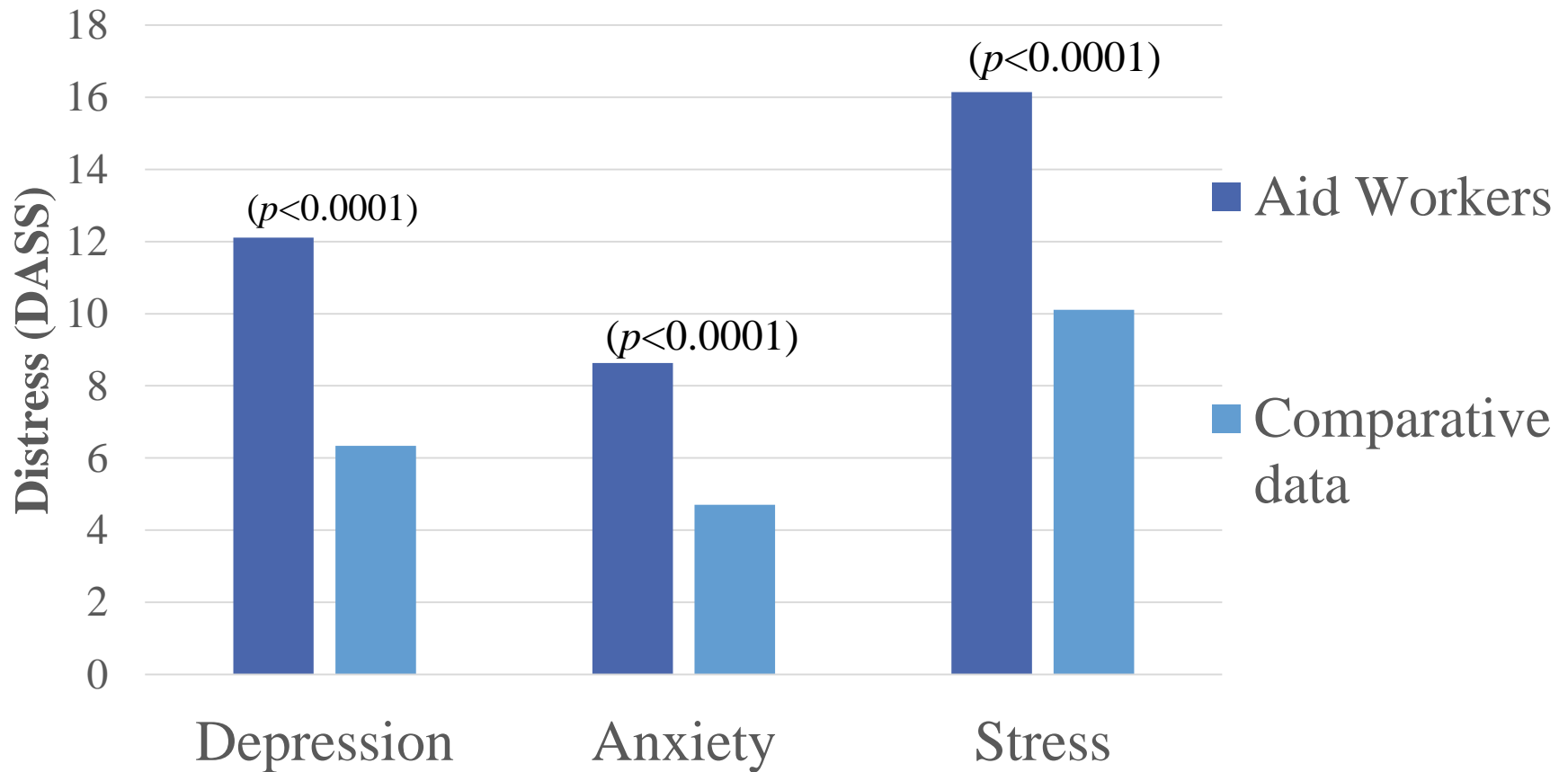
### Working more

- *“Working harder pushing through”*

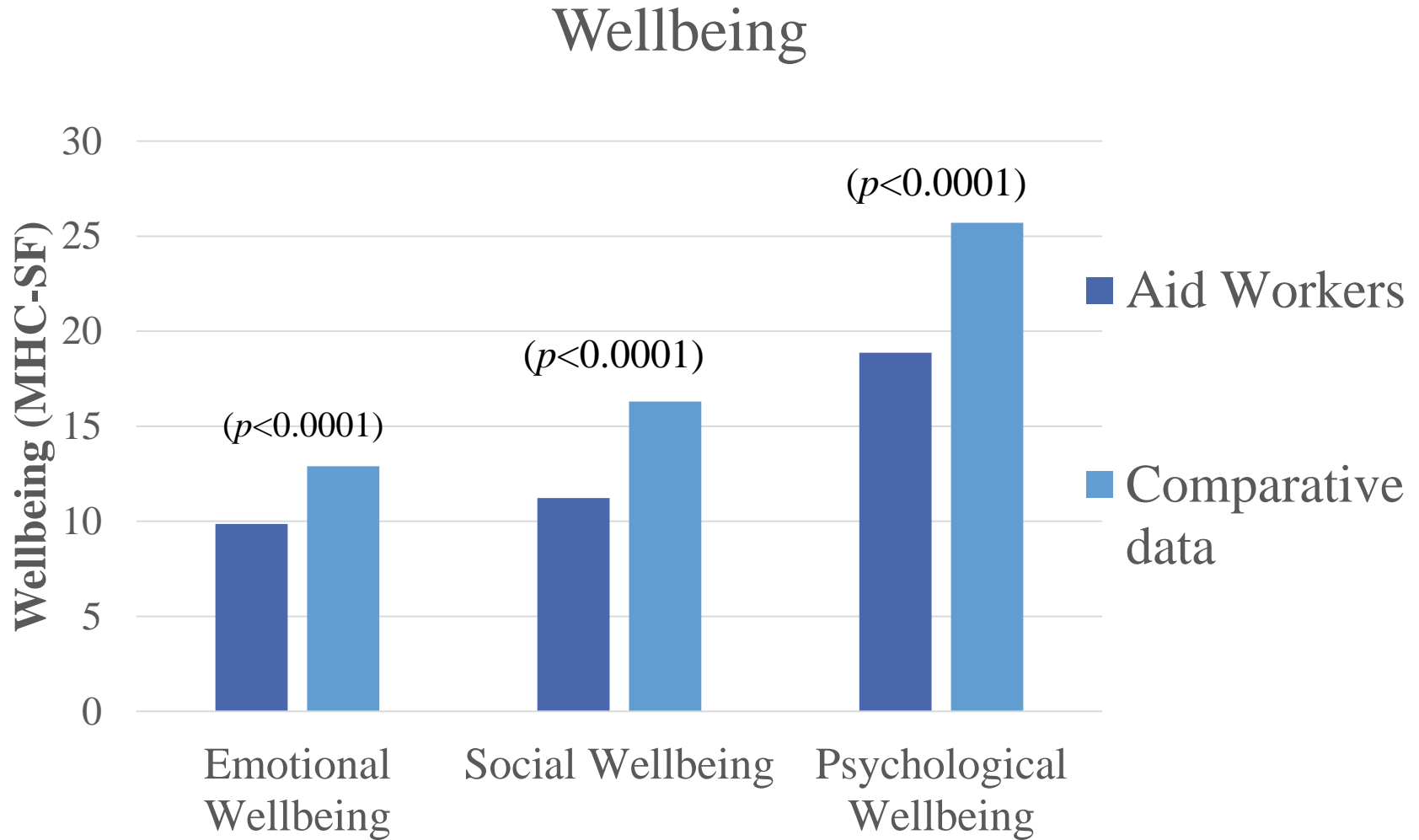
### Emotion-based responses

- *“getting angry”*
- *“complaining”*

## Psychological Distress

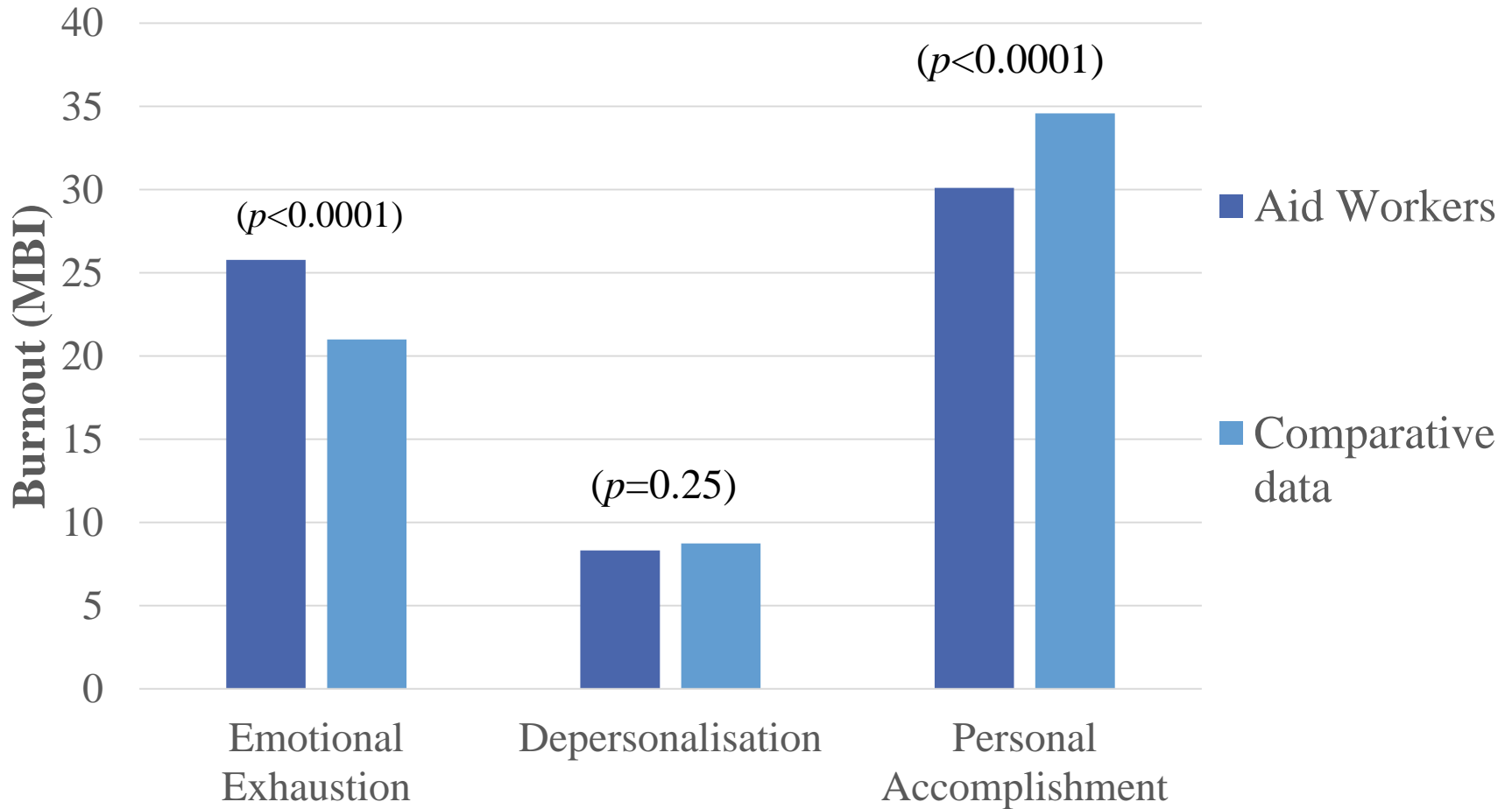


# Quantitative Results- Aid Workers vs Normative data



# Quantitative Results- Aid Workers vs Normative data

## Burnout



# Results- Diagnoses

## Psychological Distress Categories

	Depression	Anxiety	Stress
Normal	42%	52%	52%
Mild	17%	8%	14%
Moderate	23%	23%	16%
Severe	13%	8%	14%
Extremely Severe	5%	9%	5%

# Results- Diagnoses

## Wellbeing Categories

Languishing

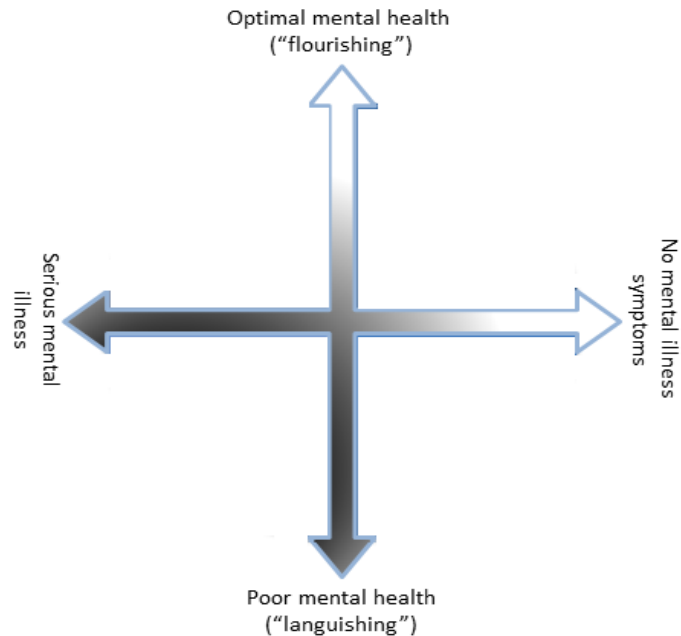
7%

Moderate Mental Health

68%

Flourishing

25%



# Results- Diagnoses

<b>Burnout Categories</b>			
	Emotional Exhaustion (EE)	Depersonalisation (DP)	Personal Accomplishment (PA)
Low	29%	45%	54%
Moderate	24%	31%	27%
High	47%	24%	19%



# 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:**

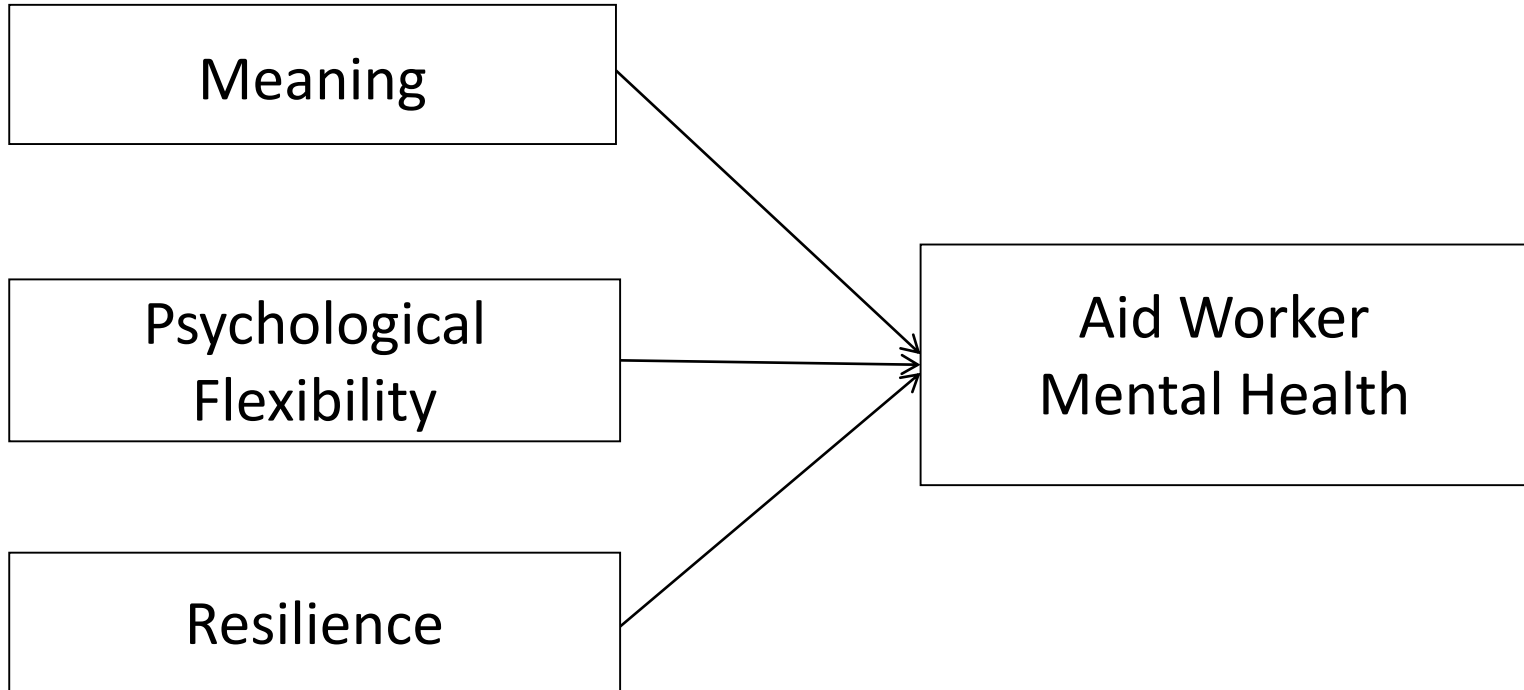
- Short term vs long term
- Organisation type
- Humanitarian vs development professionals

# Results- Psychological protective factors

## Mental Health Outcomes

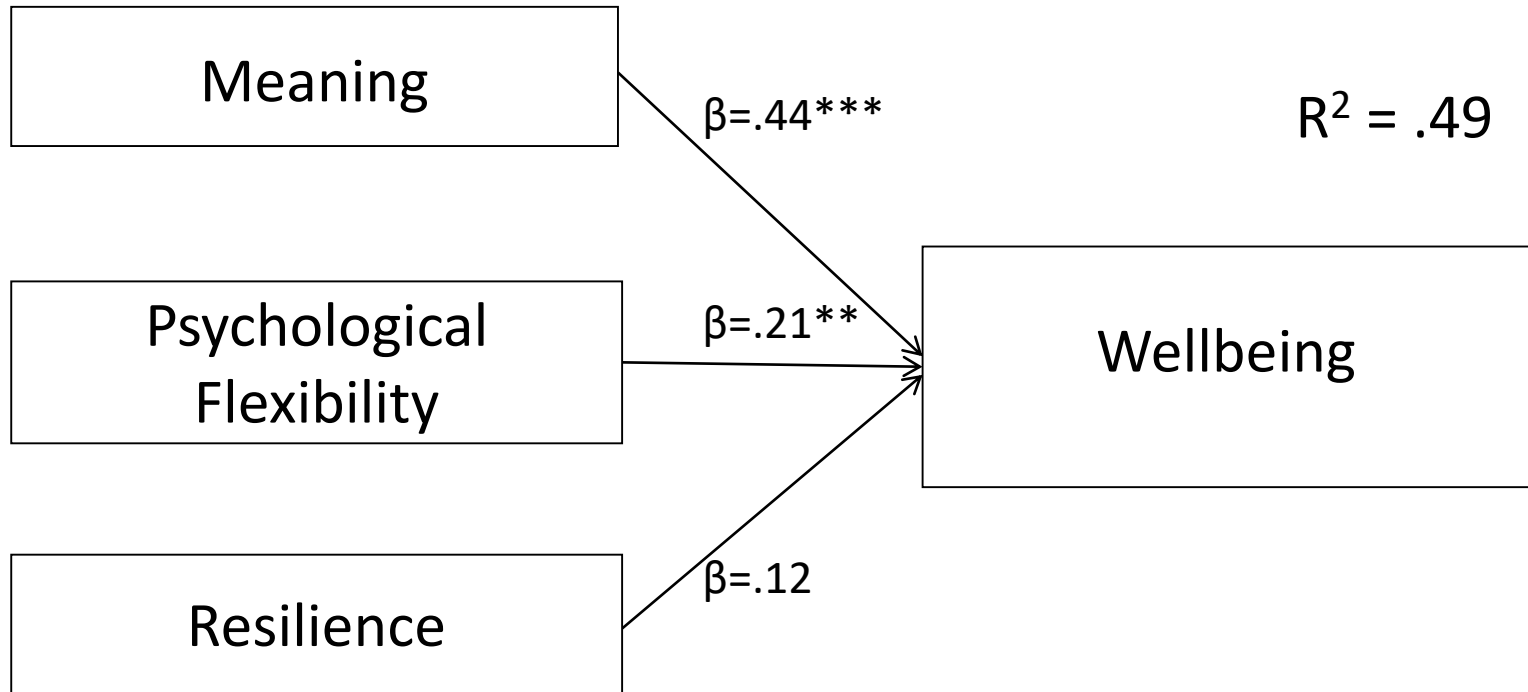
	Wellbeing	Psycho-logical Distress	Emotional Exhaustion	Depersonalis-ation	Personal Accomplish-ment
Psychological Flexibility					
Resilience					
Presence of Meaning					

# Results- Psychological protective factors



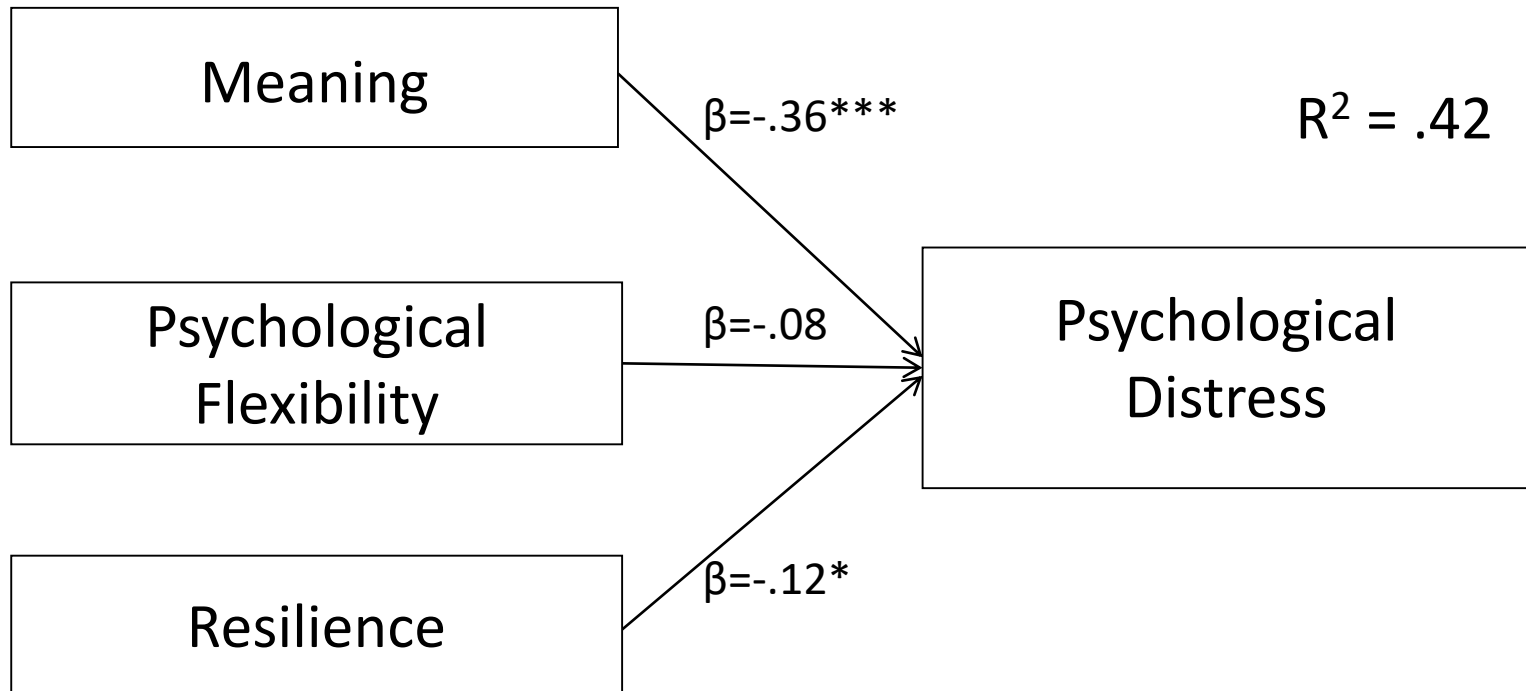
**Controlling for:** each other, age, gender, income, religious identity, spirituality, disaster context, ethnicity, international/national worker

# Results- Psychological protective factors



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# Results- Psychological protective factors



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# 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

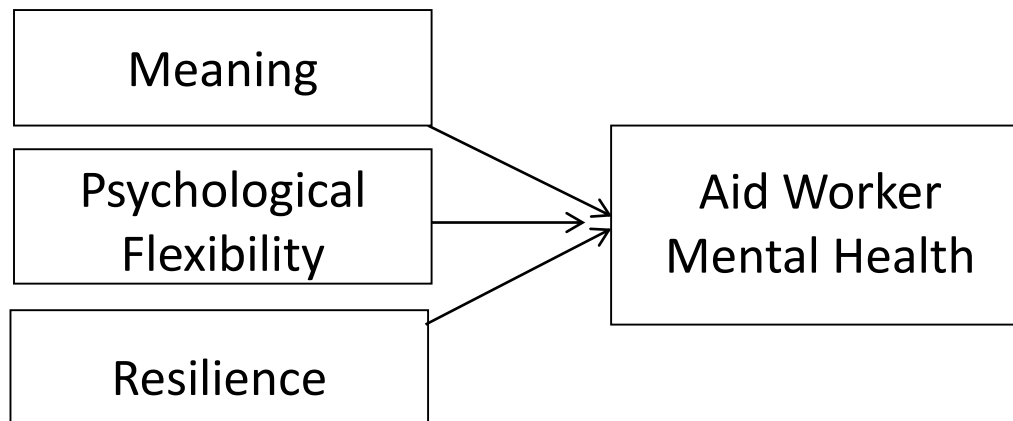
**Aim:** develop and test intervention to improve aid worker mental health

# Intervention Pilot Study

A Wellbeing And Resilience (AWARE) program  
for Meaningful work



Acceptance and Commitment Therapy (ACT)





# Potential Impact

- Aid workers
- Organisations
- Aid recipients



Oxfam

INTERNATIONAL



FEDERATION

**Australian  
Aid**



**Questions**

**Intervention Interest**

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