

# No relief for relief workers: Humanitarian aid work raises risk of depression and anxiety

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Humanitarian workers are at significant risk for mental health problems, both in the field and after returning home. The good news is that there are steps that they and their employers can take to mitigate this risk.

These findings, from a new study by scientists at the U.S. [Centers for Disease Control and Prevention \(CDC\)](#) and [collaborators](#), including Columbia University's Mailman School of Public Health, are published online in the journal *PLOS ONE*.

Researchers surveyed 212 international humanitarian workers at 19 NGOs. Prior to deployment, 3.8% reported symptoms of anxiety and 10.4%, [symptoms of depression](#), broadly in line with prevalence of these disorders in the general population. Post-deployment, these rates jumped to 11.8% and 19.5%, respectively. Three to six months later, while there was some improvement in rates of anxiety—they fell to 7.8%—rates of depression were even higher at 20.1%.

Adjusting to home life is often difficult. "It is quite common for people returning from deployment to be overwhelmed by the comforts and choices available, but unable to discuss their [feelings](#) with friends and family," says Alastair Ager, PhD, study co-author and Professor of Clinical Population & Family Health at the Mailman School.

Even tuning into one's own family can be a challenge. "I remember one

highly capable humanitarian worker struggling because the time she spent with her children simply didn't give the same 'buzz' as leading emergency operations in the field," adds Dr. Ager. "She felt guilty in this, but her nervous system had become 'wired' for emergency settings."

It was continual exposure to a challenging work environment that increased risk for depression, not the experience of particular dangerous or threatening situations. Weak social support and a history of mental illness also raised risks. On the plus side, aid workers who felt highly motivated and autonomous reported less burnout and higher levels of life satisfaction, respectively.

The paper outlines several recommendations for NGOs: (1) screen candidates for a history of mental illness, alert them to the risks associated with humanitarian work, and provide psychological support during and after deployment; (2) provide a supportive work environment, manageable workload, and recognition; and (3) encourage and facilitate social support and peer networks.

The well-being of humanitarian workers can be overshadowed by the needs of the populations they serve. "It has been challenging to get mental health care for workers onto the agendas of agencies employing them—and even onto the radar of workers themselves," says Dr. Ager. "Depression, anxiety and burnout are too often taken as an appropriate response to the experience of widespread global injustice. We want them to know that the work they are doing is valuable and necessary and the situations difficult, but this doesn't mean they need to suffer." The study, he notes, provides "the first robust research evidence to establish the case that good staff care can make a real difference."

Dr. Ager and colleagues are also looking at the experience of those working as humanitarian workers in their own country. Results are due later this year.

Provided by Columbia University's Mailman School of Public Health

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