LIBYA

Mental health and psychosocial support needs of Storm Daniel-affected communities

acaps
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OVERVIEW

Between 9–11 September 2023, Storm Daniel hit northeastern Libya. Heavy rain, flash floods, and the collapse of two dams outside Derna city caused significant destruction and displacement in Derna district. Other affected baladiyas (municipalities) include Al-Bayda, Shahat, and Sousse in Al Jabal Al Akhdar district and Al Marj in Al Marj district (OCHA 14/09/2023; IOM 17/11/2023; IOM/UNHCR 28/11/2023). As at 28 November, the storm had displaced around 44,800 people, 40% of whom were children living in unstable conditions (OCHA 02/12/2023; UNICEF 13/12/2023). As at 16 January 2024, there were around 5,900 confirmed deaths, with thousands of others still missing (OCHA 23/01/2024).

The storm had a significant impact on the mental health and psychosocial wellbeing of affected communities. Prior to the storm, MHPSS needs were already high because of stressors that included armed conflict, violence, COVID-19, and a lack of access to basic services, including MHPSS (REACH et al. 01/03/2022; Elhadi et al. 26/10/2020). Post-storm stressors, including displacement, the destruction of homes, and the loss of family and community members, have aggravated and generated additional mental health and psychosocial problems (IMC 09/11/2023; IFRC 30/11/2023).

KEY MESSAGES

- Over a decade of conflict and political instability has contributed to significant MHPSS needs across Libya. Prior to Storm Daniel, depression, anxiety, and post-traumatic stress disorder (PTSD) were among the most common conditions. Following Storm Daniel, there have been new reported cases of these pre-existing conditions, along with reported increases in stress, sleep-related disorders, substance abuse, and self-harm.
- There is a lack of access to quality mental health infrastructure and services across Libya, with particular gaps in the east and south. This gap, combined with significant stigma surrounding mental health and psychosocial conditions, has weakened the resilience of many communities. Storm Daniel damaged nearly 90% of the 240 assessed healthcare facilities in the northeast, worsening access to healthcare, including MHPSS services (OCHA 02/11/2023).
- Factors that mediate Storm Daniel's impact on an affected person's mental health and psychosocial wellbeing include age, gender, nationality, and disability. Prior to Storm Daniel, these factors also contributed to specific MHPSS needs among different population groups. That said, needs within specific groups (e.g. women, children) are not homogenous, varying according to an individual's experience, resources, and capacities.
- In particular, post-storm assessments have identified high distress levels among **children,** who were already vulnerable to mental health and psychosocial issues driven by conflict, COVID-19, and climate change prior to the storm. **Women,** especially women heads of households, experience specific stresses from the pressure of supporting their families. Pre-storm, women in Libya were also at high risk of MHPSS needs connected with conflict-related trauma and gender-based violence (GBV), which may have increased post-storm. While there is minimal available information on the needs of **men, including young men**, after Storm Daniel, these demographics experienced high MHPSS needs prior to the storm, driven by factors including conflict-related trauma, gender and social norms, and barriers to accessing livelihoods. Around 1,700 **refugees, asylum seekers, and migrants** are among Storm Daniel IDPs, and their nationality may affect their MHPSS needs. Prior to Storm Daniel, refugees, asylum seekers, and migrants were already vulnerable to mental health and psychosocial conditions driven by fear of arrest and detention, low access to essential services (such as education and healthcare), human rights violations and mistreatment, and other severe humanitarian needs. There is also minimal information on the post-storm needs of **people with disabilities,** who may have lost mobility assistance devices or caretakers, access to care and health services, and the use of accessible buildings. Pre-Storm Daniel, people with disabilities lacked access to MHPSS support despite their heightened vulnerability to MHPSS needs.
- Communities have demonstrated high levels of social cohesion after Storm Daniel, with nearly half of IDPs staying with host families without paying rent. That said, people seeking MHPSS services may feel stigmatised or closely watched in small, close-knit communities.
- Following an initial increase in humanitarian access in Libya in response to Storm Daniel, access has become increasingly constrained since November 2023, particularly because of bureaucratic barriers. Some communities in the east are sceptical of external interventions, partly because of low pre-storm exposure to humanitarian responders.

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About this report

Aim: this report aims to analyse available information on MHPSS needs before Storm Daniel and identify how the storm has worsened the situation. The report focuses on eastern Libya, where the storm hit and the majority of IDPs are concentrated, and western Libya, where there is a small number of Storm Daniel IDPs.

This report follows the ACAPS thematic report on Protection Risks in Eastern and Western Libya, which includes a comprehensive background on the political and security context in the storm-affected communities.

Methodology: the report is based on a secondary data review, corroborated and elaborated on by several key informant interviews with humanitarian responders and mental health professionals in Libya.

Limitations: there is a lack of comprehensive, publicly available information on MHPSS needs in Libya, both before and after Storm Daniel, largely because of humanitarian access constraints and limited national capacity to identify and address MHPSS issues. This lack of baseline data on MHPSS needs in Libya makes it difficult to determine the scale of post-storm changes. Some information on pre-storm MHPSS needs applies nationwide and is not specific to storm-affected communities.

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TERMINOLOGIES

- The Inter-Agency Standing Committee (IASC) defines **mental health** as "a state of [psychological] well-being (not merely the absence of mental disorder) in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (IASC 2017).
- While there are varied definitions of **psychosocial wellbeing**, it is often used to describe how the interplay between social factors, such as interpersonal relationships, social values, and community life, and psychological factors, such as emotions, behaviours, and coping strategies, influences overall wellbeing (IASC 2017).
- This report uses the IASC definition of **mental health and psychosocial problems** to include one or a combination of social problems, such as interpersonal violence or discrimination; psychological distress; mental, neurological, and substance use disorders; and intellectual disability (IASC 2017).

MENTAL HEALTH AND PSYCHOSOCIAL BACKGROUND SITUATION

Long-term drivers of mental health and psychosocial needs

Since the overthrow of Muammar Gaddafi in 2011, **armed conflict** has affected Libya at the national level. The main conflict parties are the forces aligned with the western Tripoli-based Government of National Unity (GNU), formerly the Government of National Accord, and forces supporting rival authorities in eastern Libya, currently known as the Government of National Stability (GNS). Localised conflicts with tribal, religious, and regional dimensions have also proliferated (CFR 19/09/2023; USIP 01/07/2019). In this context, Derna, Benghazi, and other storm-affected cities in the northeast have experienced recurrent **political violence and fighting** between various Islamist groups and forces aligned with eastern powerbroker General Khalifa Haftar (Chatham House 17/03/2020; Geneva Academy 07/06/2017; MEI 04/10/2017; CFR 19/09/2023). The Haftar-Affiliated Forces subjected Derna to a **three-year siege** that had significant humanitarian consequences before ending in February 2019 (Protection Cluster 15/01/2019). While national-level violence has decreased following an October 2020 ceasefire between eastern and western forces, low-level violence continues to affect communities across Libya (CFR 19/09/2023).

Experiencing and witnessing violent events have aggravated mental health and psychosocial needs among many Libyan communities (Health Cluster 18/10/2022; KII 21/12/2023). Symptoms of conflict-related PTSD, in particular, are common, specifically among men involved in

fighting (KII 18/01/2024). The conflicts have also caused a significant economic decline, large-scale displacements, and widespread protection incidents, all of which contribute to mental health and psychosocial problems (OCHA 26/01/2023; Cianconi et al. 06/03/2020). At the same time, conflict has allowed illicit economies to flourish, leading to a reported rise in **addiction** in Libya. This includes addiction to medication prescribed to treat mental health and psychosocial concerns (USIP 28/05/2020).

Interpersonal and criminal violence not directly related to the conflict also causes mental health and psychosocial issues in conflict-affected communities (Østergaard et al. 02/01/2023). A 2021 Multi-Sectoral Needs Assessment (MSNA) in Libya found that **sexual abuse, physical and verbal violence,** and domestic violence have all increased in recent years, with psychological implications. The study cited armed conflict, addiction, and family problems (e.g. divorce) as the primary causes of mental health problems in the country (REACH et al. 01/03/2022).

The COVID-19 pandemic increased mental health and psychosocial needs in Libya, with people losing their jobs and being confined to their homes. Specifically, health workers noted an increase in depression and PTSD during the pandemic (WHO 02/04/2023; KII 21/12/2023).

Climate change and natural hazards can induce various mental health and psychosocial conditions, including anxiety and PTSD (WHO 12/10/2023). Libya is highly susceptible to climate change, with an INFORM Climate Change Risk score of 6.2/10 ('high'). Floods, sandstorms, dust storms, extreme heat, and desertification are increasingly common (EC accessed 18/12/2023; WB accessed 18/12/2023). The stress resulting from these hazards may aggravate MHPSS needs in Libyan communities.

The prevalence of specific mental health and psychosocial conditions in Libya is unknown because of limited data, both pre- and post-2011 (Health Cluster 18/10/2022). In general, WHO estimates that 22% of people who have experienced war and conflict in any context in the past ten years will have depression, anxiety, PTSD, bipolar disorder, or schizophrenia (WHO 16/02/2022). A 2020 study on the impact of COVID-19 and civil war on mental health in Libya, which used a representative sample of Libyans from 30 cities across the country, found particularly high rates of symptoms of PTSD (19.8% of respondents), severe depression (13.6%), and severe anxiety (5.6%) (Elhadi et al. 26/10/2020). As the survey used was administered relatively soon after the onset of the COVID-19 pandemic, the findings may reflect trends specific to the lockdown and related disruptions.

For more information on pre- and post-Storm Daniel security threats and protection risks in Libya, see the recently published Protection Risks in Eastern and Western Libya.

Institutional framework

Libya's government is divided between the western GNU, led by Prime Minister Abdulhamid al-Dbeibah in Tripoli, and the eastern GNS, led by Ossama Hamad in Sirte. The GNS is aligned with Libya's House of Representatives in Tobruk (CFR 19/09/2023; SCR 21/08/2023). Many of Libya's key institutions and ministries have been split into eastern and western branches, corresponding to the rival governments, which broadly represent the opposite sides of the civil war that broke out in 2014 (WB 18/05/2023). When the current GNS was created in March 2022, it took control of government institutions in the east and south (HRW accessed 11/12/2023).

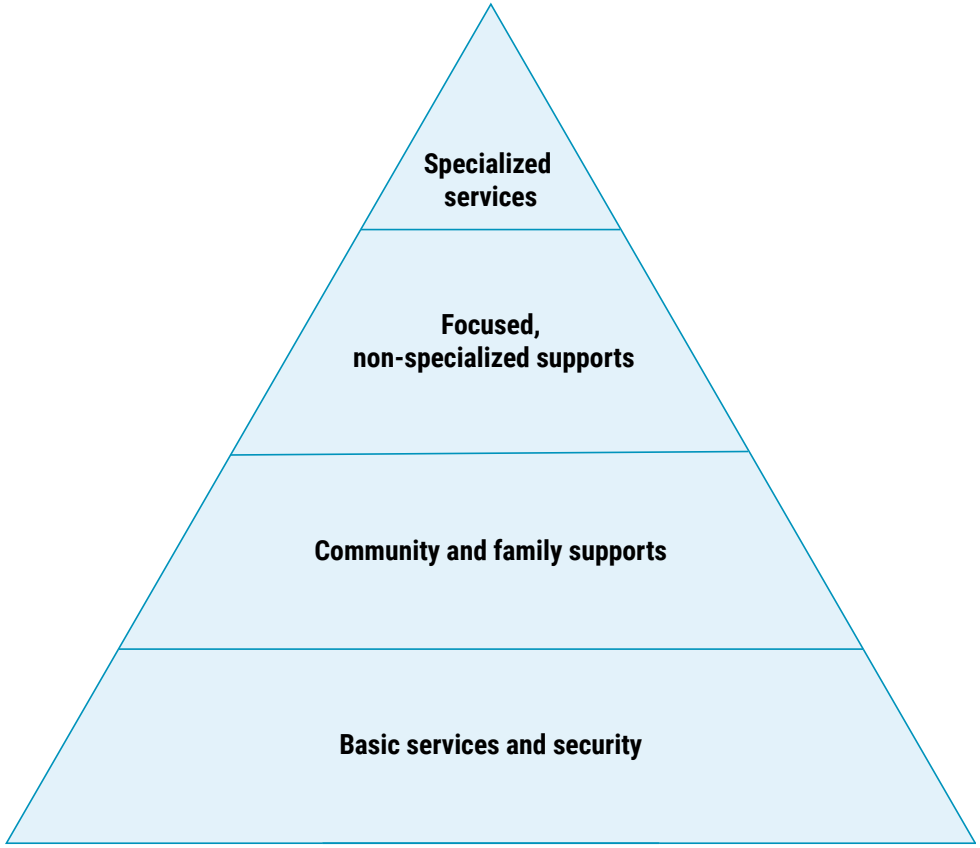
The GNU's Ministry of Health is responsible for mental health policy (MHPSS TWG 12/04/2022). While the Health Cluster reports that the Ministry of Health had technically unified as at October 2022, this unification does not appear to have taken place in practice, as Storm Daniel humanitarian responders report coordinating with separate eastern and western ministries (Health Cluster 18/10/2022; KII 20/12/2023; KII 21/12/2023; KII 25/01/2024).

Government, UN, and civil society responders are involved in developing a mental health strategy for Libya. At the end of 2022, the national strategy and a three-year action plan were undergoing review by a steering committee before final submission to the Ministry of Health (MHPSS TWG 12/04/2022; WHO 02/04/2023). The content of the strategy and its current status are not publicly available.

MHPSS resources and capacities

The IASC generally categorises MHPSS interventions based on the following pyramid.

Figure 1. Intervention pyramid for MHPSS in emergencies



Source: IASC (2007)

In Libya, there are significant gaps across these categories:

Basic services and security are almost entirely non-existent, largely as a result of protracted conflict and government division. This is especially the case for IDPs, migrants, and refugees (IOM/IMC 22/03/2021; KII 25/01/2024).

Community and family support can be strong in Libya, where large family networks, in particular, play a significant role in social life (FES 12/2022; Rhouma et al. 01/08/2016). Families are typically the first resort for people experiencing mental health and psychosocial issues, playing a large role in their care and wellbeing. Seeking the help of traditional healers or religious leaders is less common, while insti tutional attention is often the last resort because of social stigma (Health Cluster 18/10/2022; Rhouma et al. 01/08/2016).

In many communities, significant stigma is attached to formal mental health and psychosocial interventions, including medication. Despite increasing awareness of MHPSS needs, there remains fear of being known to have sought support. Openly discussing emotions, including grief and stress, can also be considered socially unacceptable (IOM/IMC 22/03/2021; KII 20/12/2023; KII 21/12/2023). A 2021 assessment with around 100 key informants and focus group discussion participants found that fear of social stigma and a lack of safe spaces were two of the main barriers to accessing MHPSS in Libya. Awareness and inclusion programmes, along with medical services, were identified as the most needed forms of support (REACH et al. 01/03/2022).

Focused, non-specialised support is scarce. Prior to Storm Daniel, security risks and resource constraints already limited general healthcare services in Libya, with 90% of basic or primary healthcare centres closed in 2021 (Health Cluster 2021). In general, MHPSS services are not provided at the PHC level, and most are concentrated in urban areas (Health Cluster 18/10/2022; Rhouma et al. 01/08/2016; KII 20/12/2023). Social workers and other psychosocial professionals in schools have previously been underused and lack sufficient training (IASC/WHO 29/11/2017). A Ministry of Education initiative to provide additional school counsellors, implemented around 2018–2019, was underused because of parent reluctance, attributed to stigma surrounding mental health and psychosocial issues (USAID 08/06/2020).

Specialised services are also scarce and mainly available to inpatients in centralised institutions. There are two main psychiatric hospitals, in Tripoli and Benghazi, that provide inpatient mental health services across Libya, with around 2,000 available beds. A lack of mental health professionals and medication impedes their effectiveness and accessibility. There have also been past allegations of abuse, mistreatment, and poor conditions in these facilities (Rhouma et al. 01/08/2016; Health Cluster 18/10/2022; IASC/WHO 29/11/2017).

Besides these psychiatric hospitals, there were four general hospitals with psychiatric units, four mental health outpatient services attached to hospitals, and one other outpatient facility in Libya as at 2020. These were staffed by 442 mental health professionals, including psychiatrists, psychologists, nurses, and social workers (WHO 15/04/2022). There are also some private mental health facilities in cities, which mainly recruit staff from the public psychiatric hospitals (KII 21/12/2023). Many psychologists in Libya are not clinical psychologists, and as at mid-2020, there were fewer than 25 psychiatrists across the country (USAID 08/06/2020;

KII 21/12/2023). That said, there is a pool of psychology students and graduates who have not been able to work because of a lack of available facilities, but who are eager for further training and employment in response to Storm Daniel (KII 18/01/2024).

In the northeastern communities affected by Storm Daniel, two healthcare facilities, Salim Sasi and Al-Wahda, had small mental health clinics that provided limited services, including prescriptions (KII 18/01/2024; KII 21/12/2023). Prescriptions are limited by a general shortage of psychotropic medications in the country, partly because of import restrictions (KII 21/12/2023). Across the country, patients pay for all or most mental health services and medications out of pocket (WHO 15/04/2022).

Prior to the storm, humanitarian service provision, including MHPSS services, was very limited in the east because of access constraints. The MHPSS response was more comprehensive in the west, where most INGOs had a presence (KII 20/12/2023). The most recent pre-storm update to a WHO-operated MHPSS 4W (who does what, where, and when) dashboard was in April 2023 and recorded six mental health activities carried out by WHO reporting stakeholders in Libya. All of these took place in Tripoli municipality. There were no MHPSS activities reported in the northeast in the entire reporting period (September 2020 to April 2023) (WHO accessed 09/11/2023).

STORM DANIEL'S IMPACT ON MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

Mental health and psychosocial impact overview

Displacement, the destruction of homes and cities, and the loss of family members have caused significant psychological and psychosocial distress in storm-affected communities, generating increased MHPSS demand (IMC 09/11/2023; IFRC 30/11/2023). A Multi-Thematic Rapid Needs Assessment conducted in Derna district between 19–26 September 2023, soon after the flooding, found that MHPSS was reported as an urgent healthcare need in 11 out of Derna's 13 muhallas (neighbourhoods) (OCHA/REACH 14/11/2023). There have since been reports of panic attacks, social withdrawal, flashbacks, bedwetting among children, disrupted sleep, substance abuse, self-harm, and several suicides in affected communities (UNICEF 17/10/2023 and 07/11/2023; IMC 09/11/2023; IFRC 30/11/2023). Callers to a national hotline have also reported intense stress, consistent low moods, and high anxiety (IMC 09/11/2023). There are anecdotal reports of increased addiction to prescription medicine, particularly among men (KII 18/01/2024). Mental health professionals in affected communities expect an increase in PTSD cases as symptoms appear months after the disaster (KII 18/01/2024).

The total number of storm-affected people with MHPSS needs and the prevalence of specific mental health and psychosocial conditions are unknown. Meta-analyses of the mental health impact of floods and storms indicate the increased prevalence of anxiety, PTSD, and depression symptoms that can persist for over a decade after a disaster. There is also evidence of increased substance abuse and suicide risks following floods and storms (Walinski et al. 24/02/2023; Cianconi et al. 06/03/2020; Grantham Institute 05/2021).

Along with the direct traumatic impact of living through an extreme weather event, these studies identify specific risk factors for developing mental health and psychosocial conditions.

Loss of family: as at 16 January 2024, Storm Daniel had caused around 5,900 deaths in Libya (OCHA 23/01/2024). As at 15 December 2023, over 8,000 people were classified as missing (OCHA 18/12/2023). With many bodies unidentified or unrecoverable in the ocean, people are struggling to accept the loss of their family and community members (KII 20/12/2023). They may also feel distress for being unable to locate and bury family members according to traditional or religious guidelines (IASC 2007). Some IDPs are reluctant to speak about their personal feelings of loss and grief because they feel that the storm more severely affected others (KII 20/12/2023).

Long-term displacement and material damage to shelter and goods are primary predictors of developing mental health conditions following floods and storms (Walinski et al. 24/02/2023). The collapse of dams in Derna and flash flooding ruined up to 30% of Derna city, destroying

an estimated 900 buildings (mostly residential) and damaging 3,100 others. Significant destruction also occurred in Al Marj, Benghazi, and Sousse (UNDP 09/10/2023; IOM 21/11/2023). Because of the large-scale destruction, 45,000 people remained displaced because of Storm Daniel as at 15 December 2023 (OCHA 18/12/2023). As at January 2024, OCHA considered the shelter situation of 21,000 IDPs (47% of the displaced) to be critical (OCHA 04/01/2024).

Insecure tenure: depending on the pace of reconstruction and compensation, displaced people may be exposed to insecure tenure and associated stress for a protracted period, which may aggravate MHPSS needs. Over half of Storm Daniel IDPs are living in rental accommodation, for which many are struggling to pay. The remaining 45% of IDPs are living with host communities, with fewer than 1,000 in collective sites (OCHA 02/12/2023). An October 2023 IOM Displacement Tracking Mechanism assessment found that Storm Daniel IDPs reported accommodation as the biggest need. The main barriers to obtaining accommodation were expense, limited supply, and damage to buildings (IOM 31/10/2023). Traumatic memories associated with rainfall and water following the storm may make some IDPs reluctant to return to homes along the coast in Derna (IFRC 10/10/2023).

Disruption of social support networks and psychological processes, such as familiarity and identity, can be caused by displacement. These disruptions are linked with an increased risk of developing psychological symptoms (Cianconi et al. 06/03/2020). This has led to stress among many Storm Daniel IDPs, who are also coping with the break-up of family structures, which are central to the organisation of social and community life in Libya and play an important role in mental health and psychosocial wellbeing (FES 12/2022; IFRC 23/11/2023; IASC 2017).

Lack of privacy and overcrowding may be experienced by IDPs living with host families and the host families themselves, which can affect their mental and psychosocial wellbeing (IASC 2007). While the initial host community response to Storm Daniel IDPs has been generous, there is a risk of social tensions between IDPs and their hosts in crowded communities and homes (Peaceful Change Initiative 22/09/2023; KII 23/01/2024). Many Storm Daniel IDPs are also not accustomed to relying on humanitarian aid and consider that receiving aid undermines their dignity (KII 12/12/2023). These **aid-induced social perceptions** may erode their psychosocial wellbeing if displacement persists for a long period.

Socioeconomic vulnerability is a main factor in developing a mental health condition following a flood (Walinski et al. 24/02/2023). **Loss of livelihoods and associated identities** (e.g. fisher, farmer) after disasters can cause feelings of weakness and inadequacy, particularly among male breadwinners (UN Women 17/08/2023). Storm Daniel had a significant impact on the agricultural sector, which provides livelihoods for many people in the affected northeastern communities. The storm and associated flooding hit right before harvest season and damaged crops, grain stores, silos, and other key agricultural infrastructure (REACH/WFP 09/05/2023; IFRC 23/11/2023).

Reduced food access and financial barriers to accessing markets may be faced by many IDPs because of limited cash access and high prices (OCHA 02/12/2023; REACH 18/12/2023). The same October 2023 IOM assessment found that food was among the three biggest needs reported by Storm Daniel IDPs. The main challenge to accessing food was expense. Key informants in 17 of the 18 northeastern municipalities affected also reported that many households were accessing food using credit, indicating potential future vulnerability to food insecurity if the storm's impact on livelihoods persists (IOM 31/10/2023). As at November 2023, the cost of the average food basket was still elevated in storm-affected communities (WFP 02/01/2024). This puts additional economic strain on affected populations, potentially raising the risk of stress, anxiety, and other mental health concerns.

Heavy rains and storms in Libya can continue until March, generating localised flooding and landslides (Brittanica accessed 19/12/2023; IFRC 30/11/2023). The months of October–March also bring lower temperatures, particularly in the north (WB accessed 26/09/2023). These climate hazards may generate additional shelter, NFI, health, and other needs among storm-affected communities, increasing general distress. They may also trigger increased MHPSS needs because of weather-related trauma from Storm Daniel (IFRC 23/11/2023).

Impact on MHPSS resources and capacities

Basic services and security are still being re-established in Storm Daniel-affected areas. The storm caused significant damage to critical infrastructure, including electricity, roads, and WASH infrastructure (OCHA 04/01/2024; IOM 10/11/2023).

Community networks have provided support to IDPs following Storm Daniel, with nearly half of IDPs staying with host families, indicating strong community and cultural bonds (OCHA 02/12/2023; IFRC 30/11/2023). That said, given pre-existing stigma in Libya, there is a risk that the tight-knit nature of storm-affected communities may limit access to MHPSS services, as people fear stigmatisation if the community finds out that they have sought psychological support (MSF 07/12/2023).

Storm Daniel affected the provision of **focused, non-specialised support**, particularly general healthcare access, in the northeast. The latest publicly available assessment data from 31 October indicated that 87% of the 240 assessed health facilities in storm-affected areas were partially or entirely non-functional (OCHA 02/11/2023). As at 16 January 2024, the restoration of primary health facilities remained a critical need, although rehabilitation of some facilities was occurring (OCHA 23/01/2024). As physical and mental health issues commonly co-occur, and primary healthcare professionals are often first to encounter and treat mental health and psychosocial issues, limited general healthcare access risks leaving mental health and psychosocial conditions unidentified and untreated (IASC 2007). To fill this gap, humanitarian

responders have screened people for MHPSS needs as part of general health consultations, providing onward referrals when necessary (KII 21/12/2023).

Specialised services are also lacking after the storm. The October 2023 IOM assessment found that health services for non-communicable diseases and mental health were available in only 7 out of 18 northeastern municipalities (IOM 31/10/2023). As at 13 December, basic MHPSS in storm-affected communities remained limited (UNICEF 13/12/2023). The impact of the floods has also led to disrupted supply chains, with a deterioration in warehouse conditions and transport challenges resulting in a lack of medication (IMC 21/11/2023; IOM 20/11/2023). As at October, health authorities in 72% of the northeastern municipalities reported medication supply disruptions (IOM 31/10/2023). Antidepressants, anti-anxiety medication, and sleep-related medication are in particularly short supply (KII 18/01/2024).

To address these gaps, the GNS established a Committee on Mental Health (IFRC 23/11/2023; KII 21/12/2023; OCHA 11/11/2023). The GNU's Ministry of Health officials have contributed to this committee (KII 21/12/2023). As at 7 November, the committee had deployed 45 MHPSS professionals to seven flood-affected locations (OCHA 11/11/2023; KII 18/01/2024). Despite this additional support, there remains a lack of mental health specialists in Derna (IFRC 23/11/2023; KII 18/01/2024).

Humanitarian responders are also providing a range of specialised and non-specialised MHPSS services (OCHA 18/12/2023). These include support for ten health facilities providing MHPSS services in Derna, Al-Bayda and Al Marj (OCHA 23/01/2024). As at 15 December, WHO, International Medical Corps, Médecins Sans Frontières, and IOM had recruited or provided 18 psychologists, six MHPSS specialists, two medical doctors, eight nurses, and six social workers to staff these new centres. UNHCR has also provided four mobile rooms for MHPSS treatment, and UNICEF has deployed mobile MHPSS teams (OCHA 18/12/2023; UNICEF 13/12/2023). In schools, UNICEF is carrying out basic recreational and psychosocial support activities, and provides case management services for children with specific needs (KII 25/01/2024). As at 16 January, WHO was also distributing medication to MHPSS providers (OCHA 23/01/2024). International Medical Corps is operating a national mental health hotline, which, as at 19 December, had received almost 2,000 calls, 218 of which led to MHPSS delivery (IOM 21/07/2023; IMC 21/11/2023 and 19/12/2023).

Given the lack of pre-existing infrastructure in Libya, there is a need for the long-term capacity-building of MHPSS services as part of recovery efforts to ensure the continuation of care once international humanitarian responders leave storm-affected communities (KII 20/12/2023). Humanitarian responders have raised the need for the more sustainable training and supervision of MHPSS professionals, expressing concerns that one-off training sessions with no subsequent follow-up would not allow these professionals to effectively manage the long-term response to MHPSS needs (KII 20/12/2023; KII 21/12/2023).

The fact that Libyan health workers and first responders, many of whom are volunteers, have experienced loss themselves and face difficulties coping with the intense distress of the survivors they are assisting, constrains the sustainable provision of both specialised and non-specialised support (IFRC 30/11/2023; MSF 07/12/2023). Healthcare workers, particularly nurses, and rescue workers involved in efforts to retrieve dead bodies have demonstrated symptoms of mental health and psychosocial problems in response to extensive exposure to death. Volunteer rescue workers are not necessarily trained to conduct this work and may lack the capacity to cope with its toll on mental health and psychosocial wellbeing (KII 18/01/2024). Educators, who often respond to high MHPSS needs among storm-affected children, have also experienced loss themselves and will require additional support (MSF 07/12/2023).

SPECIFIC GROUPS WITH HEIGHTENED MHPSS NEEDS

Individuals and communities experience MHPSS needs in distinct ways based on their intersectional identities. This section highlights some group-based considerations relevant to the MHPSS needs of people affected by Storm Daniel, specifically age, gender, disability, and nationality. These considerations are not comprehensive, nor do they capture the diverse experiences of individuals within and across groups.

While the analysis below focuses on communities affected by Storm Daniel, primarily in northeastern Libya, national-level data and observations are discussed where region-specific information is unavailable.

Impact by age group

Children

Prior to Storm Daniel, stressors related to conflict and violence, COVID-19, and climate change affected the mental health and psychosocial wellbeing of Libyan children (UNICEF 25/06/2023). Storm Daniel aggravated many of these pre-existing stressors and created new ones. A post-storm Child Protection Rapid Assessment found that an estimated 67% of affected children demonstrated negative behavioural changes. Symptoms included nightmares, flashbacks, social withdrawal, anxiety, fear, bedwetting, and physical ailments (headaches and stomach aches). The most affected at-risk groups were boys aged 5–12, girls aged 12–17, and girls under five (UNICEF 07/11/2023 and 13/12/2023; IFRC 23/11/2023). Children under five are particularly vulnerable because they often are not yet attending school, and therefore lack protective factors that surround a child at school, including psychosocial support and friendships. Meanwhile, adolescents have more awareness of the severe impacts of the crisis, and may experience significant distress resulting from the break-up of friendship groups in situations of displacement, and stress from disruptions to schooling (KII 25/01/2024).

Common pre- and post-storm drivers of MHPPS needs among storm-affected children

Loss of and separation from family members can cause feelings of anxiety, sadness, fear, and other signs of emotional distress. Separation from their families can also expose children to protection risks, financial responsibilities, and associated psychosocial problems (INEE 14/11/2016). Given the conflict between Islamist groups and the siege in Derna, some children affected by Storm Daniel are likely to have already experienced loss and separation from family. The storm deprived more children of their primary caregivers and separated others from their families. Exact numbers of unaccompanied and separated children remain unclear because of access constraints, a lack of existing child protection mechanisms, and underreporting (OCHA 19/11/2023). As at 16 January 2024, an online link was being provided to facilitate registration of unaccompanied and separated children in storm-affected communities (OCHA 23/01/2024).

Displacement often deprives children of routine, certainty, support networks, and social services. Staying in crowded accommodation can put additional stress on displaced children by depriving them of privacy and causing tension within families (INEE 14/11/2016). Children displaced by Storm Daniel are exposed to these sources of stress, which may precipitate or aggravate mental health and psychosocial problems.

Experiencing and witnessing domestic violence can have significant impacts on children's mental health and psychosocial wellbeing (INEE 14/11/2016). Violence against children in Libya is normalised and widespread, including in schools and homes (KII 25/01/2024). A 2017 UNICEF and National Centre for Disease Control study found that 90% of boys surveyed and 88% of girls surveyed reported experiencing violence at home, in schools, or in their communities in Libya (UNICEF 24/01/2020). Humanitarian responders are concerned about reports of increased domestic violence following Storm Daniel, driven by livelihood losses, grief, uncertainty, and confinement to one space. Access to child protection services is limited (KII 07/11/2023; OCHA 04/01/2024).

Experiencing and witnessing conflict-related violence, which continues to affect children across Derna despite a formal ceasefire declared in October 2020. Between 2021–2022, there was a 62% increase in UN-verified grave violations of international human rights and humanitarian laws against children in Libya, from 63 to 102 violations. These include detention, killing, maiming (including by explosive remnants of war), and sexual violence (UNGA 23/06/2022 and 05/06/2023). Children in Derna experienced a violent siege on the city between 2016–2019 characterised by intense shelling, aerial attacks, a blockade, and related humanitarian needs (Protection Cluster 15/01/2019). During and after the siege, children in Derna demonstrated symptoms including unusual crying, screaming, antisocial behaviour, unwillingness to attend school, and aggressive behaviour (ACTED 01/06/2022). Older children may particularly have clear memories of this violence (KII 25/01/2024).

Climate change and natural hazards, including heat, drought, and floods, are also drivers of MHPSS needs. Studies indicate that high temperatures, which are increasingly affecting Libya, have a negative impact on mental health. Children are particularly vulnerable to the mental health and psychosocial effects of heat and other climatic stressors, preventing some children in Libya from socialising outdoors. This leads to high risks of social isolation and associated mental health conditions (UNICEF 25/06/2023). Following Storm Daniel, some children are experiencing increased anxiety in response to rain, thunder, and other weather conditions (IFRC 23/11/2023).

Disruptions to education affect children's psychosocial development and prevent them from accessing psychosocial support in schools (IASC 2007). Conflict since 2011 has led to the destruction of or damage to schools and low enrolment because of displacement, insecurity, the need to find work, and affiliation with armed groups (UNICEF 09/2023). More than 1.3 million students were out of school for eight months because of COVID-19 lockdowns, with remote learning impossible for many because of a lack of resources and internet (UNICEF 25/01/2023; ACTED 09/06/2021). While schools can act as safe spaces for children, there were also frequent reports of mistreatment by teachers and bullying among students in Derna prior to Storm Daniel (ACTED 01/06/2022).

Except for nine schools in Derna, most of the 117 schools affected by Storm Daniel had resumed activities as at 13 December (UNICEF 13/12/2023 and 28/09/2023). Functioning schools are accommodating Storm Daniel-displaced students and those from closed schools, leading to significant overcrowding; in Derna, there are 45–60 students per class. As at 15 December, all affected northeastern municipalities had raised overcrowding in schools as a key concern (OCHA 18/12/2023; UNICEF 13/12/2023). Overcrowding may reduce the capacity of teachers to identify and respond to children with MHPSS needs.

Some teachers who can provide key MHPSS to students in distress have received relevant training from humanitarian responders following the storm (UNICEF 13/12/2023). That said, as at 16 December, authorities in the east were restricting humanitarian access to affected schools, limiting the humanitarian response (OCHA 18/12/2023; OCHA 23/01/2024). It is unclear if this ban extends to MHPSS activities.

Discriminatory access to services for specific groups of children: children born of a Libyan mother and non-Libyan father are not legally considered Libyan citizens and have limited access to public services. In October 2022, the GNU issued a policy granting these children free healthcare and education access. That said, they still lack Libyan nationality and face difficulties obtaining identity documents, which are necessary for access to many services. This GNU decree is also unlikely to be uniformly respected or implemented by authorities in the east, who operate a parallel government (UNHRC 04/05/2023; MoFA 28/02/2023). Refugee, asylum seeker, and migrant children, particularly those without civil and identity documentation, also have limited or no access to health and education services (Protection Cluster 30/04/2022; OMCT/LAN accessed 11/12/2023; KII 13/12/2023 b).

Youth

Definitions of the youth age group are culturally and geographically specific, and there is no formal definition in Libya (FES 12/2022; IASC 11/2020). Consistent with the IASC definition, ACAPS generally categorises youth as young people and children aged 15–24. As at September 2023, around 1.1 million Libyans (15% of the population) were aged between 15–24 (UNICEF 09/2023; CIA accessed 08/01/2024). This report uses 'youth' or 'young people' where the underlying source uses these terms and specifies the relevant age bracket when the source provides one.

There is some overlap in the ages of and information on youth and the children (aged 0–17). Regardless, youth aged 15–24 have distinct but often overlooked MHPSS needs during emergencies (IASC 11/2020). In Libya, a 2020 study on the impact of COVID-19 and civil war on mental health found that younger age was associated with a higher likelihood of reported depressive, anxiety, and PTSD symptoms (Elhadi et al. 26/10/2020).

There is minimal publicly available information on the MHPSS needs of youth after Storm Daniel. That said, young people have played an important role in the post-storm response and reconstruction, including as rescue workers (Africanews 11/10/2023; KII 18/01/2024). There are reports of heightened stress among young responders, leading to psychosocial problems, including interpersonal conflict and substance abuse (KII 18/01/2024).

The pre-crisis mental health and psychosocial situation of Libyan youth, who have experienced conflict, unemployment, and sociopolitical exclusion, also indicates that they may be particularly vulnerable to the impacts of the disaster.

Common pre-Storm Daniel drivers of youth MHPSS needs in storm-affected communities

Conflict and instability: a September–December 2021 nationwide survey of 1,000 Libyans aged 16–30 found that 30% of the respondents had witnessed violence, 18% had experienced expulsion or displacement, and 16% had experienced psychological violence (FES 12/2022). These conflict-related experiences can aggravate or create mental health and psychosocial conditions among youth. Further, as at November 2021, over one year after the October 2020 ceasefire, there were an estimated 200,000–300,000 former combatants in Libya, the bulk of whom were young men (UNDP 11/2021; MoFA 30/06/2020). Many ex-combatants have not finished secondary school, lack the necessary skills to obtain consistent employment, and struggle to integrate socially, sometimes because of community stigma. These challenges leave many male ex-combatants with feelings of resentment and frustration, which can increase MHPSS needs (UNDP 11/2021).

The conflict also facilitates the trade of illicit drugs, including recreational drugs and prescription medication. Drug use is particularly high among young men, including ex-combatants. This includes the abuse of medication prescribed for mental health and psychosocial issues developed in response to conflict-related trauma (USIP 28/05/2020; KII 18/01/2024; UNDP 11/2021).

There is a l**ack of socioeconomic opportunities** for youth following the post-2011 economic decline in Libya, meaning many young people have grown up without the socioeconomic opportunities afforded to their parents (USAID 08/06/2020). In 2022, the ILO estimated a 51.5% unemployment rate for Libyan youth aged 15–24, over double the total national unemployment rate of 20.7%. The rate among young women was even higher at an estimated 70.1% (WB accessed 08/01/2024; UNICEF 09/2023). Socioeconomic exclusion may reduce the coping capacity of youth who lose family and community support systems or livelihoods following Storm Daniel.

Low access to consistent, quality education, including practical skills and vocational training, contributes to a mismatch between education outcomes and labour market needs. Access to education and training is particularly limited outside northern urban centres (USAID 08/06/2020; UNICEF 09/2023).

The **political exclusion** of young men and women in Libya, where political and community authority is generally vested in older men, leaves many youth feeling marginalised (USAID 08/06/2020; KII 21/12/2023). Further, national and international humanitarian, development, and peacebuilding responders have sometimes overlooked youth interests as they prioritise the needs of children and older people (UNICEF 07/2023; KII 21/12/2023). While the UN supported a Youth Track in the Libyan Political Dialogue Forum, established following the October 2020 ceasefire to guide Libya's political transition from conflict, youth representation was ultimately limited (UNICEF 07/2023; UNCT Libya 12/10/2022). These exclusionary dynamics may heighten feelings of frustration and associated psychosocial problems among youth.

Impact by gender

Women

A 2021 MSNA in Libya found that women were most frequently reported as vulnerable to MHPSS issues, particularly related to domestic violence and other trauma (REACH et al. 01/03/2022). Similarly, a 2020 study on the impact of COVID-19 and civil war on mental health in Libya found that women had a higher likelihood of reporting depressive, anxiety, and PTSD symptoms than men (Elhadi et al. 26/10/2020).

Common drivers of MHPSS needs among storm-affected women

Loss of family members, including as a result of conflict, social factors, and Storm Daniel, has left many women as household heads. Women widowed by the storm face not only grief but also pressure to support their families and responsibility for major household decisions, which they are not traditionally accustomed to making in many Libyan communities (IFRC 23/11/2023; KII 20/12/2023; KII 21/12/2023).

Experiencing and witnessing GBV, including as a result of domestic violence and conflict, is another driver of MHPSS needs, with higher risk among women heads of household, single mothers, and widows (REACH 22/03/2023; OCHA 26/01/2023). As at December 2022, femicide across Libya was increasing, along with other forms of physical, economic, and political violence against women (UNHRC 04/05/2023). GBV and instances of direct conflict place particular strain on women and girls, decreasing their coping capacities in response to emergencies such as Storm Daniel (USAID 01/06/2020). Following Storm Daniel, humanitarian responders became concerned about increased domestic violence among affected communities, which may lead to a rise in MHPSS concerns among victims (KII 07/11/2023; IFRC 30/11/2023).

Barriers to accessing services and livelihoods, particularly for women heads of household, can increase stress on women and diminish their coping capacities. Both before and after Storm Daniel, women have faced barriers to accessing livelihoods and services, including for mental health and psychosocial needs, because of social stigma, gendered norms, and limitations on single or widowed women's access to identity documents (KII 07/11/2023; KII 12/12/2023; Protection Cluster 30/04/2022; MoFA 28/02/2023). In communities with conservative norms, particularly in rural parts of the east, women may not be allowed to meet with male or even female service providers alone (KII 07/11/2023; KII 12/12/2023; UNHRC 04/05/2023). Lack of female healthcare professionals generally inhibits women's access to healthcare services (IOM 31/10/2023).

Despite these barriers, humanitarian responders have reported that women are more likely to seek MHPSS services in Libya and that it is more socially acceptable for women to ask for help, particularly in urban areas (KII 20/12/2023; KII 21/12/2023). That said, some women may be deterred from seeking MHPSS services for fear of stigmatisation by male family members (Rhouma et al. 01/08/2016). Even when able to access services unaccompanied by a male chaperone, stigmatisation may prevent women from speaking openly about GBV-related needs (KII 07/11/2023; KII 12/12/2023; KII 20/12/2023; UNHRC 04/05/2023).

Displacement can separate affected women from support networks, services, and assistance. Following Storm Daniel, displaced women living with host communities have lost their social spaces and support networks (IFRC 23/11/2023; KII 20/12/2023). Many displaced women affected by Storm Daniel are staying in households with host communities, making it difficult for caseworkers to access them directly (KII 13/12/2023 a). Affected communities may be protective of female household heads, particularly as these communities are often unaccustomed to the presence of humanitarian responders given lower pre-storm access in the east (KII 20/12/2023),

When Storm Daniel IDPs were still sheltering in collective sites immediately after the storm, humanitarian responders observed that women and girls actively initiated networking and community-building activities among the women who had lost their families. It is unclear to what extent this positive coping mechanism has continued since IDPs have largely moved into private rental accommodation or host communities (KII 20/12/2023).

Caring responsibilities: several months after the storm, parents, particularly women, face the mental health and psychosocial problems that they neglected to address immediately after the storm because of caring responsibilities. These particularly affect the parents of children who experienced mental health and psychosocial problems after Storm Daniel (KII 18/01/2024).

Men

Information on the mental health and psychosocial conditions of men and boys in Libya, both prior to and since Storm Daniel, is scarce. There are anecdotal reports that male ex-combatants and their families comprised the majority of patients seeking MHPSS prior to Storm Daniel for help with conflict-related trauma (KII 18/01/2024). Wider literature on men and boys in conflict, disaster, and other crisis settings indicates that the loss of income, livelihoods, agency, social spaces, and social roles may cause feelings of weakness and inadequacy. In response, men in humanitarian settings can demonstrate a range of mental health and psychosocial problems, including depression, substance abuse, suicidal ideation, and violent behaviour (UN Women 17/08/2023; USIP 02/03/2022).

Common drivers of MHPSS needs among storm-affected men

Experiences of violence and combat, discussed above under 8.1.2., have also disproportionately affected men (MoFA 30/06/2020; UNDP 11/2021).

Gendered norms and beliefs pervade many communities in Libya. Gendered social norms discourage men from expressing emotions and seeking support (KII 20/12/2023). Following Storm Daniel, men have reported increased stress from expectations for them to take care of their families and appear 'strong' (OCHA 04/01/2024).

Conflict-related changes to socioeconomic structures and livelihoods: conflict since 2011 has disrupted livelihoods across Libya. 79% of the 3,800 households in the east surveyed for a 2022 MSNA reported using crisis-level (60%) or emergency-level (19%) livelihood coping

strategies, including taking a second job and reducing health spending (REACH 23/05/2023). Storm Daniel has further undermined livelihoods and threatened the socioeconomic wellbeing of storm-affected families in the northeast, damaging agricultural land, fisheries, and market-related infrastructure and raising food prices (UNSC 07/12/2023; FAO 13/09/2023; WFP 29/11/2023; REACH 18/12/2023). Loss of livelihoods can have a significant impact on the mental health and psychosocial wellbeing of men, who are deprived not only of economic security but also of their identities (e.g. farmer, fisher) (UN Women 17/08/2023).

Change in gender dynamics: conflict has also led more Libyan women to enter the workplace in response to the loss of male breadwinners and enter public life as part of the peacebuilding process (USAID 08/06/2020). Patriarchal beliefs can aggravate the impact of such changes on men's mental health and psychosocial wellbeing, as men can feel disempowered in response to their perceived loss of influence and status relative to women (UN Women 17/08/2023).

Impact by nationality

While ACAPS does not use 'migrants' as an umbrella term, many secondary sources reviewed for this report refer to 'migrants' in Libya without distinguishing their legal status, using the term as a catch-all to include economic migrants in regular or irregular situations, asylum seekers, and refugees.

Between May–June 2023, IOM's Displacement Tracking Matrix identified over 704,300 migrants in Libya (IOM 31/10/2023). Up to 20,000 of these migrants lived in areas of Derna affected by Storm Daniel, which left an estimated 930 migrants dead or missing and around 1,700 displaced (IOM 21/11/2023 and 17/11/2023). There is minimal information on the mental health and psychosocial needs of affected migrants, but their pre-existing conditions indicate that they are at high risk of developing mental health and psychosocial problems following the storm.

Drivers of MHPSS needs among storm-affected migrants, asylum seekers, and refugees

The lack of determined legal status for many migrants and lack of recognition of refugee status by Libyan authorities limit access to protection, aid, and services for non-Libyans (Protection Cluster 30/04/2022; OMCT/LAN accessed 11/12/2023; UNHCR 02/05/2023). Public psychiatric hospitals do not accept foreigners without legal documentation as patients. They are also unable to afford private care. Refugee and migrant populations avoid seeking help out of fear of jeopardising their chances of resettlement or evacuation (UNCHR 14/10/2022). Those who do approach private health facilities risk arrest, detention, and the confiscation of documents (KII 13/12/2023 b; Protection Cluster 30/04/2022). Following Storm Daniel, many migrants, asylum seekers, and refugees have been unable to or afraid of accessing assistance because they are not registered or lack documents (KII 21/11/2023; KII 07/11/2023; KII 13/12/2023 b).

Detention: raids and arrests have targeted large numbers of migrants, asylum seekers, and refugees in recent years, leading to increased anxiety and depression among these communities (UNCHR 14/10/2022). Following these raids, they are subjected to arbitrary long-term detention in official detention centres and unofficial detention sites, in which grave human rights violations, poor conditions, and the denial of necessities are common (OCHA 26/01/2023; UNHRC 04/05/2023; MoFA 28/02/2023). The mental health of detainees is generally poor, with many experiencing severe stress and anxiety, anger, insomnia, overthinking, and psychological trauma. The arbitrary nature and poor conditions of detention trigger or aggravate these mental health conditions. Suicides have been reported in several major official detention centres, including Ain Zara and Abu Salim in Tripoli (MSF 06/12/2023). Women, infants, and children, including unaccompanied children under ten, are among the detainees in detention centres managed by the GNU's Directorate for Combatting Illegal Migration (UNSC 08/08/2023; OCHA 26/01/2023; MSF 06/12/2023). In 2023, it was reported that most pregnant women and new mothers in Abu Salim detention centre demonstrated post-partum depression and psychosis symptoms (MSF 06/12/2023). Detained migrants, asylum seekers, and refugees generally have little to no access to healthcare and MHPSS support. Humanitarian responders have no access to unofficial detention sites (OMCT/LAN accessed 18/12/2023; UNHRC 04/05/2023).

Socioeconomic exclusion affects many migrants, asylum seekers, and refugees outside detention centres. Among male migrants, daily pressure to provide a household's primary income, combined with a lack of sufficient or well-paid work, generates significant psychological pressure. Frustration at not finding work also contributes to domestic violence, which heightens the risk of MHPSS concerns among women and children. Migrant or refugee women may experience particularly high social isolation and associated mental health impacts, as they are confined to their homes because of domestic duties or social customs. Migrant or refugee women may also need to earn income besides their domestic responsibilities, which can cause exhaustion, stress, and associated mental health challenges and leave little time to build social support networks, decreasing their coping capacity (IOM 30/04/2023).

Impact by disability

There is a significant lack of information on people with disabilities in Libya (USAID 08/06/2020). A 2021 UN Common Country Analysis estimated that between 2.9–14.3% of the Libyan population of 7.2 million, equivalent to around 209,000 and 1,030,000 people, lived with a disability (UNICEF 07/2023; CIA accessed 08/01/2024). As at January 2023, an estimated 15% (45,000) of the 300,000 people in need in Libya were living with a disability (OCHA 26/01/2023).

Drivers of MHPSS needs among storm-affected people with disabilities in Libya

Limited access to basic and specialised services: the Ministry of Wounded Affairs has long been providing financial assistance and support for rehabilitation to the people living with disabilities as a result of the 2011 conflict. However, people with disabilities not related to the conflict often lack support (USAID 08/06/2020; UNICEF 09/2023). A 2021 MSNA found that people with disabilities were the second-most frequently reported group with MHPSS needs (following women) largely because of a lack of specialised services (REACH et al. 01/03/2022).

Limited inclusion: prior to Storm Daniel, children with disabilities had minimal access to formal education, as public institutions lacked the infrastructure to accommodate them, teachers lacked specialised training, and specialised educational institutions lacked sufficient space (TAMKEEN/LNOHD accessed 25/01/2024; Libya Education Sector/Education Cannot Wait 12/2021). This isolation from educational institutions may increase the MHPSS needs of Storm Daniel IDP children with disabilities.

Limited accessibility: many houses are not accessible for people with disabilities, leading to social isolation (UNSMIL 03/12/2022). This may affect Storm Daniel IDPs with disabilities who are staying with host families. The physical inaccessibility of many buildings also limits access to employment for youth and adults with disabilities, compounded by stigma and a lack of intentional efforts at inclusion (UNICEF 09/2023). This may indicate less capacity to cope with the livelihood impacts of Storm Daniel among people with disabilities.

HUMANITARIAN ACCESS CONSTRAINTS

Political and bureaucratic constraints: immediately following Storm Daniel, the GNS lifted many pre-storm restrictions on humanitarian activities in the east, including requirements for security clearances and visas. From around November onwards, however, the eastern authorities reinstated these restrictive practices. Some organisations have experienced delays when attempting to travel from Benghazi to Derna and other affected cities and are restricted to three-day visits (KII 21/12/2023).

East-west political divisions further complicate the bureaucratic processes surrounding access. It has been reported that international and local organisations required both GNU and GNS Ministry of Health permissions to work in eastern healthcare facilities (KII 21/12/2023; KII 25/01/2024).

Community constraints: prior to Storm Daniel, there was a greater humanitarian presence in western Libya, with most INGOs based in Tripoli or other large western cities. This has generated some wariness and scepticism around international humanitarian responders among communities in the east (KII 20/12/2023; KII 21/12/2023).

For a more detailed analysis of access constraints following Storm Daniel, see Protection Risks in Eastern and Western Libya.