

#NOLOST
GENERATION
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World Vision

REACHING THE FINAL STRAW

*Shedding light on alarming suicide trends
and perceptions impacting women,
girls, and young people stuck in limbo in
Northwest Syria*

Acknowledgements

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Report designed by: Diana De León

Cover photo credits: Omar*, 5, and his family had to relocate to another village in Syria after their safety was compromised and lives were at stake. © Suriye Yardım

No Lost Generation is an initiative set up in 2013 by humanitarian and development actors, including non-governmental organizations and United Nations agencies in support of children and youth affected by the Syrian crisis, with a particular focus on mental health and psychosocial support, education and child protection.

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CHILD AND ADULT SAFEGUARDING CONSIDERATIONS

We ensured safe and ethical participation of children, parents and caregivers, or other adults when they shared their stories and surveys were conducted in compliance with COVID-19 preventive measures, and in line with World Vision's safeguarding protocols. Names of children and adults have been anonymized and changed to ensure confidentiality. All photos were taken and used with informed consent.

DISCLAIMER

This report has been prepared based on data collected by the local partner organizations mentioned above in their capacity as service providers. World Vision are unable to verify with a hundred per cent certainty the identity of, and information provided by, survey respondents.

TABLE OF CONTENTS

ACRONYMS	4
EXECUTIVE SUMMARY	5
KEY FINDINGS	6
INTRODUCTION	8
METHODOLOGY	10
MAIN FINDINGS	11
I. Suicidal ideation is on the rise due to lasting hardship in Northwest Syria	11
II. Women and girls' mental health severely impacted by limited mobility linked to lack of safety, in addition to heightened exposure to various forms of Sexual and Gender-based Violence (SGBV) such as child marriage	13
III. Women and girls who attempt or end their life by suicide are most affected by stigma, even after their death	14
IV. Children and young people are perceived as particularly vulnerable to suicidal ideation due to poverty and uncertain future ahead	16
V. Tailored mental health and suicide prevention services for children and young people are still lacking in Northwest Syria	18
CONCLUSION	19
RECOMMENDATIONS	20
MORE ON WORLD VISION'S MHPSS WORK IN SYRIA	22

ACRONYMS

AFH	Action for humanity
AoR	Area of responsibility
FGD	Focus group discussion
IDPs	Internally displaced people
INGO	International nongovernmental organization
KII	Key informant interview
MHPSS	Mental health and psychosocial support
NGO	Nongovernmental organization
NLG	No Lost Generation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PFA	Psychological first aid
PTSD	Post-traumatic stress disorder
SGBV	Sexual and gender-based violence
SRD	Syria Relief and Development
UNSC	United Nations Security Council
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WVI	World Vision International
WVSR	World Vision Syria Response

EXECUTIVE SUMMARY

Almost 12 years since the beginning of the Syrian conflict, 4.6 million people – 80% of whom are women and children – remain trapped in the Northwest of Syria, where the majority of the population are now food insecure.¹ Increasingly vulnerable families and communities are struggling to meet their basic needs as prices of daily food items continue to soar following the conflict in Ukraine.² Residents of Northwest Syria are also heavily reliant on cross-border humanitarian aid entering through Türkiye, a process which is protected under the soon-to-expire United Nations Security Council (UNSC)'s Resolution 2642.³

The majority of children and families in Northwest Syria have been displaced from their homes during the conflict. The 9,000 square kilometre area houses more than 2.87 million internally displaced persons (IDPs), 63% of whom still reside in overcrowded camps.⁴ The more than 1.7 million girls and boys in Northwest Syria⁵ are particularly prone to health outbreaks – much like the ongoing cholera outbreak⁶ – due to the absence of long-term shelter, water and sanitation solutions.⁷ Displaced women and girls are also exposed to high rates of sexual and gender-based violence (SGBV), with single, divorced and widowed women particularly vulnerable to stigma, exploitation and abuse.⁸ As funding for the Syria crisis response continues to dwindle, despite humanitarian needs on the ground being greater than ever before,⁹ residents of the Northwest are finding themselves increasingly isolated in their struggle to make ends meet.

Because of continuous instability, recurring displacements, poor living conditions and ongoing economic struggles, residents of Northwest Syria are not only suffering at the socio-economic levels, their mental health is also rapidly deteriorating.¹⁰ Although detailed research has already been conducted on mental health needs and gaps in Mental Health and Psychosocial

Support (MHPSS) service provision,¹¹ much remains unknown on suicide and attempted suicide trends impacting this already vulnerable community. Suicides and attempted suicides are rarely reported due to the social stigma,¹² but the Northwest Syria MHPSS Technical Working Group operating under the WHO-led Health Cluster¹³ was able to share data received from humanitarian organizations working on mental health in Northwest Syria for the purpose of this study.

The records show that reported suicide cases more than tripled from eight to 26 between the first and second quarters of 2022, with a total of 83 cases recorded between early 2021 and mid-2022,¹⁴ although real numbers are believed to be much higher. The number of recorded suicide attempts more than doubled between the last six months of 2021 and the first six months of 2022, rising from 106 to 213, with women representing almost half (49%) of reported cases, followed by men (34%), girls (12%) and boys (5%).¹⁵ Worryingly, girls under 18 made up the largest group (40%) of total recorded deaths by suicide between early 2021 and mid-2022.¹⁶

According to available figures, young people under 18 are also increasingly affected by suicidal ideation as they represented close to one third (31%) of beneficiaries who expressed suicidal thoughts in Northwest Syria between early 2021 and mid-2022.¹⁷ They also made up 30% of those who contacted the 24/7 suicide prevention helpline in Northwest Syria.¹⁸

For this reason, World Vision and its partners decided to look into suicide, suicide attempts and suicidal ideation more closely in Northwest Syria, with the aim of better understanding the mental health impact of the protracted crisis and worsening socio-economic context in this particularly isolated area where women, girls, men and boys have been stuck in limbo for more than a decade.

KEY FINDINGS



Suicidal ideation is on the rise due to lasting hardship in Northwest Syria:

- The majority of our respondents (85%) agreed that suicide attempts have been on the rise in their community in the past year.
- An even larger percentage (90%) agreed that deaths by suicide had also increased during that same period.
- The main reasons behind suicide were identified as: low income (62%), lack of jobs (42%), the pressure of additional financial responsibilities towards loved ones (32%) and feelings of hopelessness (17%).



Women and girls' mental health severely impacted by limited mobility linked to lack of safety, in addition to heightened exposure to various forms of Sexual and Gender-based Violence (SGBV) such as child marriage:

- According to available figures, women and girls made up the majority of suicide and attempted suicide cases in Northwest Syria between early 2021 and mid-2022.
- The wide majority (70%) of survey respondents who cited "lack of safety" as a daily challenge in their community were also female.



Women and girls who attempt or end their life by suicide are most affected by stigma, even after their death:

- More than half (57%) of respondents said that reporting of suicides and suicide attempts differed for male and female cases, with women and girls being more prone to stigma from the community.
- Close to half (40%) of respondents agreed that the community's perception would differ if the suicide attempt survivor was male or female, with women being more stigmatized, blamed, excluded and seen as unsuitable for marriage or caring for children.



Children and young people are perceived as particularly vulnerable to suicidal ideation due to poverty, lack of basic needs and uncertain future ahead:

- The majority of respondents flagged poverty and lack of basic needs (76%) as a primary factor behind suicidal ideation among young people.
- 66% of respondents believed children were "very likely" to act on suicidal thoughts due to the overall stressful environment in which they were being raised and the uncertain future ahead.
- Worryingly, the younger the age of the respondents, the more likely they were to believe that children would act on their suicidal ideation.



Tailored mental health and suicide prevention services for children and youth are still lacking in Northwest Syria:

- 44% of our respondents said there were no MHPSS services adapted to children and young people's needs around them.
- Among those who knew of child and youth friendly services, only 12% said that there are mental health services available, 11% said there were child-friendly safe spaces around them, and only 5% of respondents said that there were MHPSS services available in schools.

Men, women, girls' and boys' mental health - in Northwest Syria continues to rapidly deteriorate - with women and girls being particularly impacted by limited mobility and heightened exposure to various forms of Sexual and Gender-based Violence (SGBV) such as sexual harassment, domestic violence and child marriage. In parallel, the future ahead remains largely uncertain for younger generations who are experiencing feelings of hopelessness, and increasingly expressing suicidal ideation. Key stakeholders in the conflict, donors, humanitarian and development actors must urgently come together to put in place the mental health and psychosocial support mechanisms needed to prevent the loss of additional lives.

This can be done by:



INTRODUCTION

Men, women, children and young people have been living in limbo for more than a decade in the overcrowded and isolated border area of Northwest Syria, while a political solution to the conflict remains elusive. In recent years, the socio-economic context has worsened with humanitarian and health needs reaching their highest levels, while funding for the Syria crisis continues to dwindle.¹⁹ Unbearable living conditions, recurring instability and the uncertain future ahead have also greatly impacted the community's mental health. According to recent reports, the number of suicide and self-harm cases increased substantially across Syria between early 2021 and late 2022, with women, girls and young people particularly affected.²⁰

A 2021 study conducted by local partners among Syrian refugees revealed that the wide majority of internally displaced people (IDPs) in Idlib presented symptoms of Post-Traumatic Stress Disorder (PTSD).²¹ The survey also indicated that young people under the age of 18 were particularly affected by symptoms of PTSD in Northwest Syria, where tailored mental health services for women and young people were largely lacking.²² PTSD is associated with an elevated chance of suicide,²³ particularly when exposure to trauma and stress is recurring, and where instability persists.²⁴ Available data from the World Health Organization (WHO) reflects the deteriorating mental health of residents of Northwest Syria; the number of beneficiaries who were diagnosed with depression almost doubled between the first and second quarters of 2022, rising from 1,134 to 2,035 in a mere six-month period.²⁵ Studies have shown that about two-thirds of the individuals with major depressive disorder (MDD) contemplate suicide.²⁶

In Northwest Syria, young women and girls are regularly exposed to multiple forms of sexual and gender-based violence (SGBV), such as domestic violence or child marriage, and many of them are resorting to self-harm while also experiencing suicidal ideation.²⁷ In fact, a 2020 study conducted by the Northwest Syria MHPSS



Two children trying to get back to their tent after a day of playing outside in one of the displacement camps in Northwest Syria. © ULUSLARARASI İNSANI YARDIMLAŞMA DERNEĞİ [IYD]



Technical Working Group indicated that the most common reason behind suicide and attempted suicide was relationship problems within the marriage (26%), which was closely followed by financial problems (24%).²⁸ A 2021 survey showed that 67% of respondents in Northwest Syria linked female suicides to experiences of domestic violence.²⁹ Previous research conducted by World Vision in Northwest Syria found that the majority (86%) of children and adults believe child marriage has increased as a consequence of the protracted conflict.³⁰ Child marriage can result in significant physical and psychological harm, particularly impacting young girls, which can result in serious mental health and psychosocial challenges.³¹ Young people under 18 are also particularly impacted by the protracted crisis in Northwest Syria having known nothing but war for much of their young lives. According to WHO, young people represented close to one third (31%) of MHPSS beneficiaries who were diagnosed with suicidal ideation between early 2021 and mid 2022.³² They also made up 30% of the callers who contacted the 24/7 suicide prevention helpline in Northwest Syria during that same period.³³

Although it is apparent that the mental health of Northwest Syria's residents is rapidly deteriorating, significant data gaps persist when it comes to the official reporting of suicide attempts and deaths by suicide, largely due to persisting stigma.³⁴ Compounding this, there is a shortage of qualified mental health personnel on the ground, and available resources for mental health and psychosocial support (MHPSS) are limited due to the lack of stable, long-term funding.³⁵ Previous research by World Vision had found that frontline workers in Northwest Syria were encountering more suicides and attempted suicides in their daily work, with a clear link to deteriorating socio-economic conditions in the area, and an increase in negative coping mechanisms such as domestic violence and child neglect.³⁶ The Northwest Syria Protection and Health Clusters have identified this topic as a priority by jointly developing an action plan to address the increase in suicidal ideation through the creation of a Suicide Taskforce under the MHPSS Technical Working Group. Nevertheless, funding cuts and threatened cross-border access continue to add to the challenges of developing and maintaining sustainable approaches to address deteriorating mental health in Northwest Syria in the mid to long term.

METHODOLOGY

World Vision undertook this mixed methods study between September and October 2022. It primarily consisted of quantitative and qualitative survey interviews conducted with 100 women, men and adolescents residing in four key towns in the Idlib governorate of Northwest Syria. With support from partners at Syria Relief and Development (SRD) and Action for Humanity (AFH), we spoke to 25 adolescents aged 17, seven young adults aged 18-22, 28 individuals aged between 23-34, and 40 individuals aged between 35-50. Informed consent was recorded through the signature of consent forms by survey respondents, while parental consent was also requested for survey respondents aged 17. The sample consisted of 52 females and 48 males in order to maintain a balanced gender perspective on suicide trends in the community.

Surveys were complemented with Focus Group Discussions (FGDs) with 12 mental health and psychosocial support (MHPSS) frontline workers from partner organizations involved in this study, as well as Key Informant Interviews (KIIs) with five mental health experts involved in

coordination efforts in Northwest Syria through the MHPSS Technical Working Group and Suicide Taskforce. A desk review of key publications and analysis of available data from the Northwest Syria MHPSS Technical Working Group and Suicide Taskforce were also conducted in parallel.

Through this study, we hoped to answer four key research questions:

- (1) How do men, women and young people in Northwest Syria perceive and understand suicide, attempted suicide and suicidal ideation?
- (2) How do perceptions differ by gender and age group?
- (3) How might these perceptions be related to actual drivers of suicide, attempted suicide and the prevalence of suicidal ideation in general?
- (4) How can policymakers, humanitarian and development actors better address mental health and psychosocial support (MHPSS) needs in Northwest Syria based on these realities?

Limitations:

Due to access limitations in Northwest Syria and the widespread stigma around suicide, the sample was selected by convenience while also taking into consideration the sensitivity of the questions. For this reason, the sample might not be representative of the entire population of Northwest Syria and cannot be used to calculate prevalence or incidence of suicide in this particular area. We also refrained from interviewing any children under 17 due to the sensitivity of the topic at hand and the mental health repercussions it could have on young people in particular. Since we were not seeking to measure the exact prevalence of suicide in the community – which would be highly challenging due to under reporting and persisting data gaps – strict representativity was not our goal. Instead, this study aimed to capture

the range of perceptions on suicide in relation to the challenges of living in Northwest Syria, expressed by individual men, women and young people with their diverse experiences.

Safeguarding:

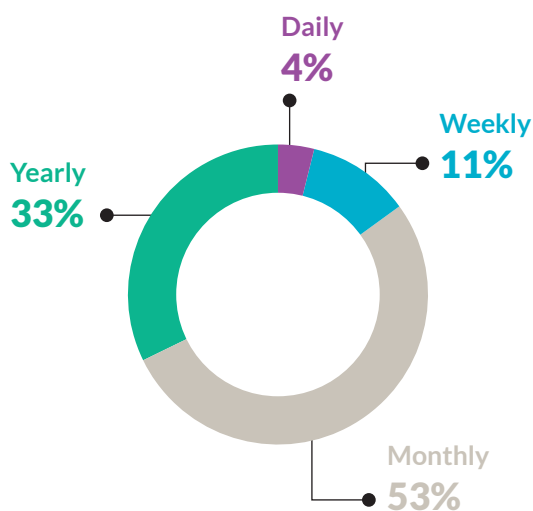
Prior to conducting the interviews, enumerators involved in the data collection were trained in Psychological First Aid (PFA). Appropriate referral pathways were developed to answer any pressing mental health needs that came up during the data collection. We did not select beneficiaries receiving individual MHPSS sessions to participate in the study, in order to avoid doing more harm. Debriefings were organized with all enumerators following the data collection exercise with the aim of preserving staff wellbeing.

MAIN FINDINGS

I. Suicidal ideation is on the rise due to lasting hardship in Northwest Syria

The majority of our respondents (85%) agreed that suicide attempts have been on the rise in their community in the past year, and an even larger percentage (90%) agreed that deaths by suicide had also increased during that same period.

How often do you hear about people in your community attempting to or ending their life?



When asked how often they heard about people attempting to end or actually ending their lives, more than half (53%) responded with “on a monthly basis” followed by close to one third (33%) saying they heard about it “on an annual basis.”³⁷

Available WHO data indicates that recorded suicide attempts more than doubled between the last six months of 2021 and the first six months of 2022, rising from 106 to 213,³⁸ although real numbers are believed to be much higher. In addition, reported deaths by suicide have more than tripled from eight to 26 between the first and second quarters of 2022,³⁹ while real numbers are also estimated to be much higher. In

fact, more than half (53%) of survey respondents said that suicide cases were not being reported by affected families or relatives, indicating that many suicide attempts and deaths by suicide remain undocumented.

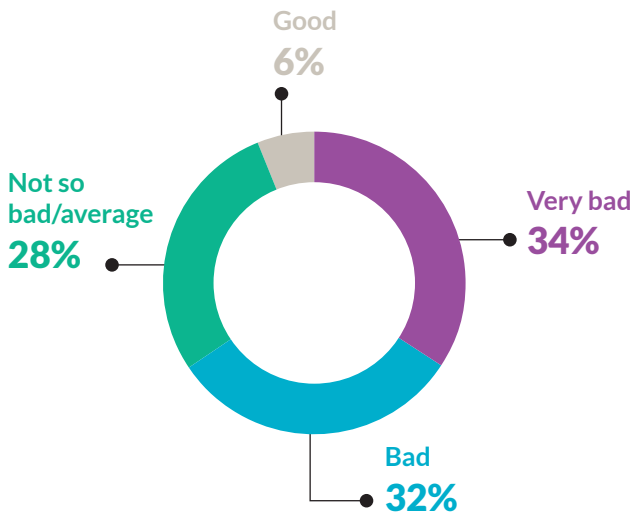
When asked about the main reasons behind suicide in their community, the most common response (62%) was low income, followed by lack of jobs (42%), the pressure of additional financial responsibilities towards loved ones (32%) and feelings of hopelessness (17%).



“You can’t even begin to imagine what it’s like to be living in Northwest Syria at the moment... People are facing extremely degrading living conditions in addition to serious socio-economic challenges. They are really struggling more than ever to get by!”—mental health expert working in Northwest Syria

The wide majority of survey respondents (68%) perceived “the unemployed” as being most vulnerable to suicidal thoughts, with men and boys being particularly impacted by the “financial burden” to provide for loved ones. Our findings also corroborated the increasingly fragile economic context in Northwest Syria, where the unemployment rate is estimated to exceed 50%.⁴⁰ More than half (61%) of our respondents were currently unemployed, with the majority (66%) describing their economic situation as “very bad” or “bad”, while only 6% described it as “good”.

How would you define your current economic status?



The overwhelming majority (92%) of respondents had been displaced prior to arriving at their current location, with 40% of them having been displaced two to three times and 39% having been on the move more than three times. More than half (63%) had young children and close to one third (32%) had parents depending on them, which added to the responsibilities of everyday life in an already challenging environment.

Unsurprisingly, lasting socio-economic hardship was closely linked with the deteriorating mental-health state of the community. Respondents flagged sadness and depression (40%); anxiety (22%); anger problems (16%); and stress (15%)⁴¹ as the most common mental health symptoms.

A 2020 survey conducted by the Northwest Syria MHPSS Technical Working Group showed that internally displaced people (IDPs) were more than six times more likely to attempt suicide compared to those residing in the host community, they were also four times more likely to die by suicide.⁴² Moreover 24% of suicide and attempted suicide cases were linked to financial problems which was seen as the second most frequent reason behind suicide after marital problems.⁴³



“When the daily challenges keep adding up, we find it very difficult to go through day-to-day activities normally, because we are overcome by sadness and depression. Our minds feel stuck because there is nothing new happening around us...” – female survey respondent in Northwest Syria

Available WHO data also indicates that the number of beneficiaries who were diagnosed with depression almost doubled between the first and second quarters of 2022, rising from 1,134 to 2,035 in a mere six-month period.⁴⁴ Studies have shown that about two-thirds of the individuals with major depressive disorder (MDD) contemplate suicide, and about 10 to 15% commit suicide.⁴⁵ The number of reported beneficiaries diagnosed with psychosis also rose from 1,420 to 1,873 during that same period.⁴⁶ Mental health experts from the Northwest Syria MHPSS Technical Working Group stressed that many of the suicide and attempted suicide cases they encountered were suffering from psychosis.⁴⁷ Research has shown that people who are diagnosed with serious mental health illnesses such as schizophrenia and other psychotic disorders are more likely to die by suicide.⁴⁸

Both focus group discussions with frontliners and key interviews with mental health experts cited symptoms of depression, anxiety, PTSD, and adjustment disorders as widespread among the communities they work with in Northwest Syria, with PTSD and depression most likely to increase the risk of suicide if not treated.

Boys' mental health negatively affected by the pressure to provide for their families and their exposure to child labour

Between early 2021 and mid-2022, almost 30% of males who expressed suicidal thoughts in Northwest Syria were under the age of 18; they also represented five percent of suicide attempts.⁴⁹ Boys were more likely to contact the 24/7 suicide prevention helpline compared to girls.⁵⁰

Survey respondents thought that boys' mental health was affected by "the pressures and responsibilities of daily life." Boys were seen as being more prone to dropping out of school to work compared to girls, particularly if their family had lost their primary caregiver due to separation, divorce, disappearance or death. Similarly, frontline workers stressed that young boys' mental health was particularly impacted by the "financial burden" of having to provide for their families at a young age. In fact, poverty and lack of basic needs was flagged by close to 72% of our respondents as the main factor impacting children's mental health, with 19% mentioning the absence of education, and nine percent flagging child labour.

School dropouts and child labour are particularly high in Idlib governorate (where our survey took place) and attendance rates are very low.⁵¹ In fact, half of the schools are non-operational and attacks on education are highest in Idlib compared to other governorates.⁵² Overall, more than 18% of school aged children are not attending any form of learning in Syria, exposing them to protection threats such as child labour.⁵³ Previous research conducted in Northwest Syria's widow camps found that 58% of boys aged 11 and above had been involved in child labour.⁵⁴ Recent studies have shown that child workers are more likely to develop depression as they grow older, particularly during adolescence, with the effect of child labour on adolescent mental health being greater for boys compared to girls.⁵⁵

II. Women and girls' mental health severely impacted by limited mobility linked to lack of safety, in addition to heightened exposure to various forms of Sexual and Gender-based Violence (SGBV) such as child marriage

There has been a significant increase in suicide attempts and suicides among girls and women over the past year in Northwest Syria.⁵⁶ From early 2021 to mid-2022, girls under 18 represented the largest proportion (40%) of the 83 recorded deaths, followed by women (31%).⁵⁷ Women and girls also made up 61% of suicide attempts during that same period.^{58 59}

Respondents named socio-economic difficulties as the main factor behind suicidal ideation among women and girls, as well as stressors linked to preserving honour in the family and community,

restricted mobility due to lack of security, child marriage, early motherhood and domestic violence. In a 2021 survey, 67% of respondents in Northwest Syria linked suicide to domestic violence, specifically targeting women,⁶⁰ with this trend expected to intensify due to the worsening socio-economic situation in the area.

Female respondents in particular (60%) stressed that girls were at risk of being impacted by mental health issues such as anxiety or depression due to the restricted mobility they face in Northwest Syria where women and girls are usually confined to their tent or home for the majority of the day. Their confinement is largely due to the lack of security and the risk of being exposed to various forms of Sexual and Gender-Based Violence (SGBV), such as sexual harassment. In fact, the wide majority (70%) of survey respondents who cited "lack of safety" as a daily challenge in their community were female.

World Vision’s previous research in Northwest Syria’s widow camps found that single, divorced and widowed women face significant movement restrictions due to lack of security, heightened exposure to SGBV and stigmatization by the community.⁶¹ The great majority (95%) of women residing in the widow camps said they had experienced negative feelings of hopelessness.⁶²

Survey respondents also flagged that girls were often seen as “inferior” by their community in Northwest Syria. They were perceived to be more sensitive, and more likely to be affected by child marriage. Survey respondents said girls have more responsibilities in the household and are lacking support from those around them. Frontline workers corroborated that – while men and boys were tasked with providing for their loved ones – women and girls were expected to uphold their family’s honour. According to recent research, domestic violence and child marriage are the two main contributing factors for suicide among young and adult females in Northwest Syria, which remain largely hidden due to stigma and the need to preserve the family’s honour.⁶³



“Girls of a certain age are very much associated with ‘shame’ in our community especially if they are unmarried, and their relatives won’t allow them to go outside of the home because of this” – female respondent

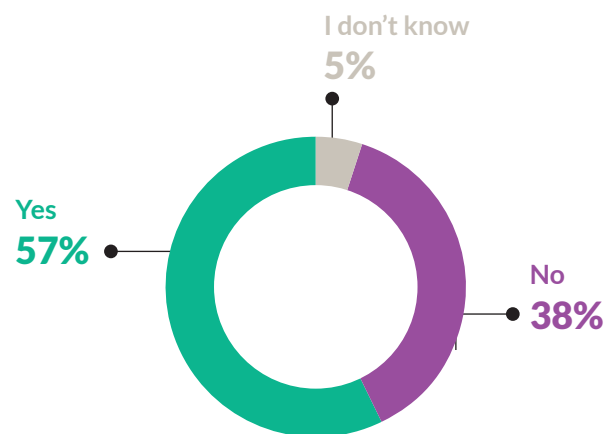
Previous research has shown that pressure to uphold family honour can act as drivers of child marriage, which is wrongly perceived to “protect” girls from harm such as sexual harassment.⁶⁴ Although proving the correlation between suicide and child marriage can be challenging, the number of girls resorting to suicide shortly after marriage is one main indicator;⁶⁵ in 2017 it was reported that at least 25 young girls had died by suicide in rural Idlib after their marriage.⁶⁶ This trend seems to have persisted well into 2022 with

more young girls across Syria ending their lives due to child marriage and domestic violence.⁶⁷ Child marriage can result in significant physical and psychological harm, including but not limited to increased gender-based violence, domestic and intimate partner violence, early withdrawal from education and significant mental health and psychosocial challenges.⁶⁸

III. Women and girls who attempt or end their life by suicide are most affected by stigma, even after their death

Conservative customs and traditions in Northwest Syria mean that mental health stigma is still present in the community,⁶⁹ particularly among the older generations. More than half (52%) of our respondents mentioned that people who attempted suicide would be negatively perceived by the community in Northwest Syria. Almost a third said they would be labelled as mentally ill (31%), while others mentioned that people who attempted suicide would be seen as lacking faith (27%), and would be shamed by the community (20%).

Does reporting of suicide incidents or attempts differ if the concerned person is a woman or a man?



In addition, our research indicated that women and girls who attempted or died by suicide were more prone to stigma from the community than males, with more than half (57%) of respondents saying that reporting differed for male and female

cases. According to them, suicide incidents impacting women and girls were largely hidden in order to preserve the family's honour.

One third of them also added that suicide incidents impacting men or boys were more likely to be reported and less stigmatized overall, indicating that the community is more forgiving towards males who commit suicide for various socio-economic reasons. Girls on the other hand, were generally perceived as more at risk of being negatively judged, harshly blamed for their mistakes, and more likely to be labelled as "mentally ill" when experiencing mental health difficulties.



"If the reason behind death by suicide is economic or financial, there's more empathy towards the person and the family. But, if the person who ended her life is a woman, the reason is directly linked to honour and there's no empathy." – a GBV case worker during a focus group discussion

Moreover, close to half (40%) of respondents agreed that the community's perception would differ if the suicide attempt survivor was male or female, with women being more stigmatized, blamed, excluded and seen as unsuitable for marriage or caring for children. Respondents also added that the woman's entire family would likely be shamed and ostracized as well. This was corroborated by frontline workers during FGD discussions, who mentioned that women and girls were more stigmatized by the community when experiencing mental health disorders such as anxiety or depression. Gender experts corroborated the growth in harmful coping strategies, particularly as more women and adolescent girls are attempting suicide, raising the alarm about their increased psychological suffering and desperation.⁷⁰ Tragically, these

worrying acts of self-harm and suicide are often perceived by women and girls as the only way out of the recurring and inter-generational cycles of violence impacting women and girls in the Northwest.⁷¹



"When a woman or girl is experiencing mental health symptoms or attempts to end her life, the family will try to hide it because their reputation will be ruined... In their view, it will also potentially impact her siblings and might even prevent them from getting married because of stigma from the community." – an MHPSS frontline worker, during the focus group discussion

Women and girls also face additional stigma when attempting to access mental health services in Northwest Syria,⁷² which puts their lives at even greater risk. Available data from WHO shows that the number of women and girls who were admitted for in-patient mental health care between early 2021 and mid-2022 amounted to less than half the number of men and boys who were admitted during that same period,⁷³ even though women and girls are known to be more impacted by suicide and suicide attempts. Psychiatric personnel and units are also particularly lacking in Northwest Syria, even though they are crucial for addressing the needs of suicidal patients.⁷⁴ There are only two psychiatrists available for more than 4 million people residing in the area, and only two facilities have the capacity to manage mental health conditions through inpatient care.⁷⁵

Use of so-called “gas pills” widespread in suicide and suicide attempts due to lack of regulations around the sale of pesticides in Northwest Syria

Although suicide methods were not discussed with survey respondents for safety purposes, Focus Group Discussions (FGDs) with frontline workers and KIIs revealed that the most common method of suicide is what are locally known as “gas pills.” These pills consist of aluminium phosphide which is a cheap, effective and commonly used pesticide that can be extremely harmful if ingested by humans.⁷⁶ So-called “gas pills” are widely available in local shops across Northwest Syria, where they are used as insecticide for homes and agricultural plots.

A 2020 study by the MHPSS Technical Working Group confirmed that the most frequently used method of suicide was “ingesting insecticides” (22%).⁷⁷ The use of “gas pills” was described by local observers as becoming more common among women and girls who are increasingly impacted by suicidal ideation and can easily access them at local stores.⁷⁸ They are highly affordable, and there are no regulations around their sale which also make them accessible to young people. Suicide deaths caused by these pills were also more easily hidden and labelled as “poisonings” by the families of these women and young girls, in order to avoid further stigmatization.⁷⁹



“The sale of pesticides and insecticides should be urgently controlled, monitored and regulated in Northwest Syria.” – said a regional manager working on the MHPSS response

IV. Children and young people are perceived as particularly vulnerable to suicidal ideation due to poverty and uncertain future ahead

According to WHO, suicide is the fourth leading cause of death among 15-19 year-olds globally, even though it goes largely unreported.⁸⁰ Living in poverty also increases the vulnerability of children and adolescents to adverse events and contributes to the risk of developing mental illness.⁸¹ In addition to socio-economic hardship, conflict such as the protracted war in Syria, can have a devastating impact on children’s mental health, impacting their ability to self-regulate,⁸².

Children and youth in Northwest Syria continue to face socio-economic difficulties, instability

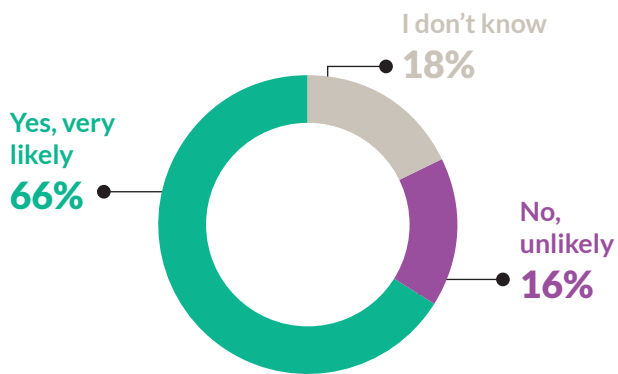
and violence almost 12 years since the beginning of the conflict, in addition to being increasingly exposed to negative coping mechanism such as child marriage and child labour.⁸³ A 2020 study by the MHPSS Technical Working Group found that close to 24% of attempted suicide cases were linked to people under the age of 20, with “relationship with parents” also being flagged as the third most common reason behind suicide.⁸⁴

From early 2021 to mid-2022, 35 of the 83 people who died by suicide, and 90 out of the 537 people who attempted suicide, in Northwest Syria were below the age of 18.⁸⁵ In addition, young people under the age of 18 represented close to one third (31%) of beneficiaries who expressed suicidal thoughts during that same period and 30% of callers to the 24/7 suicide prevention helpline.⁸⁶

Young people’s deteriorating mental health and vulnerability towards suicidal ideation was corroborated during our study with more than half (52%) of survey respondents saying adolescents (13-17) were affected by suicidal thoughts, in addition to 46% saying young adults (18-22) were affected, and 9% saying children (0-12) were also impacted.⁸⁷ The majority of respondents flagged poverty and lack of basic needs (76%) as a primary factor behind suicidal ideation among young people.

66% of respondents believed children were “very likely” to act on suicidal thoughts. Worryingly, the younger the age of the respondents, the more likely they were to believe that children would act on their suicidal ideation, with 72% of 17 year-olds and 71% of 18-22 year olds answering “yes, very likely,” compared to 64% of 23-34 year-olds and 60% of 35-50 year-olds.

How likely are they to act on these wishes and attempts to or end their lives?



According to respondents, this was mainly due to the overall stressful environment in which children and young people were being raised and the uncertain future ahead for younger generations in Northwest Syria. Due to the

harsh socio-economic context and overall deteriorating mental health situation, it is also common for parents to be negatively affected and as a result, resort to negative coping mechanisms such as child neglect or beating in Northwest Syria.⁸⁸

Substance abuse impacting children and young people was also raised as a rising concern by frontliners and mental health experts during focus group discussions and key informant interviews. In fact, a 2020 study by the MHPSS Technical working group showed that more than 8% of deaths by suicide were due to “drug overdose.”⁸⁹ Other perceived factors behind suicide among children and young people included a lack of awareness on mental health issues and suicidal ideation, and concerns related to “imitation”, usually engendered by social media.

“

“Children are not always aware of their actions, they imitate what they see, even if it is risky behaviour.” – a female survey respondent



Aida*, 40, is a blind woman whose husband passed away leaving her as the sole caretaker of her children. Despite everything, Aida is adamant on providing the best life she could for her children. © World Vision's Partner.

Children and adolescents’ exposure to unfiltered information through the media a key concern for mental health workers and experts

Most respondents reported “imitation” as one of the main factors influencing children and adolescents who attempt suicide or express suicidal ideation. The risk of imitation was also a key concern for frontliners during FGDs who associated it with the spread of harmful and unfiltered content on social media.

“We are hearing about children ending their life because of what they see on social media” – an MHPSS worker at a local NGO in Northwest Syria during our FGD

The role of media and social media is a “double edged sword” MHPSS workers reported during the FGDs and KIIs. Social media can be an important source of information for children and young people, with key awareness messages being shared on such platforms. However, children and young people are also exposed to harmful content such as violent pictures or information about suicide methods when their internet usage is not properly monitored by adults or caregivers.

Frontline workers and mental health experts we spoke to insisted that parents and caregivers need to be equipped with the right knowledge and tools to monitor their children’s use of social media and prevent their exposure to harmful content. On the other hand, the media itself also needs to adopt safe reporting methods when discussing suicide and avoid the publication of unfiltered information and pictures linked to suicide methods and deaths where children and adolescents could easily access them.

V. Tailored mental health and suicide prevention services for children and young people are still lacking in Northwest Syria

According to a recent funding gap analysis published by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), only 39% of the USD 546.6 million needed for the humanitarian and health response in Northwest Syria are currently available.⁹⁰ This also means that preventive mental health and psychosocial support services (MHPSS) are at risk, in addition to specialized services needed to address complex individual cases, including girls and boys at risk of suicide.⁹¹

44% of our respondents said there were no MHPSS services adapted to children and young people’s needs around them. Among those who knew of child and youth friendly services, only 12% of them said that there are mental health services available, 11% said there were child-friendly safe spaces around them, and only 5% of respondents said that there were MHPSS services available in schools.

Respondents were asked what their community and family needed to support children, adolescents and young adults affected by suicide or suicidal thoughts. They mentioned job opportunities (77%), mental health services (75%), education opportunities (56%), and access to basic needs and livelihoods (24%) as the main priorities.



“There is growing acceptance of mental health services in our community today. People actually prefer speaking about their problems with professionals as opposed to others in the community, which might lead to gossiping or stigma. Parents are also more willing to help their children when they see them struggling, but they need more awareness on how to go about it.” – female respondent

According to available WHO data, only 28% of beneficiaries referred for mental health and psychosocial support services were below 18 between early 2021 and mid-2022.⁹² Moreover, young people only made up 5% of beneficiaries who were admitted to in-patient mental health services.⁹³

The unstable context in Northwest Syria, coupled with dwindling funding for mental health in particular,⁹⁴ and uncertainties around the cross-border mechanism which allows aid, personnel and knowledge to flow into the isolated border area means that long-term, preventative, and consistent mental health support continues to be a challenge. In fact, the majority of mental

health experts and coordinators interviewed mentioned facing real struggles to secure long term funding for essential mental health services in Northwest Syria, such as the 24/7 suicide prevention helpline. The lack of stable funding also means that qualified staff – including those who are trained to address women, children and adolescents’ needs – cannot be retained with turnover becoming a key challenge in most facilities. This lack of long-term and stable investment in mental health services adapted to children and young people’s needs in Northwest Syria is expected to have serious repercussions on younger generations and could negatively impact their future.

CONCLUSION

Suicides and attempted suicides have become part of reality in Northwest Syria, with girls, boys and women who continue to be stuck in limbo being particularly impacted by extreme mental health stressors linked to protection concerns such as child marriage, child labour and domestic violence. Women and girls in particular are affected by stigma even after their deaths; suicide incidents involving them are frequently hidden in order to preserve the family’s honour, while issues impacting their daily lives and mental health – such as various forms of sexual and gender-based violence, restricted mobility and lack of security – remain unaddressed. Socio-economic hardships, coupled with lasting instability and the largely uncertain future ahead have also taken a toll on young people’s mental health, while tailored services for suicide prevention among children and youth are still lacking due to absence of long-term funding and uncertainties surrounding cross-border humanitarian access. As the Syrian conflict nears its twelfth year, an entire generation of young girls and boys have known nothing but recurring violence and hardship. Rising mental health needs and suicidal ideation – as well as the socio-economic factors behind them – need to be urgently addressed before more lives are lost to suicide in Northwest Syria.

SEVEN KEY RECOMMENDATIONS

1

REINFORCE MENTAL HEALTH AND SUICIDE PREVENTION SERVICES IN NORTHWEST SYRIA:

While responsive MHPSS services, especially specialised ones, are needed to address the rising suicide attempts and deaths by suicide, it is essential to emphasise the need for quality MHPSS services focused on the early detection and prevention of suicide attempts and suicidal ideation. This is particularly needed to address the growing mental health needs of women, girls, children and young people who are increasingly affected by suicide in Northwest Syria.

Donors and humanitarian actors must equip frontline workers in the MHPSS response with the necessary knowledge and tools for the early detection of suicidal ideation and create stronger referral and reporting networks to address it in a timely and effective manner. In parallel, all responders need to invest in regular staff care for frontline workers to ensure their wellbeing when supporting those with severe mental health distress.

2

IMPROVE COORDINATION AND MAINSTREAMING OF SUICIDE MONITORING, PREVENTION AND RESPONSE SERVICES:

Donors, humanitarian and development actors must work on improving the coordination of suicide prevention and response services in order to address the root causes of suicide – and document cases for greater understanding of trends – while focusing on women, girls, children and young people's needs as they are increasingly vulnerable to suicide and suicide attempts. Developing a multi-sectorial and multi-disciplinary approach is needed to

address rising mental health needs at all levels of the humanitarian response in Northwest Syria. All clusters (i.e. Education, Protection – including GBV and Child Protection AoRs – Livelihoods, WASH, Shelter Clusters and others) should continue to join efforts with the Health Cluster and MHPSS Technical Working Group in the mainstreaming of suicide prevention. The integration of mental health prevention components in education and livelihood activities is particularly essential to ensure a holistic and durable approach to suicide prevention in the long term.

3

EMPOWER LOCAL COMMUNITIES TO ADDRESS MENTAL HEALTH STIGMA, PARTICULARLY IMPACTING WOMEN AND GIRLS:

In parallel to suicide prevention and coordination efforts, donors and humanitarian actors must also work on furthering mental health awareness linked to suicide by building on existing MHPSS networks in the community, with a particular focus on women and girls who are most impacted by stigma, resulting in extreme mental health challenges.

Organizations should partner with faith, community leaders, educators, health professionals and other local stakeholders in this prevention work to ensure children and families' behaviours are positively influenced so that attitudes around stigma and exclusion of girls and women are addressed and changed to prevent them from resorting to suicide.

Peer groups to promote and influence positive wellbeing among children, young people and their parents can also be useful to address stigma through a bottom up and more sustainable approach.

4

ENHANCE SPECIALISED MENTAL HEALTH SERVICES TO ADDRESS SUICIDE:

There is an urgent need for specialised mental health services in Northwest Syria – namely psychiatric and inpatient services for suicidal patients – which donors and humanitarian actors must join forces to address as soon as possible, and in order to prevent further deaths.

Primary and secondary health facilities across Northwest Syria must be equipped with the tools to identify, address, refer and record cases of suicidal ideation, suicide attempts or deaths by suicide. This includes access to training, adequate data monitoring tools, qualified personnel, and essential psychiatric drugs when needed.

5

PUT IN PLACE NECESSARY REGULATIONS AND AWARENESS TO PREVENT SUICIDE:

The availability, affordability and accessibility of pesticides used in suicide and suicide attempts needs to be urgently addressed by authorities in Northwest Syria, and the sale of “gas pills” in particular should be closely monitored to ensure they are not easily accessible to those with suicidal ideation, children and young people in particular.

Journalists also need to be sensitised and briefed about safe reporting on suicide in order to avoid triggering children and youth with violent or unfiltered information linked to suicide on the various media and social media platforms available to them.

In parallel, parents and teachers need to be equipped with further awareness and sensitization on children’s exposure to harmful information through local media and social media, which can sometimes lead to suicidal ideation and risk of imitation.

6

ENSURE LONG-TERM FUNDING FOR THE MHPSS RESPONSE AND SUICIDE PREVENTION IN PARTICULAR:

In addition to maintaining funding for essential livelihood, shelter/WASH and education needs in Northwest Syria, donors and development actors must invest in long-term, flexible, multi-year funding for MHPSS services in response to the rise in suicidal ideation, while also keeping durable solutions in mind when addressing the mental health needs resulting from the protracted crisis.

Donors must increase resources for suicide prevention, in particular in Northwest Syria, where millions of displaced families have been stuck in limbo for almost 12 years. Women, girls and young people urgently require mental health services that are adapted to their needs, especially if they have been exposed to various forms of SGBV, and protection risks such as early child marriage and child labour.

7

PRESERVE ACCESS FOR MUCH NEEDED MENTAL HEALTH SERVICES IN NORTHWEST SYRIA:

As the cross-border resolution is bound to expire in January 2023, it is crucial that all stakeholders in the Syria crisis response come together to highlight growing mental health needs in Northwest Syria and the socio-economic factors behind them.

The renewal of cross-border access remains vital to preserving life in Northwest Syria and represents the only viable channel to address the humanitarian needs of this increasingly vulnerable and isolated community, including urgent mental health and psychosocial support needs.

More on World Vision's MHPSS work in Northwest Syria:

World Vision Syria Response (WVSR) is currently working with partners to provide structured psychosocial support activities for children and adolescents within safe spaces and community centers to promote the wellbeing and care of boys and girls affected by the ongoing crisis in Northwest Syria. Focused individual counselling is also provided to parents and caregivers who are suffering from severe distress through existing health structures which WVSR supports. Through our staff and partners we also provide case management and psychosocial support for sexual and gender-based violence survivors in addition to awareness raising activities with the community.

World Vision International (WVI) has been working towards providing Mental Health and Psychosocial Support (MHPSS) for children, families and communities affected by crises, conflict and pervasive poverty for many years. Our interventions use a community-based MHPSS approach that promotes the protection and well-being of people, with a specific focus on women, boys and girls in distress by strengthening community and family support. Our teams and partners provide direct support to people distressed by mental health and psychosocial problems through structured group and individual sessions. When needed, we also facilitate access for those suffering from moderate and severe mental illness to essential medical health services and referrals for specialized treatment.



ENDNOTES

- ¹ <https://reports.unocha.org/en/country/syria/>
- ² <https://reliefweb.int/report/syrian-arab-republic/russian-ukrainian-conflict-and-its-food-security-implications-Northwest#:~:text=The%20problem%20is%20particularly%20acute,Hawa%20border%20crossing%20with%20Turkey.>
- ³ <https://www.thenewhumanitarian.org/opinion/2022/09/29/Northwest-Syria-conflict-humanitarian-policies-reform>
- ⁴ <https://reliefweb.int/report/syrian-arab-republic/Northwest-syria-factsheet-21-september-2022>
- ⁵ <https://reliefweb.int/report/syrian-arab-republic/devastating-impact-17-million-syrian-children-if-un-security-council>
- ⁶ <https://www.wvi.org/newsroom/syria-crisis-response/hundreds-thousands-syrian-childrens-lives-risk-cholera-cases-rapidly>
- ⁷ <https://www.amnesty.org/en/documents/mde24/5770/2022/en/>
- ⁸ https://www.wvi.org/sites/default/files/2022-04/WVSR%202022%20report_%20widow%20camps%20_%20FINAL16April%202022_0.pdf
- ⁹ <https://news.un.org/en/story/2022/06/1121652>
- ¹⁰ <http://www.emro.who.int/images/stories/syria/documents/who-syria-annual-report-2020.pdf?ua=1>
- ¹¹ <https://www.wvi.org/publications/policy-paper/coronavirus-health-crisis/shattered-lives-understanding-mental-health-and>
- ¹² [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(22\)00299-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(22)00299-1/fulltext)
- ¹³ The Northwest Syria mental health and psychosocial support (MHPSS) technical working group, which operates under the WHO Health Cluster, brings together all INGOs and NGOs working on mental health in Northwest Syria and consolidates its data from the reporting of all these actors. The cluster also created a Suicide Taskforce in response to the increase in suicide and suicide attempts in the area.
- ¹⁴ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.
- ¹⁵ Ibid.
- ¹⁶ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.
- ¹⁷ Ibid.
- ¹⁸ Ibid.
- ¹⁹ <https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022>
- ²⁰ <https://stj-sy.org/en/about-350-syrians-have-died-by-suicide-since-2021/>
- ²¹ <https://syriarelieff.org.uk/media/210218105803/ptsd%20report%20-%20final.pdf>
- ²² Ibid.
- ²³ [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7758737/#:~:text=The%20first%2C%20a%20case%2Dcontrol,et%20al.%2C%202010\).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7758737/#:~:text=The%20first%2C%20a%20case%2Dcontrol,et%20al.%2C%202010).)
- ²⁴ <https://syriarelieff.org.uk/media/210218105803/ptsd%20report%20-%20final.pdf>
- ²⁵ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.
- ²⁶ <https://www.ncbi.nlm.nih.gov/books/NBK559078/>
- ²⁷ <https://plan-international.org/news/2021/11/25/girls-rights-are-a-casualty-of-syria-conflict/>
- ²⁸ <https://app.powerbi.com/view?r=eyJrIjojODZmMzI4N2YtMDA2Yy00OGJhLTlhZDctMzQ1YjcwZTYzZWE2IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOj9>
- ²⁹ <https://www.rescue.org/press-release/new-nw-syria-data-finds-rise-suicides-needs-rise-and-un-security-council-vote-cross>
- ³⁰ <https://www.wvi.org/sites/default/files/2020-07/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria-Online.pdf>
- ³¹ Ibid.
- ³² According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.
- ³³ Ibid.
- ³⁴ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(22\)00299-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(22)00299-1/fulltext)
- ³⁵ <https://www.wvi.org/publications/policy-paper/coronavirus-health-crisis/shattered-lives-understanding-mental-health-and>
- ³⁶ Ibid.
- ³⁷ Additionally, 11% of respondents said they heard about it on a weekly basis and only 4% claimed they heard of incidents on a daily basis.
- ³⁸ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.
- ³⁹ Ibid.
- ⁴⁰ <https://reliefweb.int/report/syrian-arab-republic/research-terms-reference-labour-market-assessment-northern-syria-sy2110>

⁴¹ According to our survey, stress, sadness and depression was a common concern among residents of IDP camps and those living in host communities alike. Meanwhile, anger problems were a bigger concern for women and those residing in IDP camps in particular, which could be linked to dire living conditions and lack of privacy in the camps. As for anxiety and isolation, they were more frequently mentioned by those residing in the host community who might not benefit from the more tight knit social support mechanisms present in the camps.

⁴² <https://app.powerbi.com/view?r=eyJrIjojODZmMzI4N2YtMDA2Yy00OGJhLTlhZDctMzQ1YjcwZTYzZWE2IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>

⁴³ Ibid.

⁴⁴ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.

⁴⁵ <https://www.ncbi.nlm.nih.gov/books/NBK559078/>

⁴⁶ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.

⁴⁷ According to key interviews with co-chairs of the Northwest Syria MHPSS Technical Working Group.

⁴⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7987877/>

⁴⁹ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.

⁵⁰ Ibid.

⁵¹ <https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022>

⁵² Ibid.

⁵³ Ibid.

⁵⁴ https://www.wvi.org/sites/default/files/2022-04/WVSR%202022%20report_%20widow%20camps%20_%20FINAL16April%202022_0.pdf

⁵⁵ https://international-partnerships.ec.europa.eu/news-and-events/stories/child-labour-has-profound-impact-health-and-wellbeing-children_en

⁵⁶ <https://www.thenewhumanitarian.org/news-feature/2021/11/29/warning-rise-Northwest-Syria-suicide-rate-women>

⁵⁷ https://stj-sy.org/wp-content/uploads/2022/09/About-350-Syrians-Committed-Suicide-since-Early-2021_English.pdf

⁵⁸ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.

⁵⁹ It is important to note that the high percentage of women and girls impacted by suicide and attempted suicide in Northwest Syria is also linked to the total population being composed of 80% women and children, however other socio-economic factors mentioned in our study have also significantly increased their chances of being impacted by mental health issues and suicidal ideation.

⁶⁰ <https://www.rescue.org/press-release/new-nw-syria-data-finds-rise-suicides-needs-rise-and-un-security-council-vote-cross>

⁶¹ https://www.wvi.org/sites/default/files/2022-04/WVSR%202022%20report_%20widow%20camps%20_%20FINAL16April%202022_0.pdf

⁶² Ibid.

⁶³ <https://stj-sy.org/en/about-350-syrians-have-died-by-suicide-since-2021/>

⁶⁴ <https://www.wvi.org/sites/default/files/2020-07/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria-Online.pdf>

⁶⁵ <https://www.globalcitizen.org/fr/content/syria-child-marriage-young-girls-suicide/>

⁶⁶ Ibid.

⁶⁷ <https://stj-sy.org/en/about-350-syrians-have-died-by-suicide-since-2021/>

⁶⁸ <https://www.wvi.org/sites/default/files/2020-07/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria-Online.pdf>

⁶⁹ <https://syriadirect.org/in-Northwestern-syria-suicide-leaves-family-members-facing-stigma/>

⁷⁰ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/voices_from_syria_2022_online_version_final.pdf

⁷¹ Ibid.

⁷² <https://www.wvi.org/publications/report/world-vision-european-union/women-and-children-syrias-widow-camps-hardest-reach>

⁷³ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.

⁷⁴ <https://www.wvi.org/publications/policy-paper/coronavirus-health-crisis/shattered-lives-understanding-mental-health-and>

⁷⁵ <https://reliefweb.int/report/syrian-arab-republic/2-psychiatrists-almost-4-million-people>

⁷⁶ <https://syriadirect.org/in-Northwestern-syria-suicide-leaves-family-members-facing-stigma/>

⁷⁷ <https://app.powerbi.com/view?r=eyJrIjojODZmMzI4N2YtMDA2Yy00OGJhLTlhZDctMzQ1YjcwZTYzZWE2IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>

⁷⁸ https://stj-sy.org/wp-content/uploads/2022/09/About-350-Syrians-Committed-Suicide-since-Early-2021_English.pdf

⁷⁹ Ibid.

⁸⁰ <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

⁸¹ <https://bcmj.org/articles/children-s-mental-health-poverty-diagnosis>

⁸² <https://www.savethechildren.net/news/more-24-million-children-affected-conflict-need-mental-health-support-0#:~:text=When%20children%20experience%20strong%2C%20frequent,child's%20mental%20and%20physical%20health.>

⁸³ <https://www.wvi.org/publications/report/syria-crisis-response/stolen-future-war-and-child-marriage-Northwest-syria>

⁸⁴ <https://app.powerbi.com/view?r=eyJrIjojODZmMzI4N2YtMDA2Yy00OGJhLTlhZDctMzQ1YjcwZTYzZWE2IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>

⁸⁵ According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.

⁸⁶ Ibid.

⁸⁷ This was a multiple choice question where respondents could choose more than one answer.

⁸⁸ <https://www.wvi.org/publications/policy-paper/coronavirus-health-crisis/shattered-lives-understanding-mental-health-and>

⁸⁹ <https://app.powerbi.com/view?r=eyJrIjojODZmMzI4N2YtMDA2Yy00OGJhLTlhZDctMzQ1YjcwZTYzZWE2IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>

⁹⁰ <https://reliefweb.int/report/syrian-arab-republic/Northwest-syria-funding-gap-analysis-july-september-2022>

⁹¹ Ibid.

⁹² According to available data from Northwest Syria MHPSS Technical Working Group for Q1 2021 to Q2 2022.

⁹³ Ibid.

⁹⁴ <https://mhpsscollaborative.org/wp-content/uploads/2021/10/Follow-the-Money-online-version.pdf>

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