



# SEVERITY, SYMPTOMATOLOGY, AND TREATMENT DURATION FOR PAEDIATRIC MENTAL HEALTH DISORDERS: A RETROSPECTIVE ANALYSIS FROM A CONFLICT AFFECTED REGION OF NORTHERN NIGERIA.

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## BACKGROUND AND AIMS

Mental Health and psychosocial support (**MHPSS**) programs are **essential during humanitarian crises** and in conflict settings, like such as Nigeria's Borno State. However, **research** on how types of **traumatic stress and symptom severity** affect **clinical improvement** is lacking, as is consensus over how long these patients must engage in mental health care to see results.

## METHOD

Records from **1365** ≤15 year-old **patients** from the MHPSS program in Pulka and Gwoza, in Borno State, Nigeria from 2018-2019 were **retrospectively analysed**. Patient information, symptoms, stress type, severity (Clinical Global Impression (CGI)- Severity scale), and clinical improvement (CGI-Improvement and Mental Health Global State (MHGS) scales) were assessed by the patient and counsellor. Associations between variables were investigated using logistic regression models.

## RESULTS

Children who suffered **sexual violence** were more likely to present with **posttraumatic** (OR: 29.8,  $p < 0.001$ ), and **depression** (OR: 5.8,  $p < 0.001$ ) symptom categories. Multivariable analysis showed that exposure to other types of physical violence (OR: 38.2,  $p = 0.002$ ) was also associated with posttraumatic symptoms. The only specific stress associated with **higher severity** scores was being an **unaccompanied minor** (OR: 7.6,  $p = 0.003$ ). Overall, few children (45.2%;  $n = 239$ ) showed improvement, however, nearly half (53.5%;  $n = 283$ ) showed no change at the conclusion of their care, though similarly few (1.3%;  $n = 7$ ) reported a worsening condition.

## CONCLUSION

We identify the specific types of stress and symptom severity that affected the probability of achieving successful improvement outcomes, and highlight that some stress types (especially **sexual violence** and **other types of physical violence**) were specifically **linked to posttraumatic stress disorder and depression**. **Unaccompanied minors** were more likely to present with **more severe symptoms**, highlighting the importance of **detecting and supporting unaccompanied minors**, and prioritizing them in MHPSS programs. Therefore, we emphasize the **importance of classifying patient** stress type and severity to identify the appropriate format of care needed.



- This study meets the exemption criteria for ERB review. As this study used routine programmatic data and took the necessary steps to protect patient confidentiality, it was exempted from full review by the MSF Ethical Review Board and the National Health Research Ethics Committee of Nigeria (NHREC). All study procedures were performed in accordance with the Declaration of Helsinki.