



SURVEY ANALYSIS

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Secours Islamique France (SIF) is an independent, humanitarian NGO and not-for-profit. Founded in 1991 in France, SIF is engaged in humanitarian assistance and development aid around the world, as well as in social assistance in France. Through its operations, SIF responds to the basic needs of the world's most vulnerable populations, guided by solidarity, respect for human dignity, and the humanitarian principles of neutrality, independence, and impartiality

# Children's Mental Health Assessment and War Impact in Lebanon

*Survey targeting children and their caregivers in war-affected areas of Lebanon*

This document presents the results of a survey conducted in September 2025 assessing the mental health and wellbeing of children and their caregivers in war-affected areas of Lebanon, particularly in Beirut and Mount Lebanon. Respondents included 152 children and 143 caregivers. This survey aims to highlight gaps in access to mental health services and record caregiver and community testimonies of child wellbeing.

## Contextual Background

Israeli hostilities in Lebanon escalated in September 2024 after 11 months of cross-border strikes. According to the Lebanese Ministry of Public Health<sup>1</sup>, these strikes killed 4,047 people and injured 16,600 more. 310 of the dead and 1,500 of the wounded were children. UNICEF has reported that the catastrophic toll of war has had a significant impact on almost every child in Lebanon. Children in Lebanon are struggling to recover in the aftermath of months of bombardments and are facing prolonged and intensified vulnerability due to physical injury, emotional shock, a lack of access to education<sup>2</sup>.

In 2025, UNICEF released a new Child-focused Rapid Assessment that exposed the profound toll of war on children, showcasing the deterioration in their mental health<sup>3</sup>. A brief issued by SIF Lebanon highlighted the severe psychological stress affecting children and their families, and its impact on their concentration and overall well-being and mental health. Such psychological traumas are generally associated with physical injury and prolonged excessive activation of stress systems and often have severe repercussions on an individual's social and economic inclusion<sup>4</sup>.

1 Ministry of Public Health, "Emerging from Crisis Health Sector Response and Lessons Learned from The 2024 War on Lebanon", 2025.

2 UNICEF, "Shattered Childhoods The Catastrophic Toll of War on Children in Lebanon", February 2025.

3 SIF, "Children Deserve Peace: Protecting Children's Right in Lebanon Amid Ongoing Conflict", 20 November 2024,

> <https://www.secours-islamique.org/crise-liban>. Check the video here > <https://www.youtube.com/watch?v=0nUCmzMFpQo>

4 Ibid.

# Survey Objective and Methodology

As part of SIF's ongoing commitment to upholding the fundamental rights of all children, this quantitative and qualitative survey aims to assess the mental health and psychosocial needs of children aged 6–17 in the context of the recent Israeli war on Lebanon. Specifically, this study aims to highlight the widening gap in access to mental health services, record testimonies of children, caregivers and community members post-war, and inform tailored, age-appropriate MHPSS interventions. In this sense, the study aims to provide local authorities in Lebanon and national and international partners with a clear, evidence-based understanding of children's mental health in the post-war context and highlight the continued importance of sustained support and investment in child protection services.

The study used a mixed-methods approach, combining quantitative and qualitative tools to provide a comprehensive understanding of MHPSS needs, service gaps, and existing support mechanisms. Quantitative findings were analysed to generate key trends and patterns, while qualitative data was thematically analysed to identify recurring insights and contextual factors shaping the exacerbating MHPSS needs post-war.

Quantitative data was collected through surveys with a representative sample of 152 orphaned children out of 250 children enrolled in SIF's Orphan Sponsorship Programme, focusing on psychosocial wellbeing and access to services particularly after the recent war.

The Orphan Sponsorship Programme is a project implemented by SIF in Lebanon called: 'Project Sponsorship Support to the Realization of the Rights of Orphaned Boys and Girls in Beirut and Mount-Lebanon.' Generally, it contributes to the realisation of the rights of the most vulnerable orphaned children, in particular their right to education and protection. Specifically, it contributes to improving access to education and protection for orphaned children through the payment of a grant. It supports 250 orphaned children (boys and girls) aged 2 to 18 years old, including vulnerable Lebanese, Syrians, Palestinian refugees from Syria in Lebanon (PRS), Palestinian refugees in Lebanon (PRL).

This sample included 60 Lebanese children, 44 Palestinian children, and 46 Syrian children. Children targeted were between 6-17 years old, disaggregated by gender, age, nationality, disability, and displacement status according to whether they were internally displaced, not displaced or returnees. 13% (20) of children were displaced, 31% (47) of them were returnees, and 56% (85) were not displaced in the first place<sup>5</sup>.

Qualitative data was gathered through three focus group discussions (FGDs) with caregivers disaggregated by nationality: Lebanese, Palestinian and Syrian. The aim of these FDGS was to explore perceptions of children's wellbeing, their coping mechanisms, and uncover any service gaps. The three FGDs surveyed 5 Lebanese women, 4 Palestinian women, 6 Syrian women respectively. Although the sample of caregivers to be surveyed in the FGDs was designed to be representative in terms of gender, the other planned FGDs with male caregivers could not be conducted due to low attendance which limited the representation of men in the qualitative findings.

Additionally, two Key Informant Interviews (KIIs) were conducted with one representative from each of SIF's Social Development Centres (SDCs) in the Tariq El Jdideh and Bourj El Barajneh areas of Beirut. The aim of these KIIs was to assess existing MHPSS services, accessibility, and operational challenges from an official service delivery institution perspective.



<sup>5</sup> In the context of this study, it is significant to clarify here that internally displaced persons (IDPs) according to the United Nations Guiding Principles on Internal Displacement are "persons or groups who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized border."

As for returnees, as per UNHCHR: "returnee refers to a refugee or internally displaced person who has returned to their country or area of origin to remain there permanently."

## Summary Table with Subgroups

SUBGROUP	NUMBER OF PARTICIPANTS	GENDER	NATIONALITY	CATEGORY / NOTES
Children (Quantitative Survey)	152	Boys & girls (6–17 years), disaggregated in dataset	Lebanese: 60 Palestinian: 44 Syrian: 46	Orphaned children enrolled in sponsorship program (sample from 250)
FGD Caregivers – Lebanese	5	Female	Lebanese	Caregivers of children; qualitative insights on wellbeing & coping
FGD Caregivers – Palestinian	4	Female	Palestinian	Caregivers of children; qualitative insights on wellbeing & coping
FGD Caregivers – Syrian	6	Female	Syrian	Caregivers of children; qualitative insights on wellbeing & coping
KIIs – SDC Representatives	2	--	--	One representative from Tariq El Jdeideh SDC, one from Bourj El Barajneh SDC; providing authority perspective on MHPSS services.

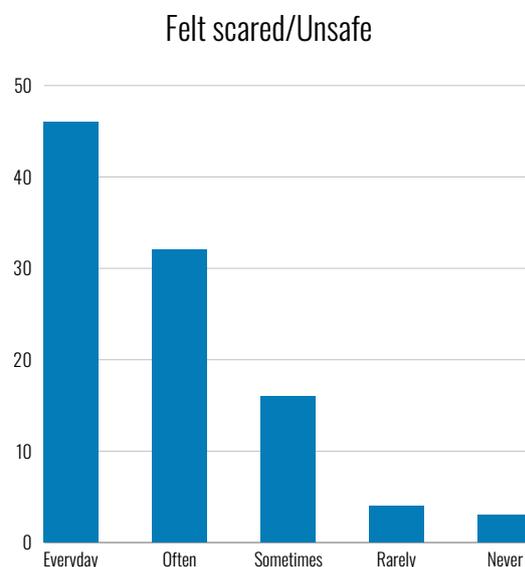
## Key Findings of The Survey

Children’s MHPSS was structured around multiple thematic domains, starting with emotional wellbeing, moving through stress, trauma, and behavioural reactions, and extending to social connections, sleep and nutrition, daily functioning and education, the effects of the war, and coping strategies and support networks.

### ● Feelings & Emotions

The data reflected that 46% of children experienced high levels of fear, and 43% high levels of anxiety, every day - 10% of these children are displaced.

38% of children reported persistent sadness daily, with only 11% reporting the ability to laugh or feel cheerful every day. Remarkably, 56% of children reported feeling hopeless and helpless every day or often – 9 % of these children are displaced. The data shows that widespread emotional distress such as worry, fear, and sadness dominates the daily life of respondents. The children surveyed rarely reported feeling any positive emotions.



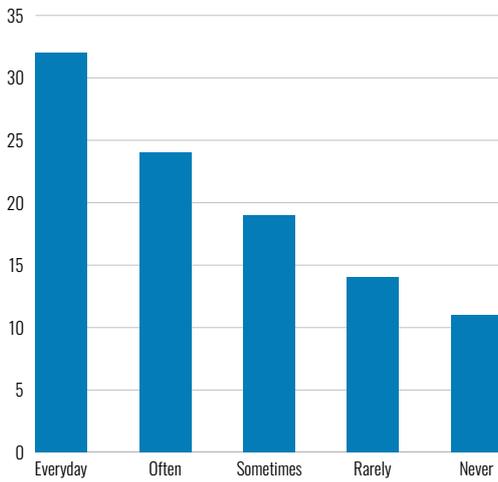
## ● Stress, Trauma & Reactions

37% of children reported experiencing intrusive memories or thoughts every day or often and said they avoided reminders of traumatic events. Similarly, 39% reported feeling tense daily. This signifies that a notable portion of children exhibit trauma-related symptoms such as intrusive memories, hypervigilance, and avoidance. In the FGD, Lebanese caregivers reported stress signs including clinginess, need for reassurance, and separation anxiety: “Children want me to sleep beside them all night.” Likewise, Palestinian and Syrian caregivers reported that the

stress children were experiencing was manifesting as anger, nightmares, low energy and withdrawal: “They can’t sleep due to fear.”

The KII with the SDC representative in Bourj El Barajneh linked poor mental health to exposure to traumatic experiences and instability, while noting that lack of spaces for children have worsened conditions: “[there are] very limited opportunities for children to release their energy”.

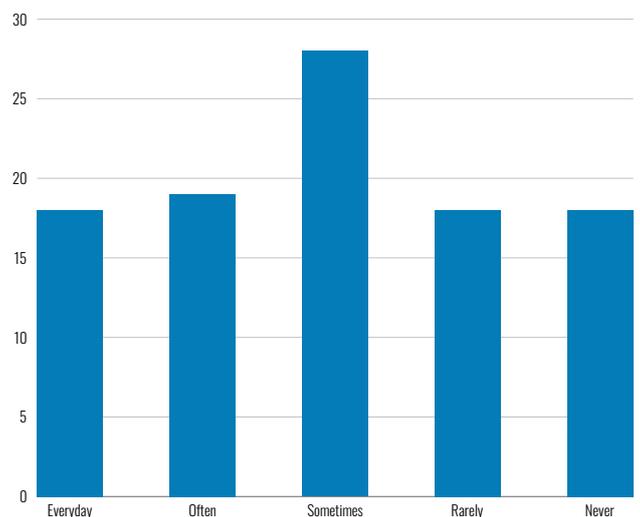
Felt hopeless/helpless



In the FGDs, a Lebanese caregiver reported mixed emotional reactions including fear, anxiety, and sometimes emotional detachment: “My children were not afraid, I was the only one scared”. Similarly, a Palestinian caregiver highlighted that their children expressed high levels of fear, anxiety, and dependency, with explicit fear of death “I don’t want to die under the rubble”. Additionally, some Syrian caregivers reported in the FGDs that their children experienced signs of depression, persistent fear, and withdrawal, while three children developed involuntary bedwetting: “They prefer staying alone and often cry without reason”. These examples of withdrawal, and elevated levels of dependency and fear reported by caregivers in the FGDs may be additional behavioural indicators of the sadness and hopelessness many of the surveyed children reported.

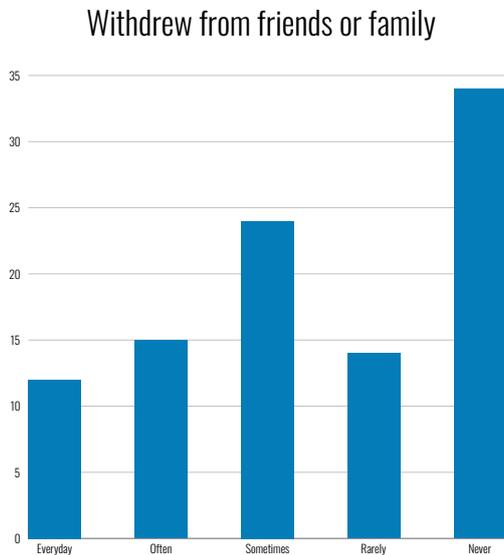
The impact on children surveyed differed between Tariq El Jdideh and Bourj El Barajneh – as Bourj El Barajneh was more heavily affected by the war due to its proximity to hostilities. However, SDC representatives of both Tariq El Jdideh and Bourj El Barajneh confirmed a significant deterioration in mood since the war, noting increased signs of fear, depression, anxiety, and emotional instability during the KIIs. Specifically, the Bourj El Barajneh SDC representative noted that a lack of access to education had worsened children’s mental health: “schools have a crucial role to play, not only in supporting children’s education but also in promoting their emotional wellbeing and creating a safe, nurturing environment.” The fact that concerns were raised by both SDCs representatives suggests that although the intensity of exposure to hostilities varied, both communities perceived similar psychosocial consequences and needs in the post-war period.

Had repeated thoughts or memories of frightening events



## ● Friends and Social Life

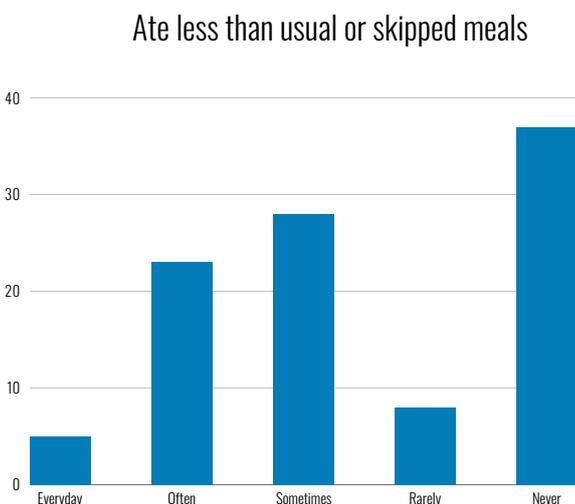
About 27% of children reported social withdrawal and lack of enjoyment in activities (every day or often), while 26% prefer to be alone frequently (every day or often). The data suggests that social isolation and withdrawal are prevalent.



## ● Sleeping and Eating

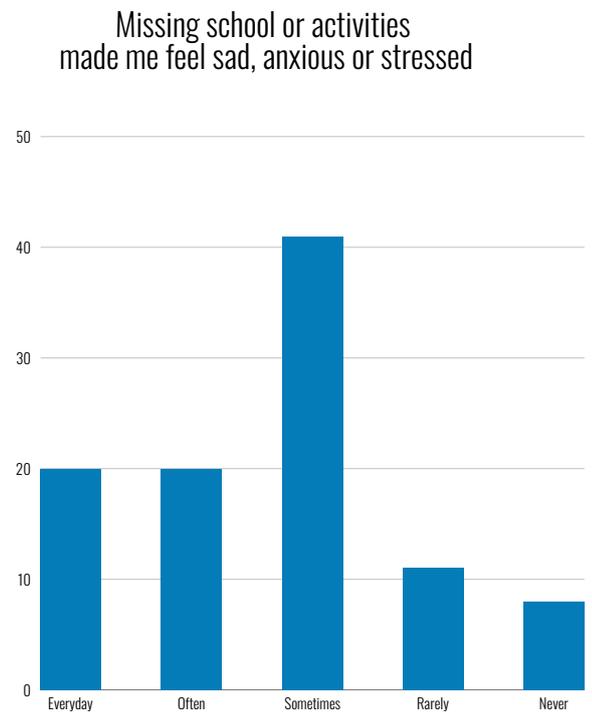
30% of children reported struggling daily or often with sleep, while 27% reported waking up scared during the night. When it comes to eating patterns, around 51% reported eating less than usual and skipping meals. Reports of fatigue were common, with 22% of children feeling tired every day.

These numbers reflect the high level of stress children are experiencing post-war. One Syrian caregiver noted that her children had resorted to overeating and increased fighting as coping responses: “Children fight more.”



## ● Daily Life and Education

Due to displacement and the transformation of most public schools into collective shelters during the war, 40% of children reported feeling sad and stressed when missing school. 52% of children reported that stress impacted their concentration at school - 8% of these children are displaced - especially with the risk of ongoing random airstrikes near their schools. This suggests that educational disruption as a result of the war is having a significant emotional toll on children.

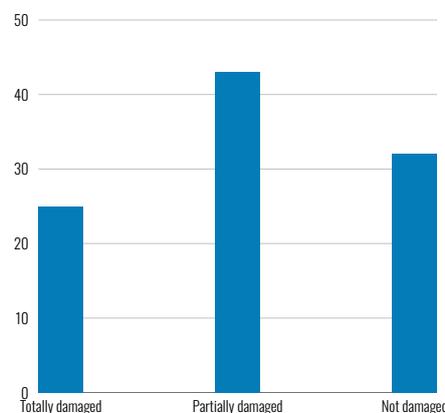


## ● The Psychological Impact of Displacement and Destruction on Children

69% of children experienced damage to their home and/or neighbourhood, with 26% experiencing total damage to their neighbourhood and/or home. This has resulted in a highly significant 63% of children feeling unsafe- 11% of the children are displaced- and 84% worried about their family or friends- 11% of these children are displaced.

This suggests that constant psychological distress is centrally rooted in war exposure where displacement and destruction aggravate a sense of insecurity and anxiety for children. This fact was also reported in the FGDs when Palestinian caregivers reported feeling angry and exhausted, feelings which were often compounded by the struggles of single parenting (given the fact that children are orphaned) livelihood, and insecurity: **“I must manage everything alone”**.

Home, belongings or neighborhood where damaged by the war



## ● Coping and Support

Many of the children surveyed demonstrated that receiving support did enable some adaptive coping mechanisms. 54% of children reported that engagement in activities such as playing and talking helped them feel better occasionally, while 79% said that they were already receiving some level of support from school, family, or community.

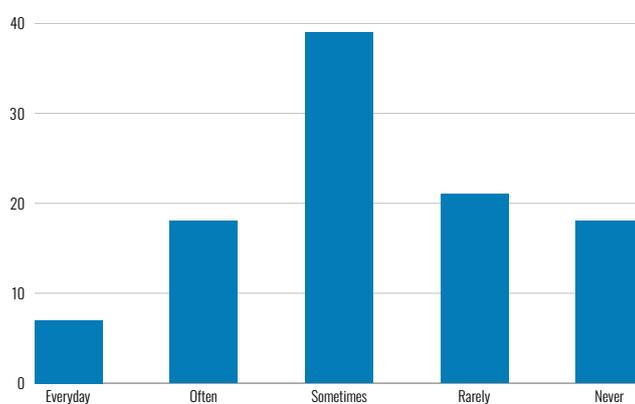
The FGDs with caregivers showed that children coped primarily through distraction: **“They usually watch cartoons to feel calmer”**, and by playing, drawing, and using TV to block out noise: **“They watch TV at high volume to feel safe”**. However, all caregivers whether Palestinians, Syrians, or Lebanese emphasise the high demand and need for continuous Psychosocial Support (PSS) for both them and their children to help relieve emotional stress.

In this regard, both SDC representatives in Bourj El Barajneh and Tariq El Jdideh noted that most families lack effective coping strategies but recognized that many caregivers are actively seeking help.

This is often through PSS activities and engaging in community/recreational activities to cope and distract themselves.

As for access to services and the institutional response, both SDC representatives in Bourj El Barajneh and Tariq El Jdideh reported that PSS activities existed before the war, but that demand has increased significantly since then. Both representatives confirmed that referral mechanisms had been established with specialised providers but emphasised the need for capacity-building and PSS support for staff themselves.

Talked to someone when they felt upset, scared or worried



## Conclusion and Recommendations

Data collected from this survey signifies widespread emotional distress, trauma symptoms, and reduced social functioning among orphaned children across all nationalities. Feelings of fear, sadness, and hopelessness are frequent, reflecting the deep psychosocial impact of war and displacement on children's mental health and wellbeing.

- **To strengthen existing institutional responses and referral mechanisms at SDCs and ensure they are supported and maintained.** As well as additional mapping of MHPSS services to strengthen their capacities and continue to raise awareness of MHPSS services in affected communities. This should be done while training SDC staff on PSS methodologies, trauma-informed approaches, and stress management.
- **To integrate MHPSS into school curricula:** MHPSS programs should cover topics such as coping with hopelessness, emotional internalisation, and social isolation. Programmes should prioritise interventions aimed at restoring hope and provide age-appropriate safety and security awareness sessions.
- **To create linkages between schools and SDCs.** This would help maintain consistent PSS for children, combining educational and community-based resources.
- **To provide multi-sectoral support** by offering psychosocial support to children and caregivers and supporting caregiver livelihoods (particularly women). All work should consider the deteriorating livelihoods, financial stress, and mental wellbeing of families post-war.

- **To increase support for MHPSS services:** strengthen and expand service coverage of mental health and psychosocial support services to meet the heightened needs of children and caregivers following the war.

- **To secure sustained financial support** post-war and advocate for continuous funding to maintain essential child protection and MHPSS services. This will ensure the long-term safeguarding of children's mental health and that of their families.

- **To increase support for establishing additional safe, accessible spaces** (such as SIF's drama, arts and crafts clubs) within SDCs. These spaces give children a place where they can positively release their energy through play, recreation, and structured psychosocial activities, contributing to improved emotional regulation and overall wellbeing.



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