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PSYCHOLOGY

KNOWLEDGE, ATTITUDES AND PRACTICES OF HUMANITARIAN WORKERS REGARDING MENTAL HEALTH ISSUES AND THE RESILIENCE OF DISPLACED PEOPLE IN THE CONTEXT OF ARMED CONFLICT IN NORTH KIVU

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ABSTRACT

Purpose of the study: This study examined the knowledge, attitudes and practices of humanitarian workers regarding mental health and community resilience, and their relationship with the resilience levels of displaced persons in the Bulengo camp, North Kivu.

Statement of the problem: Armed conflicts continue to generate large-scale displacement and profound mental health challenges, particularly in fragile contexts such as North Kivu in the Democratic Republic of Congo (DRC). Despite the central role of humanitarian organizations in crisis response, mental health and psychosocial support remain insufficiently integrated into humanitarian interventions.

Methodology: A quantitative cross-sectional design was adopted using a questionnaire survey. Data were collected from 80 humanitarian workers from 10 NGOs and 80 displaced persons in Bulengo through standardized instruments: the Humanitarian Knowledge Scale, the Mental Health Attitudes Scale, and the KV+ Resilience Scale. Non-probability sampling was used due to the high mobility of humanitarian workers and contextual constraints. Data were analyzed using descriptive statistics, chi-square tests, t-tests, and linear regression in SPSS.

Findings: Results showed that humanitarian workers had generally low knowledge levels ($M = 10.35$, $SD = 8.34$), with a fragmented distribution across categories ($\chi^2 = 0.074$, $p > .05$). Attitudes toward mental health were predominantly average ($M = 119.08$, $SD = 11.65$), with a significant predominance of moderate attitudes over negative ones ($\chi^2 = 7.20$, $p = .007$).

Engagement in community resilience activities was evenly distributed (50% yes; 50% no) and not significantly associated with attitudes ($t = 1.63$, $p = .107$). Displaced persons demonstrated predominantly low resilience ($M = 61.18$, $SD = 13.03$), with 55% classified as low and 20% as very low (χ^2, $p = .001$). A significant negative relationship was found between humanitarian knowledge and displaced persons' resilience ($r = -.408$, $R^2 = .166$, $p = .009$), indicating that higher knowledge scores were associated with lower resilience levels. These findings suggest a possible gap between theoretical knowledge and effective resilience-building practice in humanitarian settings.

Conclusion: The study concludes that humanitarian workers in Bulengo camp exhibit fragmented knowledge and moderate attitudes toward mental health, while displaced persons demonstrate predominantly low resilience, highlighting a gap between humanitarian knowledge and the effective implementation of resilience-building practices in conflict-affected settings.

Recommendations: The study recommends strengthening capacity-building programs for humanitarian workers through structured training in mental health and psychosocial support to improve their practical ability to foster community resilience. The study also recommends that humanitarian organizations integrate coordinated, community-based resilience interventions and allocate adequate resources for mental health services within humanitarian response programs.

Keywords: *North Kivu, humanitarian aid, mental health, community resilience, displaced persons.*

INTRODUCTION AND BACKGROUND

Around the world, numerous organizations are dedicated to protecting human rights and addressing violations of these rights (Human Rights, 2023). Over the past three decades, non-governmental organizations (NGOs) have emerged as key actors in the international system and global governance, playing a central role in humanitarian crisis management (Tardy, 2009). At the same time, the world has become increasingly violent compared to the beginning of this century. By the end of 2023, at least eight major wars were ongoing, alongside dozens of smaller armed conflicts driven by struggles over territory or political power (BBC, 2023). In addition to the war between Israel and Hamas in Gaza and the prolonged conflict between Russia and Ukraine, large-scale armed conflicts have been documented in Burkina Faso, Somalia, Sudan, Yemen, Haiti, Myanmar, Nigeria, the Democratic Republic of Congo (DRC), and Syria (Senra, 2023).The war in Ukraine illustrates the profound humanitarian and psychological

consequences of modern conflicts. Since its beginning, millions of people have been displaced, experiencing trauma, loss, and insecurity. According to the World Health Organization (WHO), one in five people suffers from mental health problems in post-conflict situations. The conflict has forced 6,199,700 people to flee as refugees and left 5,088,000 internally displaced within Ukraine. Many have lost loved ones, homes, and livelihoods, and the experience of witnessing violence has deepened their psychological suffering. Despite recent political progress in Ukraine regarding mental health policies, access to mental health and psychosocial support remains limited, especially in war-affected areas. Doctors of the World (Ärzte der Welt, 2023) reports that barriers include lack of timely information, geographic inaccessibility, shortages of specialized professionals, and insufficient community-based psychosocial services in remote areas. More fundamentally, mental health is still not fully recognized as a priority by policymakers and health workers, and strong social stigma continues to prevent many people from seeking help.

In Haiti, the situation is equally alarming. More than 200 gangs operate across the country, with the largest controlling up to 80 percent of Port-au-Prince, leading to widespread violence, kidnappings, and killings (Senra, 2023). The humanitarian crisis is compounded by political instability, economic collapse, and limited access to basic health services. Approximately 3 million people face food insecurity (38% of the population), 5 million require health assistance amid a cholera outbreak, and 195,000 people are internally displaced (Senra, 2023).

Sudan is currently experiencing the world's largest displacement crisis, driven by a violent civil war that has intensified since April 2023 (Oxfam, 2023). More than six million people have been displaced internally and externally, with at least 1.2 million fleeing to neighboring countries. Sudan also represents the largest child displacement crisis globally, with three million children forced to flee widespread violence (Amnesty International, 2016).

In South Sudan, decades of conflict have left deep psychological scars (Amnesty International, 2016). Since renewed violence in 2013, mental health problems have increased significantly. Although national statistics are lacking, health officials acknowledge a growing number of patients with mental disorders. A 2009 study in Juba found that 36% of respondents showed symptoms of PTSD and 50% displayed signs of depression. In 2019, WHO ranked South Sudan as having the fourth-highest suicide rate in Africa and the 13th highest in the world (Miettaux, 2022). Despite this, mental health services remain severely underfunded and underdeveloped.

A 2015 survey by the South Sudan Lawyers Association and UNDP found that 41% of 1,525 respondents across six states showed symptoms consistent with PTSD. Another study in the

Malakal Civil Protection Site reported even higher levels, with 53% of respondents displaying similar symptoms. The African Union Commission later concluded that trauma was one of the primary consequences of the conflict. Many affected individuals expressed a desire for psychological support, yet few actually received professional help, often relying instead on family and community support (Amnesty International, 2016).

The Democratic Republic of Congo has also endured decades of conflict, leading to one of the world's most severe humanitarian crises. In 2020 alone, more than 25.6 million people were affected, including over 15 million children (Handicap International, 2023). Recurrent wars have destroyed social and economic structures, displaced millions, and left countless families in distress. Since 2016, new conflicts have erupted in previously stable regions such as Kasai, further increasing humanitarian needs. Eastern DRC, particularly North Kivu, remains the most affected area, where women and children are especially vulnerable, and sexual violence has been widely used as a weapon of war (Handicap International, 2023).

Although presidential elections in 2018 and 2023 raised hopes for peace, insecurity has persisted in many areas (Lynalyayenga, 2019, cited by Kasali, 2020). For over two decades, armed conflict has fueled poverty, displacement, and psychological suffering. Humanitarian camps, despite some infrastructure, struggle to meet the growing needs of displaced populations, particularly regarding mental health support (CARE, 2023).

Between January and March 2024 alone, IOM recorded nearly 630,000 new displacements in North Kivu. By March 2024, more than 1.6 million people had been displaced due to the M23 crisis, representing an increase of nearly 785,000 compared to the previous year (CARE, 2023). Economically and socially, the DRC is facing a prolonged structural crisis that has worsened since the 1990s and intensified with the war that began in August 1998 (Lynalyayenga, 2019, cited by Kasali, 2020). Although institutions such as the National Psycho-Pathological Center (CNPP) and the National Mental Health Program (PNSM) exist, mental health initiatives remain underfunded and poorly implemented.

A UNICEF report from 2018 estimated that 1.3 million people were displaced by conflict, including over 800,000 children and adolescents. UNICEF expressed deep concern about the psychological and nutritional impact of war on children, warning that many are at risk of developing chronic stress disorders such as PTSD and anxiety (Valihali, 2023). Médecins Sans Frontières (2021) also noted that existing programs in the DRC insufficiently integrate psychological support into humanitarian interventions. Young people are particularly

vulnerable, and the lack of a holistic approach to mental health limits the effectiveness of recovery efforts.

In response, the DRC government adopted a national mental health strategy in 2018, aiming to integrate mental health into primary care, strengthen professional capacity, and raise public awareness. However, WHO (2019) reports that implementation remains weak due to limited funding, insufficient trained personnel, and low prioritization of mental health, particularly in conflict-affected regions. Within this context, examining the knowledge, attitudes, and practices of humanitarian workers regarding mental health in North Kivu is crucial. Humanitarian actors play a central role in crisis response, yet mental health is often neglected in emergency interventions. Understanding their level of awareness, perceptions, and practices is essential to improving mental health care in humanitarian settings.

This study focuses on the knowledge, attitudes, and practices of humanitarian workers regarding mental health in the context of armed conflict in North Kivu. Similar research has been conducted in other regions, providing useful comparative insights. Lauren Fischer et al. (2021) studied barriers, attitudes, confidence, and knowledge of humanitarian staff regarding mental and psychosocial health in Cox's Bazar, Bangladesh. Their survey included 181 humanitarian workers, among them mental health professionals, protection officers, and gender-based violence specialists. The results showed that prior training significantly improved attitudes, confidence, and knowledge regarding suicide risk. However, many staff members still felt unprepared to address mental health crises, highlighting the urgent need for training.

LITERATURE REVIEW

Abdoulaye Sow et al. (2019) examined the impact of integrating mental health services into community health centers in Guinea. Through interviews with healthcare workers, they found that staff who had received mental health training displayed less stigma and more patient-centered attitudes compared to those without such training. Their findings emphasize the importance of on-site training and supportive work environments in improving mental health care. A study in Kachin State, Myanmar, cited by Catherine et al. (2018), explored mental health issues among children in displacement camps. Interviews revealed that children faced behavioral problems, substance use, depression, and trauma related to war. The findings showed that psychological distress was closely linked to ongoing social stressors such as poverty and discrimination.

Jordan et al. (2021) conducted a systematic review on scaling up mental health and psychosocial support in humanitarian settings. They identified major barriers, including limited resources, weak health systems, and lack of trained personnel, while highlighting the importance of integrating mental health into primary care. Agbatan Serge Batcho (2015) assessed the knowledge, attitudes, and practices of healthcare workers regarding Ebola at Kati University Hospital in Mali. Although most staff had good knowledge of the disease, many still engaged in risky behaviors due to lack of supplies or negligence, underscoring the gap between knowledge and practice. Finally, a study cited by Bitongwa et al. (2024) examined the resilience of health facilities in post-conflict South Kivu, DRC. The study found severe shortages of doctors, limited salaries, and governance challenges, yet also identified strategies used by health facilities to continue providing care despite instability.

This research is anchored in two complementary theoretical perspectives that help to explain the relationship between humanitarian workers' knowledge, attitudes, practices, and the resilience of displaced persons in the Bulengo camp. First, Albert Bandura's Social Learning Theory provides a relevant framework for understanding how displaced populations may develop adaptive behaviors through observation and imitation. In the humanitarian context of North Kivu, humanitarian workers can be considered key social models whose behaviors, attitudes, and coping strategies are observed by displaced persons in their daily interactions. When humanitarian actors demonstrate sound understanding of community resilience and apply constructive psychosocial approaches, beneficiaries may internalize these behaviors through processes of vicarious learning and reinforcement. This perspective suggests that the quality of humanitarian knowledge and practice has the potential to indirectly shape the resilience of displaced populations, not only through direct interventions but also through behavioral modeling in everyday humanitarian engagement.

Second, Self-Determination Theory (SDT), developed by Deci and Ryan, offers an explanatory lens for analyzing humanitarian workers' professional engagement in mental health and resilience-building activities. According to this theory, human motivation is driven by the fundamental psychological needs for autonomy, competence, and relatedness. Applied to this study, SDT suggests that humanitarian workers who feel competent in their mental health skills, perceive their work as meaningful, and experience strong relational connections with displaced communities are more likely to be intrinsically motivated to organize and sustain community resilience actions. Conversely, when humanitarian workers feel insufficiently prepared, constrained by organizational structures, or emotionally distant from beneficiaries, their

engagement in psychosocial and resilience-oriented initiatives may be weakened. Together, these theoretical perspectives support the examination of how humanitarian knowledge, attitudes, and practices interact to influence resilience outcomes among displaced persons in the Bulengo camp.

METHODOLOGY

This research adopted a quantitative approach based on a questionnaire survey. Data were collected using three standardized instruments, namely the Humanitarian Knowledge Scale (WHO and UNHCR, 2012), the Mental Health Attitudes Scale (Taylor et al., 1981), and the KV+ Resilience Scale (Portzky, 2015). These tools were selected because of their relevance and validity in assessing knowledge, attitudes, and resilience within humanitarian and conflict-affected settings. For the construction of the sample, a non-probability sampling technique was employed. This choice was justified by the high mobility of humanitarian workers, the demanding nature of their professional duties, and the reluctance observed among some potential participants. Consequently, the sample consisted of available humanitarian workers encountered in the Bulengo camp, as well as displaced beneficiaries receiving assistance from participating organizations. The final sample consisted of 80 participants, comprising 80 humanitarian workers from 10 non-governmental organizations (NGOs) operating in the camp and 80 displaced persons benefiting from their services.

The inclusion criteria were defined separately for the two groups of participants. Humanitarian workers were required to be officially engaged in humanitarian activities, to have previously worked in Bulengo, and to be at least 18 years old. Displaced persons, on the other hand, had to reside in the Bulengo camp, be at least 17 years of age, and be beneficiaries of one of the organizations involved in the study. Regarding questionnaire administration, an indirect method was applied for displaced persons, with explanations provided in Swahili to facilitate understanding. In contrast, for humanitarian workers and other participants fluent in French, the questionnaire was administered directly, allowing them to complete it independently.

RESULTS

The results are presented ins sections

Table 1: Level of knowledge of humanitarian workers

	N	Minimum	Maximum	Average	Standard deviation
Humanitarian awareness scores	80	.00	22.00	10.3500	8.34374
Valid N (list)	80				

The analysis revealed low average knowledge levels of 10.35 among the humanitarian workers surveyed. Overall, these average scores indicate a low level of knowledge among humanitarians.

Table 2: Level of knowledge of humanitarian respondents in general

	Observed sample	Theoretical N	Residues	Ddl	Chi-square(p-value)
No level of knowledge	22	16	6.0	4	0.074
very low level of knowledge	8	16	-8.0		
Low level of knowledge	18	16	2.0		
High level of knowledge	12	16	-4.0		
very high level of knowledge	20	16	4.0		
Total	80				

The data in Table 2 suggests that knowledge levels among humanitarian respondents are fragmented and lack a clear central tendency, as evidenced by a non-significant Chi-square value of 0.074. With a calculated p-value likely well above the standard 0.05 threshold, the differences between the observed frequencies and the theoretical distribution (where N=16 for all categories) are not statistically significant. This indicates that the respondents are relatively evenly spread across the spectrum, from those with no knowledge to those with very high knowledge. Interestingly, the polar extremes «No level of knowledge" (22) and "Very high level of knowledge" (20) show the highest positive residues, suggesting a slight bimodal split in the sample where respondents either feel completely uninformed or highly expert, rather than clustering around a moderate or average level of understanding.

Table 3: Attitude level of humanitarian respondents

	N	Minimum	Maximum	Average	Standard deviation
Humanitarian attitude scores	80	98.00	137.00	119,0750	11.64956
Valid N (list)	80				

Source: Our SPSS analysis

This table presents descriptive statistics on respondents' attitude levels, based on a sample of 80 individuals. The mean of 119.075 indicates a general trend toward a moderate attitude (a

mixture of positive and negative opinions). The standard deviation of 11.64956 reveals moderate variability within the responses, meaning that participants' attitudes differ significantly around this mean.

Table 4: Attitude level of humanitarian respondents

	Observed sample	Theoretical N	Residues	Ddl	Chi-square(p-value)
Average attitude	52	40.0	12.0	1	0.007
Negative attitude	28	40.0	-12.0		
Total	80				

The table shows that a majority of respondents (52 out of 80) exhibit an "Average attitude," while a smaller portion (28) holds a "Negative attitude." With a calculated Chi-square of 7.2 and a p-value of 0.007, the difference between the observed and theoretical frequencies is statistically significant at the 95% confidence level. Consequently, the null hypothesis, which assumes an equal or random distribution of attitudes, is refused, while the research hypothesi, asserting a predominant attitude trend among respondents, is accepted, confirming that the humanitarian workers generally maintain an average rather than negative attitude.

Table 5: Humanitarian results on the organization of community resilience actions in the Bulengo camp

	Observed sample	Theoretical N	Residues	Dl	p-value
No	40	40.0	,0	1	1,000
Yes	40	40.0	,0		
Total	80				

Of the 80 respondents, 40 indicated that they do not organize community resilience activities, while the other 40 confirmed that they do. Therefore, the null hypothesis is accepted that there is no statistically significant difference between humanitarians who organize community resilience activities and those who do not.

Table 6: Resilience level of displaced persons

	N	Minimum	Maximum	Average	Standard deviation
Respondents' score on the resilience scale	80	92.00	192.00	61.1750	13.03228
Valid N (list)	80				

Source: Our SPSS analysis

The table shows that the average resilience score of displaced persons is 61.18, classified as "Low" according to the interpretation table. Scores range from 46 to 86, indicating that most displaced persons have low to very low resilience, with a standard deviation of 13.03 suggesting significant variability.

Table 7: Resilience Level of Displaced Persons

	Observed sample	Theoretical N	Residues	Ddl	Chi-square(p-value)
High level of resilience	20	26.7	-6.7	2	0.001
Low resilience level	44	26.7	17.3		
Very low resilience level	16	26.7	-10.7		
Total	80				

The data indicates that the majority of displaced persons (44 out of 80) exhibit a "Low resilience level," significantly exceeding the expected theoretical distribution. With a p-value of 0.001, which is well below the standard 0.05 threshold, these results are statistically highly significant. **Hypothesis Accepted:** The research hypothesis, which states that there is a significant difference in resilience levels, with a predominance of low resilience among the population. **Hypothesis Refused:** The null hypothesis, which assumes that resilience levels are distributed evenly or by chance.

Table 2: Relationship between the level of knowledge of humanitarian workers and the resilience of displaced persons

Model	R	R-two	R-two adjusted	Standard error of the estimate
1	-,408 [a]	166	144	12.05626

a. Predictors: (Constant), Humanitarian knowledge scores

Source: Our SPSS analysis

The correlation table reveals a significant negative association between humanitarian knowledge scores and scores on the resilience scale, with a correlation coefficient of -0.408. This suggests that as humanitarian knowledge increases, respondents' resilience levels tend to decrease. The model indicates that the resilience of displaced persons explains 16.6% of humanitarian knowledge levels.

Table 3: Meaning of the model

Model		Non-standardized coefficients		Standardized coefficients		
		B	Standard error	Beta	T	Sig .
1	(Constant)	67,764	3,061		22,139	,000
	Humanitarian awareness scores	-,637	,231	-,408	-2.751	0.009

a. Dependent variable: Respondents' score on the resilience scale

Source: Our SPSS analysis

The B coefficient of -0.637 suggests an inverse relationship between humanitarian workers' knowledge and the resilience of displaced persons, meaning that an increase in humanitarian workers' knowledge is associated with a slight decrease in displaced persons' resilience scores. The model is significant (0.009 < 0.05). The linear regression formula Y = a + Bx applied to our context, Y = 67.764 - 0.632X, represents the relationship between humanitarian knowledge scores (X) and respondents' resilience scores (Y). In this equation, Y is the dependent variable representing the resilience score, while X is the independent variable representing the humanitarian knowledge score. The coefficient 67.764 is the y-intercept, indicating the resilience score when the humanitarian knowledge score is 0. The regression coefficient -0.632 shows that for each one-unit increase in the humanitarian knowledge score, the respondents' resilience score decreases by an average of 0.632. This suggests an inverse relationship between the two variables.

In other words, the formula suggests that humanitarian workers' knowledge can negatively impact the resilience of displaced persons. The higher the humanitarian workers' knowledge score, the more likely the displaced persons' resilience score is to decrease. This could mean that humanitarian actions, based on their knowledge, do not necessarily promote the resilience of displaced populations.

Table 4: Relationship between humanitarian attitudes towards mental health and the organization of community resilience actions in the Bulengo displaced persons camp

	Organization of community resilience actions in the Bulengo camp	N	Average	Standard deviation	Mean standard error
Humanitarian attitude scores	No	18	123,0000	9.06918	3.02306
	Yes	62	117.9355	12.18725	2.18889

T=1.63 df = 78 p=0.107

Source: Our SPSS analysis

This table examines how humanitarian workers' attitudes toward mental health influence the organization of community resilience actions in the Bulengo displaced persons camp. Humanitarian workers' attitude scores are compared between those who organized resilience actions ("Yes") and those who did not ("No"). Humanitarian workers who organized resilience actions had a mean score of 117.94 with a standard deviation of 12.19, while those who did not had a mean score of 123.00 with a standard deviation of 9.07. The difference between these means is relatively small, and the standard errors show comparable variations between the two groups. Statistical analysis reveals a t-value of 1.63 with 78 degrees of freedom and a p-value of 0.107. Since the p-value is well above 0.05, the null hypothesis (H0) is accepted. This means that there is no significant difference in humanitarian workers' attitudes based on their involvement in organizing resilience actions, suggesting that attitudes do not have a significant influence on this organization.

DISCUSSIONS OF THE FINDINGS

The findings of this study indicate that humanitarian workers in Bulengo generally demonstrate a low and highly variable level of knowledge regarding community resilience, with an average score of 10.35 (SD = 8.34). This suggests that while some humanitarian workers possess substantial understanding of resilience-related concepts, a significant proportion lacks adequate knowledge in this domain. The chi-square analysis ($p = 0.074$) shows no statistically significant difference in the distribution of knowledge levels, meaning that respondents are relatively evenly spread across categories ranging from “no knowledge” to “very high knowledge.” However, the presence of high frequencies at both extremes points to a bimodal pattern, implying that humanitarian workers tend either to feel insufficiently informed or highly knowledgeable, rather than clustering around a moderate level of understanding. This fragmented knowledge base is concerning, as previous studies, such as those by Bhattacharyya et al. (2011), have demonstrated that strong conceptual and practical knowledge of community resilience among humanitarian workers is associated with improved adaptive capacities among displaced populations.

Regarding attitudes toward mental health, respondents obtained an average score of 119.08 (SD = 11.65), reflecting a generally moderate rather than strongly positive attitude. The chi-square test ($\chi^2 = 7.2$, $p = 0.007$) confirms a statistically significant predominance of this “average attitude,” with most respondents (52 out of 80) falling into this category. This aligns with Healy and Tiller (2014), who argue that humanitarian attitudes are often shaped by prolonged exposure to crises, institutional constraints, and professional burnout, which can prevent consistently

positive perspectives. Although positive attitudes are widely considered essential for effective psychosocial and resilience interventions (Tol et al., 2019), the present findings suggest that humanitarian workers in Bulengo maintain cautious or ambivalent views rather than fully supportive ones.

In terms of practice, the organization of community resilience activities appears evenly distributed, with exactly 40 humanitarian workers reporting involvement and 40 reporting no involvement ($p = 1.000$). This indicates that participation in resilience-building actions is not driven by individual characteristics alone but is likely influenced by organizational mandates, project funding, and operational priorities. This interpretation is consistent with Walker and Pepper (2007), who found that humanitarian practices are often standardized by institutional frameworks rather than shaped primarily by personal initiative. Concerning displaced persons, the average resilience score of 61.18 ($SD = 13.03$) falls within the "low" category, and chi-square analysis ($p = 0.001$) confirms a significant predominance of low resilience levels, with 44 out of 80 respondents classified as having low resilience. This reflects the severe psychosocial and socio-economic challenges faced by displaced populations in Bulengo.

A particularly noteworthy finding is the significant negative correlation between humanitarian knowledge and displaced persons' resilience ($R = -0.408$, $p = 0.009$), with the regression model explaining 16.6% of the variance in resilience. The equation $Y = 67.764 – 0.632X$ suggests that higher humanitarian knowledge is associated with slightly lower resilience among displaced persons. This contradicts the initial hypothesis and much of the existing literature, which typically links greater humanitarian knowledge to better community outcomes (Fischer et al., 2021). One plausible explanation is that more knowledgeable humanitarian workers may be more aware of structural limitations, chronic vulnerabilities, and systemic failures, potentially leading to more cautious or less empowering intervention approaches. This interpretation resonates with Troop of Jordan et al. (2021), who warned that excessive exposure to complex crisis realities can generate compassion fatigue, pessimism, or reduced optimism among humanitarian staff. Alternatively, this result may reflect a gap between theoretical knowledge and practical implementation in the field.

Analysis of the influence of humanitarian attitudes on the organization of resilience actions shows only a small difference in mean scores between those who organized activities ($M = 117.94$) and those who did not ($M = 123.00$). The t-test ($T = 1.63$, $p = 0.107$) indicates that this difference is not statistically significant, suggesting that attitudes toward mental health do not strongly determine actual engagement in resilience-building initiatives. This partially

contradicts Kabore et al. (2023), who emphasized the role of positive attitudes in facilitating community-based interventions. In the Bulengo context, this discrepancy likely reflects organizational constraints, funding structures, and operational directives that limit the impact of individual attitudes on practice. Overall, these findings highlight the need for more context-sensitive training, better alignment between knowledge and practice, and improved coordination among humanitarian organizations to strengthen the resilience of displaced populations in Bulengo.

CONCLUSION

This study examined the knowledge, attitudes, and practices of humanitarian workers regarding mental health and community resilience in the Bulengo displaced persons camp, as well as their relationship with the resilience levels of displaced persons. The findings reveal that humanitarian workers generally possess low and fragmented knowledge of community resilience, with no statistically significant concentration around a moderate level, suggesting an uneven distribution of competencies in this area. While humanitarian workers demonstrated an overall average attitude toward mental health, this attitude did not significantly influence their involvement in organizing community resilience activities, indicating that institutional and operational factors likely play a more decisive role than individual perspectives. Moreover, the organization of resilience activities appeared to be evenly distributed among humanitarian workers, reinforcing the idea that such practices are shaped more by organizational policies than by personal motivation or expertise.

Regarding displaced persons, the study found that the majority exhibited low levels of resilience, reflecting the severe psychological and socio-economic impacts of prolonged displacement and conflict in North Kivu. Significant differences in resilience levels were also observed depending on the assisting organization, suggesting that humanitarian approaches, resources, and strategies vary in their effectiveness. Notably, the study identified a significant negative relationship between humanitarian knowledge and displaced persons' resilience, challenging conventional assumptions that greater knowledge necessarily leads to better outcomes. This finding highlights a potential gap between theoretical understanding and practical application in the field, as well as the possible influence of contextual constraints and compassion fatigue among humanitarian workers.

Overall, these results underline the need for strengthened capacity-building programs that not only enhance humanitarian workers' knowledge but also focus on translating this knowledge into effective, context-sensitive practices. Improved coordination among organizations,

increased investment in mental health and psychosocial support, and the integration of community-centered resilience strategies are essential to better support displaced populations. Future research should further explore the mechanisms underlying the relationship between humanitarian knowledge, attitudes, and beneficiaries' resilience to inform more effective humanitarian interventions in conflict-affected settings such as Bulengo.

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