Moving towards more scalable psychological and psychosocial support interventions

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Overview

- Why are they needed?
- Psychological interventions in general
- What is a potentially scalable intervention?
- WHO's work in this area (global)
Psychological interventions

- Large MHPSS needs globally

- No country has the resources for mental health and psychosocial care for all people in need: **there is great need for innovative, low-cost solutions**

- Psychological interventions are a promising new direction in terms of efficacy and rank high in research priority setting
In IASC MHPSS frame: WHO interventions are level 3 within a system

Level 4: Clinical services

Level 3: Focused (targeted) psychosocial supports

Level 2: Strengthening community and family supports (universal approach)

Level 1: Social considerations in basic services and security

Examples:
- Clinical mental health care (assessment and management of mental disorders)
- Interventions for subset of people with identified emotional problems
- Holistic psychosocial supports through child-friendly spaces
- Orientating aid and security workers on PFA.
3. Do no harm

Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm (Anderson, 1999). Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues. Also, this work lacks the extensive scientific evidence that is available for some other disciplines. Humanitarian actors may reduce the risk of harm in various ways, such as:

- Participating in coordination groups to learn from others and to minimise duplication and gaps in response;
- Designing interventions on the basis of sufficient information (see Action Sheet 2.1);
- Committing to evaluation, openness to scrutiny and external review;
- Developing cultural sensitivity and competence in the areas in which they intervene/work;
- Staying updated on the evidence base regarding effective practices; and
- Developing an understanding of, and consistently reflecting on, universal human rights, power relations between outsiders and emergency-affected people, and the value of participatory approaches.
Staying updated on the evidence base on potentially scalable interventions

- WHO (2015) mhGAP recommendation for depression based on evidence review, including for self-help (book and online) interventions (CBT & IPT)

- Growing evidence base: 2003 – 2017 - 50+ trials from LMIC suggest:
  - Psychological interventions can be effectively delivered by non-specialists, using less scarce resources
  - Simple scalable interventions are also effective for severe emotional problems (e.g., severe depression)
## Towards scalable psychological interventions

<table>
<thead>
<tr>
<th>Conventional psychological interventions</th>
<th>More scalable psychological interventions</th>
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<tbody>
<tr>
<td>By specialists</td>
<td>Innovative delivery: reduced reliance on specialists (rather: lay people, IT, self-help guides etc.)</td>
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<tr>
<td>One treatment manual per problem</td>
<td>One treatment for multiple problems (where possible)</td>
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<tr>
<td>Often many sessions</td>
<td>May not require diagnostic assessment</td>
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<tr>
<td>Often require diagnostic assessment</td>
<td>Fewer sessions</td>
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<td>Focus on skills for self-management</td>
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Scalable MHPSS intervention delivery

- There are different delivery models

- Lower resource intensity
  - Unguided self-help (e.g. book or online)

- Guided self-help (e.g. book or online)

- Higher resource intensity
  - Multi-session Individual face to face delivered interventions (non-specialist)
  - Group and telephone delivered interventions (non-specialist)
  - Specialist delivered interventions
Are these interventions enough? No!
Use of stepped care

Step 1. First offer scalable (eg self-help) interventions
Step 2. If it does not work, “step up” to more intensive care (more resource-intensive interventions) if available

Introducing scalable psychological interventions does not reduce need for specialists
- Produces more referrals to specialists
- Better use of specialist resources (eg for complex cases)
- Enhances status of MHPSS interventions
WHO’s current objectives

- Publish a range of scalable psychological interventions for global use (multiple languages)
- Guidelines for adaptation
- All tested through partnerships (minimally in 2 countries) to ensure are evidence based
- WHO Press as publisher to put manuals and resources online in public domain
- Creating a workforce development toolkit to enhance quality delivery of psychological interventions
Model for developing and adapting interventions

- Strong partnerships – WHO with academics, implementers and donors

- Adaptation of intervention for local sociocultural context (qualitative research)

- Testing in large scale (n=350-550) randomised controlled trials

- Process evaluation to inform how to further adapt and administer intervention

- Publication of manuals and training materials

- 2 years to complete the RCT process
Who can deliver these and where?

- Designed for different implementers non-specialists e.g.
  - Community workers
  - Health workers
  - Social workers
  - Protection workers
  - (Also specialists)

- Designed for multiple platforms:
  - Health systems
  - Protection systems
  - INGOs, NGOs, Governments

- Designed for multiple countries (with adaptation)

- One part of the wider context
A collaborative effort: example partners, countries and donors

<table>
<thead>
<tr>
<th>Donors</th>
<th>Partners</th>
<th>Countries</th>
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</thead>
<tbody>
<tr>
<td>• USAID</td>
<td>• HDRF,</td>
<td>• Syria (field testing)</td>
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<tr>
<td>• ELHRA’s R2HC (DFID/Wellcome),</td>
<td>• Lady Reading Hospital,</td>
<td>• Lebanon</td>
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<td>• EC – Horizons 2020</td>
<td>• U Liverpool,</td>
<td>• Jordan</td>
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<td>• Fondation d’Harcourt</td>
<td>• UNSW;</td>
<td>• Egypt</td>
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<td>• Jacobs Foundation</td>
<td>• VU University,</td>
<td>• Turkey</td>
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<td>• UNAction</td>
<td>• World Vision,</td>
<td>• Pakistan</td>
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<tr>
<td>• UNHCR</td>
<td>• WHO CC Rawalpindi.</td>
<td>• Nepal</td>
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<tr>
<td>• Warchild</td>
<td>• TPO Nepal,</td>
<td>• Kenya</td>
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<tr>
<td>• World Vision</td>
<td>• LSTHM,</td>
<td>• Uganda</td>
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<tr>
<td>• WHO Syria</td>
<td>• Duke University,</td>
<td>• Tanzania</td>
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<tr>
<td></td>
<td>• King Hussain Foundation,</td>
<td>• Multiple European Countries</td>
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<tr>
<td></td>
<td>• UNHCR.</td>
<td>(STRENGTHS)</td>
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<td>• IMC</td>
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<td>• JHU</td>
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<td>• Warchild</td>
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<td></td>
<td>• IFRC</td>
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<tr>
<td></td>
<td>• Other partners under STRENGTHS project</td>
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Tested and published manuals

1. Thinking Healthy for antenatal depression (WHO, 2015; by A Rahman) – tested by others
2. 8-session Group IPT for Depression (WHO & Colombia, 2016; by L Verdeli, KF Clougherty, MM Weissman) – tested by others (soon in Arabic)
3. Problem Management Plus (PM+) WHO – RCTs in Pakistan and Kenya (in Arabic)
There are different delivery models:

- **Unguided self-help (e.g. book or online)**
- **Guided self-help (e.g. book or online)**
- **Group and telephone delivered interventions (non-specialist)**
- **Multi-session Individual face to face delivered interventions (non-specialist)**
- **Specialist delivered interventions**

**Lower resource intensity**

**Higher resource intensity**
WHO potentially scalable interventions under development

1. **Problem management Plus (PM+)** - Problem-solving counselling plus behavioural strategies (group and individual)

2. **Self-Help Plus (SH+)** – guided - ACT-based transdiagnostic for adults - multi-media - developed and being tested

3. **Early Adolescent Skills for Emotions (EASE)** – 7 sessions (stress management, problem solving, social support, behavioural activation, 3 session caregiver course

4. **Step-by-Step** – guided - BA based for depression in adults - internet - developed and being testing

5. **Older adolescents app** – conceptualization and human design phase to start in 2018

- **Drink Less** for people with alcohol use problems (focal point: Dag Rekve)

- **Parent Skills Training (PST)** for parents of children with developmental disorders that is being tested in multiple countries (focal point: Chiara Servili)

- **iSupport** for carers of people with dementia – an e-mental health project undergoing testing in India (focal points: Anne-Margriet Pot and Tarun Dua)
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Delivery method</th>
<th>techniques</th>
<th>Stage</th>
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<tbody>
<tr>
<td>Problem management Plus (PM+)</td>
<td>5 session group and individual</td>
<td>Problem-solving counselling (PM), stress management (SM), behavioural</td>
<td>• x2 RCTs completed with positive results (individual) –</td>
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<tr>
<td></td>
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<td>activation (BA), social support (SS)</td>
<td>• X1 RCT completed, X1 underway for group</td>
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<td></td>
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<td></td>
<td>• Interagency capacity building</td>
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<td></td>
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<td>• Implementation tools</td>
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<tr>
<td>Self-help Plus (SH+)</td>
<td>Pre-recorded audio and self help book</td>
<td>Mindfulness based (ACT) – grounding, values based living, compassion</td>
<td>X1 RCT reaching completion</td>
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<tr>
<td></td>
<td>5 session large group (n=30), individual guidance using book</td>
<td>and kindness, social support</td>
<td>Field testing in Syria</td>
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<td></td>
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<td>X1 RCT to start 2018</td>
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<tr>
<td>Step by Step</td>
<td>Online / app based – 5 sessions with up to 15 minutes phone or message guidance</td>
<td>BA, elements of PM, SM, SS</td>
<td>Feasibility pilot in Lebanon (with MoPH)</td>
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<tr>
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<td>per week</td>
<td></td>
<td>RCTs planned for Lebanon, Egypt and Germany</td>
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Adults, transdiagnostic (stress, depression, anxiety) - high distress and impaired functioning
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Delivery method</th>
<th>Population</th>
<th>techniques</th>
<th>Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Adolescent Skills for Emotions (EASE)</td>
<td>7 session Group based (e.g. n= 8-10) for young people and 3 session caregiver group</td>
<td>10-14 years old</td>
<td>PM, BA, SS</td>
<td>RCTs in Jordan and Lebanon Pilot in Tanzania</td>
</tr>
<tr>
<td>Smartphone app for older adolescents – ????????</td>
<td>Smartphone app with guidance each week ????????</td>
<td>15+ years</td>
<td>???????</td>
<td>Conceptualization phase starts 2018</td>
</tr>
</tbody>
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Technology assisted approaches

What?:
- Books (an old and effective technology)
- Apps
- Pre-recorded interventions
- TV/radio?

Why?:
- Can increase capacity to reach many more people
- Conserve more expensive resources
- Reach hard to reach places
Self Help Plus (SH+) – pre-recorded
Guided self-help

What

– Stress management through acceptance and commitment therapy, a form of CBT involving mindfulness and values-based action (strengths-based approach)

– Book and pre-recorded audio
Some examples from the SH+ book
• 5 x 30 minutes sessions, “behavioural activation” plus elements of strengthening social support and stress management
• Via a website (personal smartphones or computers and tablets in PHCs) to increase access
• Illustrated story of a person who has learned strategies to manage their distress
Sessions, Step-by-step

Step 1: read or watch story video

Step 2: interactive part of session

Step 3: apply learning to own life by trying activities + “e-helper” support
Older adolescents app

• 1 year project (funded by Botnar Foundation)

• Conceptualise app based intervention for older adolescents (15+) transdiagnostic (stress, depression, anxiety), high distress and impaired functioning.

• Adapt existing WHO content (SH+, Step by Step, EASE)

• Human centred design, online and focus group work in multiple countries to inform development
Key questions for the app

- How can young people be engaged in a smartphone MHPSS app?
- What type of approach (social media, stress reduction, mindfulness etc)
- How to make it engaging… and fun?
- How to keep it simple so can be adapted to multiple countries and contexts
Key messages

- Evidence based approaches exist and are available
- Use evidence based approaches wherever possible
- Apply evidence based principles to programming (e.g. working with caregivers to improve child wellbeing)
- Next 3-5 years a number of exciting interventions being developed and tested by WHO and many others