SCALING UP PSYCHOLOGICAL INTERVENTIONS WITH SYRIAN REFUGEES:

Problem Management Plus (PM+) – Piloting of Group PM+ in Jordan
International Medical Corps

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Why are scalable psychological interventions needed?

- Lengthy treatments pose a financial and resource challenge to health system and refugees
- Limited # mental health care specialists
  - 0.5 psychiatrists per 100,000 citizens
  - Max 0.2 psychologists per 100,000 citizens
  - Max. 0.1 social workers per 100,000 citizens
Why are scalable psychological interventions needed?

- Limited availability of evidence-based interventions (EBI)
- Lack of adaptation to language and culture of Syrians in context of displacement and exposure to conflict
- Focus on single psychiatric disorder, rather than multiple presenting concerns
- Stigma surrounds specialised services
- mhGAP recommends psychological interventions – little instruction for how to implement EBI in LMIC
Problem Management Plus (PM+):

- Developed by WHO
- Non-professional counselors
- Low-intensity (5 sessions of 90 minutes)
- Scalable psychological intervention
- Problem solving, stress management, behavioural activation, and accessing social support
- Clearly defined training and supervision protocols
PM+ - Individual version

- RCTs conducted in Kenya (N=421) and Pakistan (N=346)
- Significant improvements in
  - Anxiety
  - Depression
  - Psychological distress
  - General functioning (WHODAS)
  - PTSD symptoms
Effect of a Multicomponent Behavioral Intervention in Adults Impaired by Psychological Distress in a Conflict-Affected Area of Pakistan: A Randomized Clinical Trial

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**IMPORTANCE** The mental health consequences of conflict and violence are wide-ranging and pervasive. Scalable interventions to address a range of mental health problems are needed.

**OBJECTIVE** To test the effectiveness of a multicomponent behavioral intervention delivered by lay health workers to adults with psychological distress in primary care settings.

**DESIGN, SETTING, AND PARTICIPANTS** A randomized clinical trial was conducted from November 1, 2014, through January 28, 2016, in 3 primary care centers in Peshawar, Pakistan, that included 346 adult primary care attendees with high levels of both psychological distress and functional impairment according to the 12-item General Health Questionnaire and the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0).

**INTERVENTIONS** Lay health workers administered 5 weekly 90-minute individual sessions that included empirically supported strategies of problem solving, behavioral activation, strengthening social support, and stress management. The control was enhanced usual care.

**MAIN OUTCOMES AND MEASURES** Primary outcomes, anxiety and depression symptoms, were independently measured at 3 months with the Hospital Anxiety and Depression Scale (HADS). Secondary outcomes were posttraumatic stress symptoms (Posttraumatic Stress Disorder Checklist for DSM-5), functional impairment (WHODAS 2.0), progress on problems for which the person sought help (Psychological Outcome Profiles), and symptoms of depressive disorder (9-item Patient Health Questionnaire).
**STRENGTHS:** Syrian REfuGees MeNTal HealTH Care Systems

Evaluating implementation of PM+ for Syrian refugees in Europe and Middle East

Individual, group, child and adolescent version and online ePM+

Global PM+ training network with online resources

15 partners (academic, NGOs)

Duration 2017-2022

Jordan, Turkey, Lebanon, Egypt, Germany, Switzerland, Netherlands and Sweden
Now let’s do it!
STRENGTHS: Syrian REfuGees MeNTal HealTH Care Systems
STRENGTHS’ Objectives:

1. Outline **necessary steps needed to integrate** evidence-based low-intensity PM+ psychological interventions for common mental disorders into the health systems.

2. **Adapt the PM+ programmes and training materials** to the recipients of care within the specific health systems and co-create the necessary local conditions for implementation and up-scaling.

3. **Scale-up** the PM+ programmes successfully in terms of health-system performance, effectiveness, affordability and sustainability and identify barriers and facilitators to this end.

4. Determine the **invested cost and effort** (organisational, resource and political-economic requirements) relative to the reduction of economic burden of the implementation of the specific PM+ programmes into the health systems.

5. **Disseminate** the evidence-base for PM+ programmes as well as the validated implementation strategies and engage with new stakeholders and health systems to further scaling up across Europe and beyond.
STRENGTHS
Methodology

WP1 Overall Project Management

WP2 Health Systems Implementation

WP3 Adaptation

WP4 Settlements
WP5 Community
WP6 Internet

WP7 Economic/Implementation Evaluation

WP8 Synthesis and Dissemination
WP3 - Cultural Adaptation Process

• Collect information on cultural practices → ensure manual is relatable and images used are appropriate

• Explored common “problems” and impacts → In PM+ manual examples to be adapted to reflect common problems

• Introduced PM+ and sought opinions on its implementation → program delivery to be designed based on feedback received (e.g. group vs individual, identification of facilitators, integration within the healthcare system etc.)

• Collected information on impact of problems on all members of the community including youth and parents → In Jordan the involvement of caregivers in PM+ will also explore potential impacts on children/youth
WP3 - Cultural Adaptation Process

- Rapid Qualitative Assessment (RQA) conducted in camp and urban locations throughout Jordan
- Syrian refugees above 18 years with aim for diversity across urban vs camp settings, gender, age
  - Free Listing Interviews
  - KI Community members / Policy Makers / MH specialists
  - Focus Group Discussions
- Explored common “problems”, “coping strategies”, introduced PM+ and sought opinions on its implementation
- Collected information on impact of problems on all members of the community including youth and parents
Consortium Adaptation Outcomes

- Differences in settings (camps vs urban) → pictures to be modified to be applicable to both settings
- Gender differences to be considered → importance to include examples relevant to the male experience
- Examples of problems to be adapted → emotional distress + restricted resources
- Group vs individual implementation → appropriateness of group program for men
- Appropriateness of analogies in text
Next Steps

Finalization of Adaptation Process:

- Various versions of PM+ (group, individual, and online) manuals adapted,
- Culturally appropriate illustrations included
- Examples in manual adapted added based on RQA findings
- Final translation – back translation + expert check
Next Steps

**Training and Supervision Guidelines**

- Training materials to be developed
- Master Trainers
- ToT opportunities
- Train staff in Jordan IMC to prepare for implementation phase
- Continuous supervision as regular part of program

**RCT + Implementation Phase**

- RCT to be launched in Jordan 2018
- Compare Group PM+ to TAU
- F/T Research Coordinator
- If efficacious, then scale up...
Recommendations

• Cultural adaptation is essential and often insufficient attention is paid to this process
  • INGOs often rely on parachuting programs from one context to another – relying on staff to culturally adapt during implementation
  • Cultural adaptation is more than translation
• Ensuring a quality adaptation process can be challenging (collecting representative data, analysis, translation etc.) → resources should be adequately assigned to this process
• Limited RCTs on psychological interventions for displaced and conflict-affected populations
In response to the mental health treatment gap in LMIC and humanitarian settings, it is essential an evidence base is created for culturally appropriate scalable psychological interventions.

In consideration of the ongoing humanitarian crisis in Syria that has led to one of the largest population displacements of our time, there should be dedicated efforts to identify and utilize culturally appropriate scalable interventions for displaced Syrians.
Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries


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