

Summary of Health in Humanitarian Crises
(R2HC) Program Workshop Meeting

Overall outline

● **Projects overview**

● Key Findings

● **Mapping onto tools for humanitarian settings**

● **IASC-**
Inter-Agency Standing Committee's (IASC) Mental Health and Psychosocial Support (MHPSS) guidelines

● **4Ws-**
IASC Reference Group MHPSS Mapping Tool Who is doing what where when

● **Discussion of meeting outcomes**

● Limitation

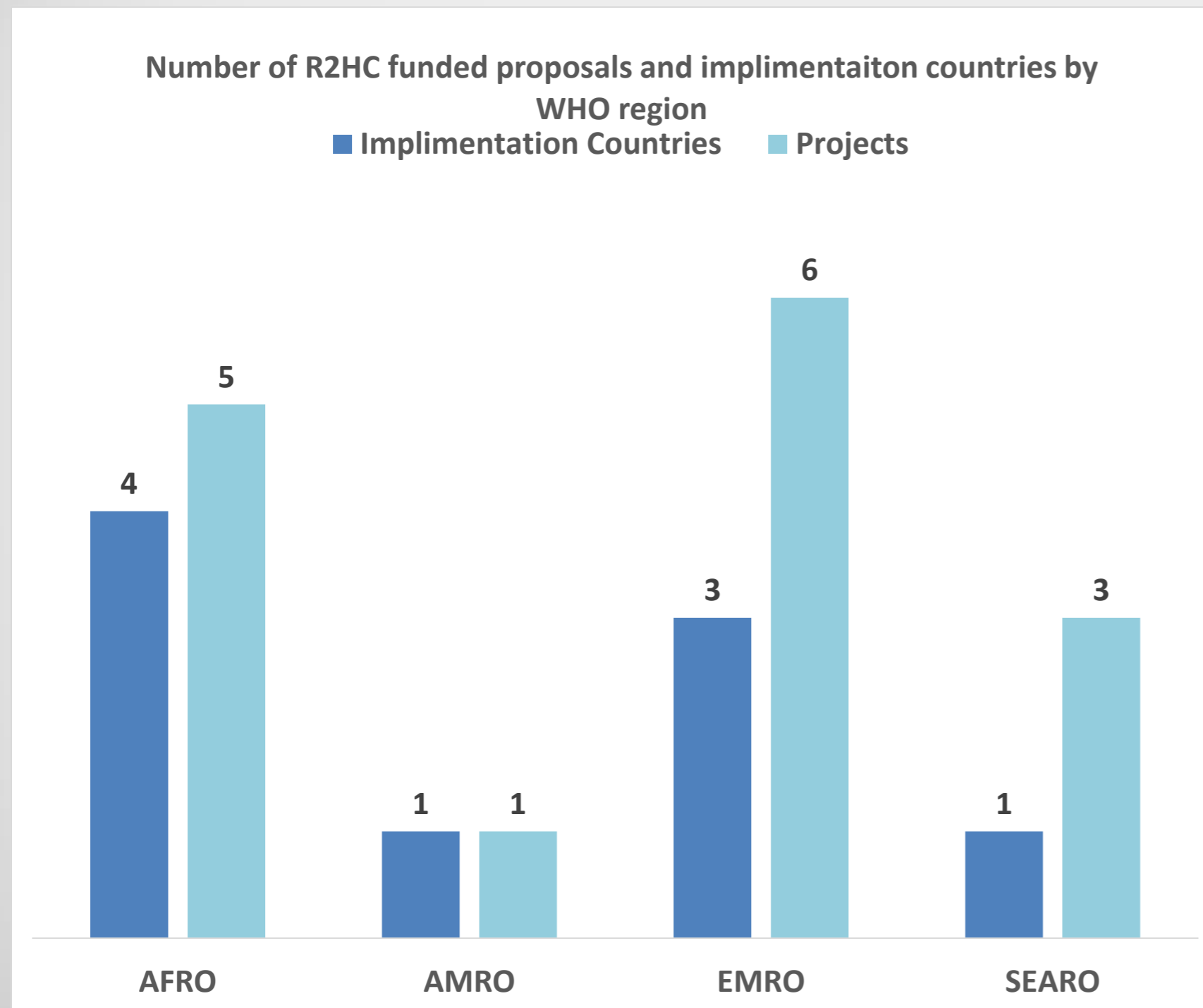
● Conclusions

Projects overview

- **Elhra's Research for Health in Humanitarian Crises (R2HC) program provided funding for 11 research projects related to mental health and psychosocial support (MHPSS) since 2014.**

PI	Intervention Type
Savage	Child friendly spaces
Tol	Psychological intervention: Group Cognitive Processing Therapy (CPT)
Welton-Mitchell & James	Mental health integrated group-based disaster preparedness intervention
Rahman; van Ommeren;	Face to face Individual PM+ trans-diagnostic treatment
Bizouerne	Psychosocial intervention accompanied by nutritional intervention
Tol	IT-assisted third wave CBT (ACT- based multi-media treatment)
Panter-Brick	Psychosocial intervention informed by the profound stress attunement framework
Tankink	Psychological First Aid; supportive intervention
Van Ommeren; El Chammay	IT-assisted CBT (eMental health)
Pluess	Telephone delivered- Components based treatment (form of CBT)
Bryant	Group-based psychosocial intervention

Implementation countries



- **9 countries in total:** Uganda, Tanzania, Liberia, Sierra Leon; Haiti; Jordan; Pakistan; Lebanon; Nepal
- **4 out of the 6 WHO global regions**
- **3 projects are being implemented in more than one country**
 - The child friendly spaces project in Uganda (AFRO), Jordan (EMRO), and Nepal (SEARO) by Savage
 - the Psychological First Aid program in Liberia and Sierra Leone in the African Region (AFRO) by Tankink
 - the Disaster Mental Health project in Nepal (SEARO) and Haiti (AMRO) by Welton-Mitchell & James

Key findings



Target population

7 of the 11 projects involved refugee populations.

5 of the 7 projects take place in refugee camps.

2 of the 7 projects are planned in non-camp settings.

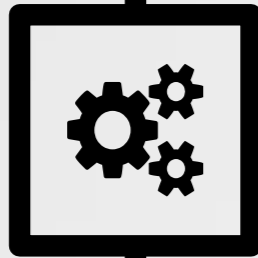
6 of the 7 projects focus specifically on vulnerable refugee sub-populations including women, adolescents and children.



Target mental health condition

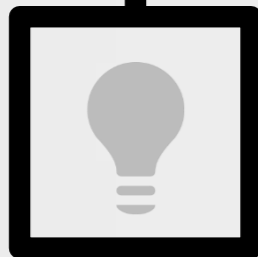
Most of the projects target common mental disorders (depression / anxiety / stress related disorders)

No project focused explicitly on the elderly, SMI, or alcohol and drug misuse as a treatment target.



Technology

7 projects integrate the use of technology: quantitative electronic data collection utilizing hand-held devices, qualitative data collection using photo voice, technology used as a treatment delivery method (telephone, internet).



Innovation

5 projects involved innovations in CBT-delivery among adults: multimedia recorded content, telephone delivery, web-based eMental health, lay worker-delivery.

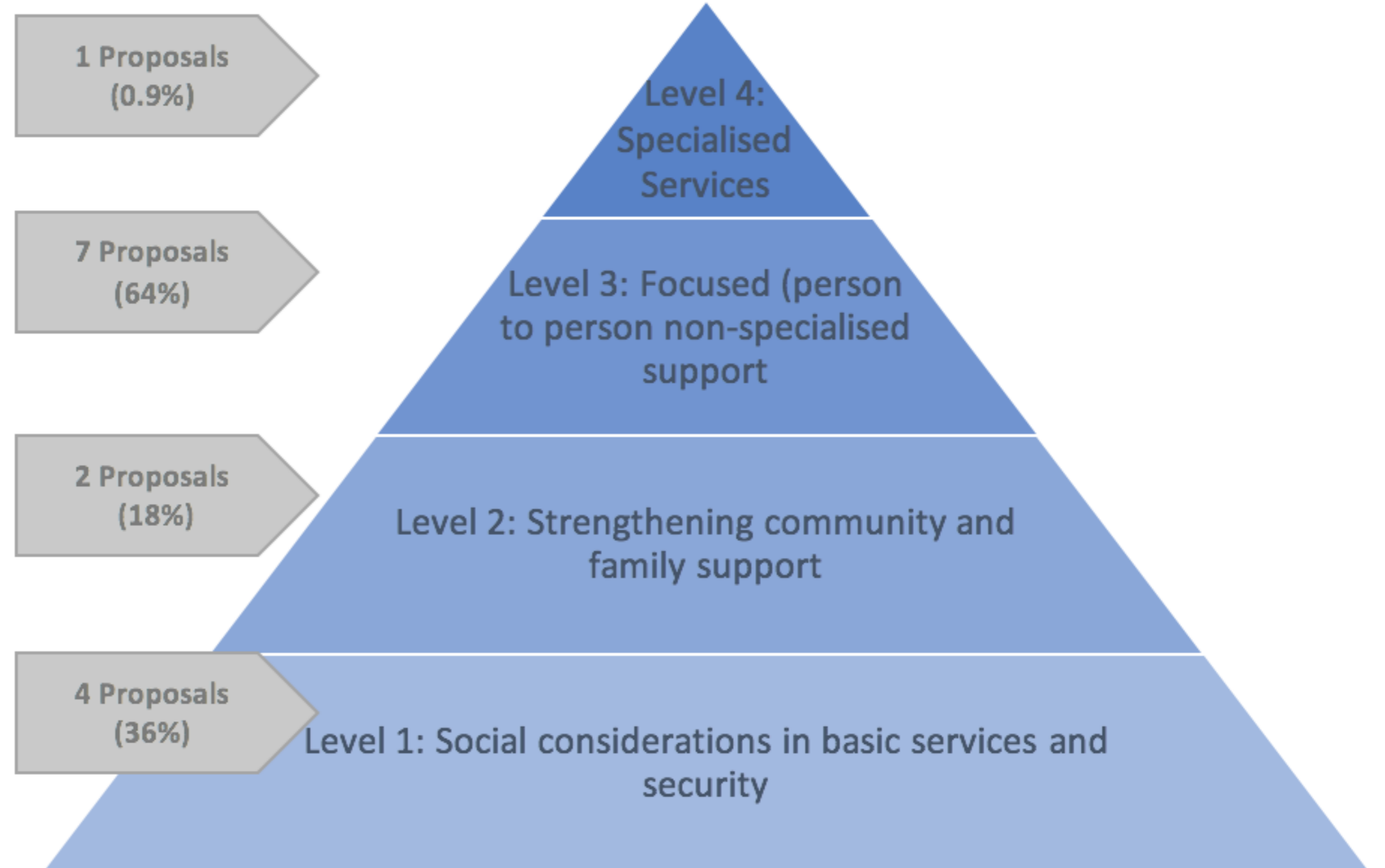
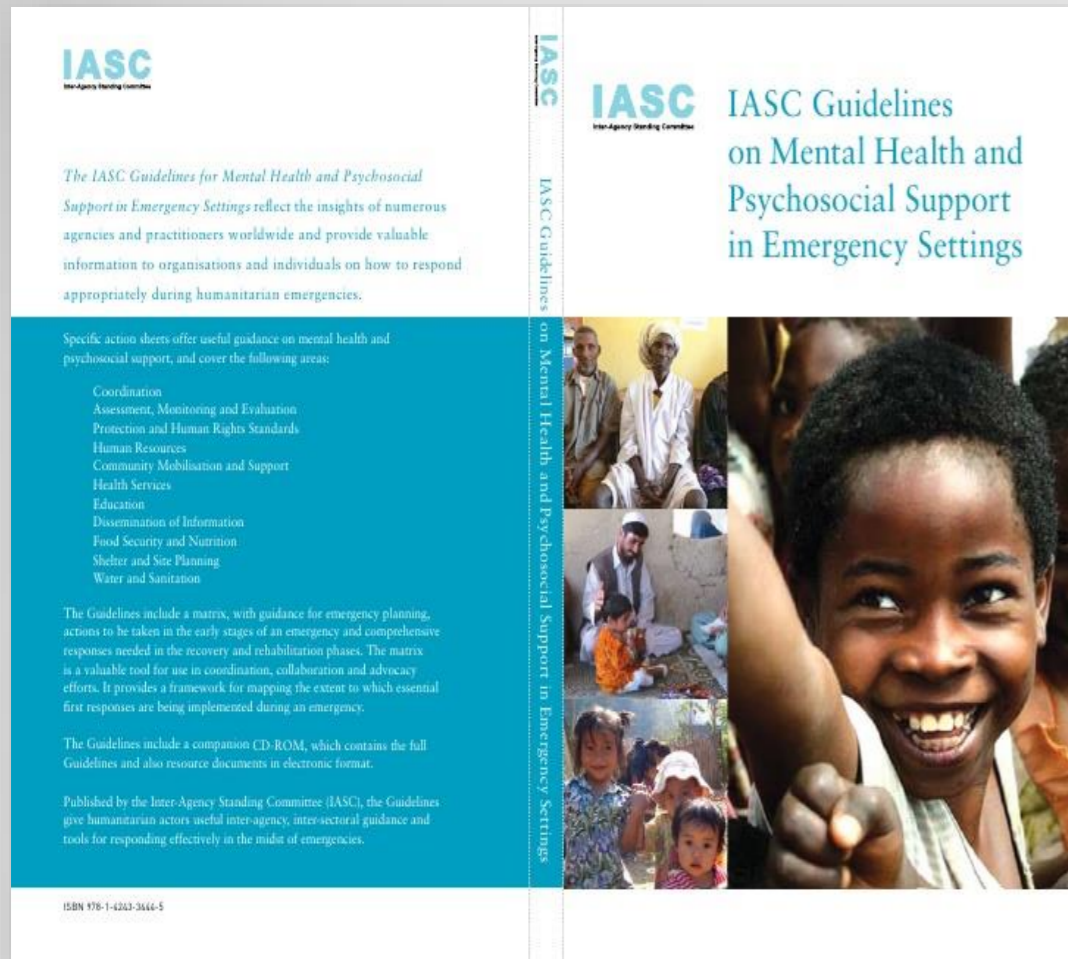
1 Project evaluated CFS & 1 evaluated PFA



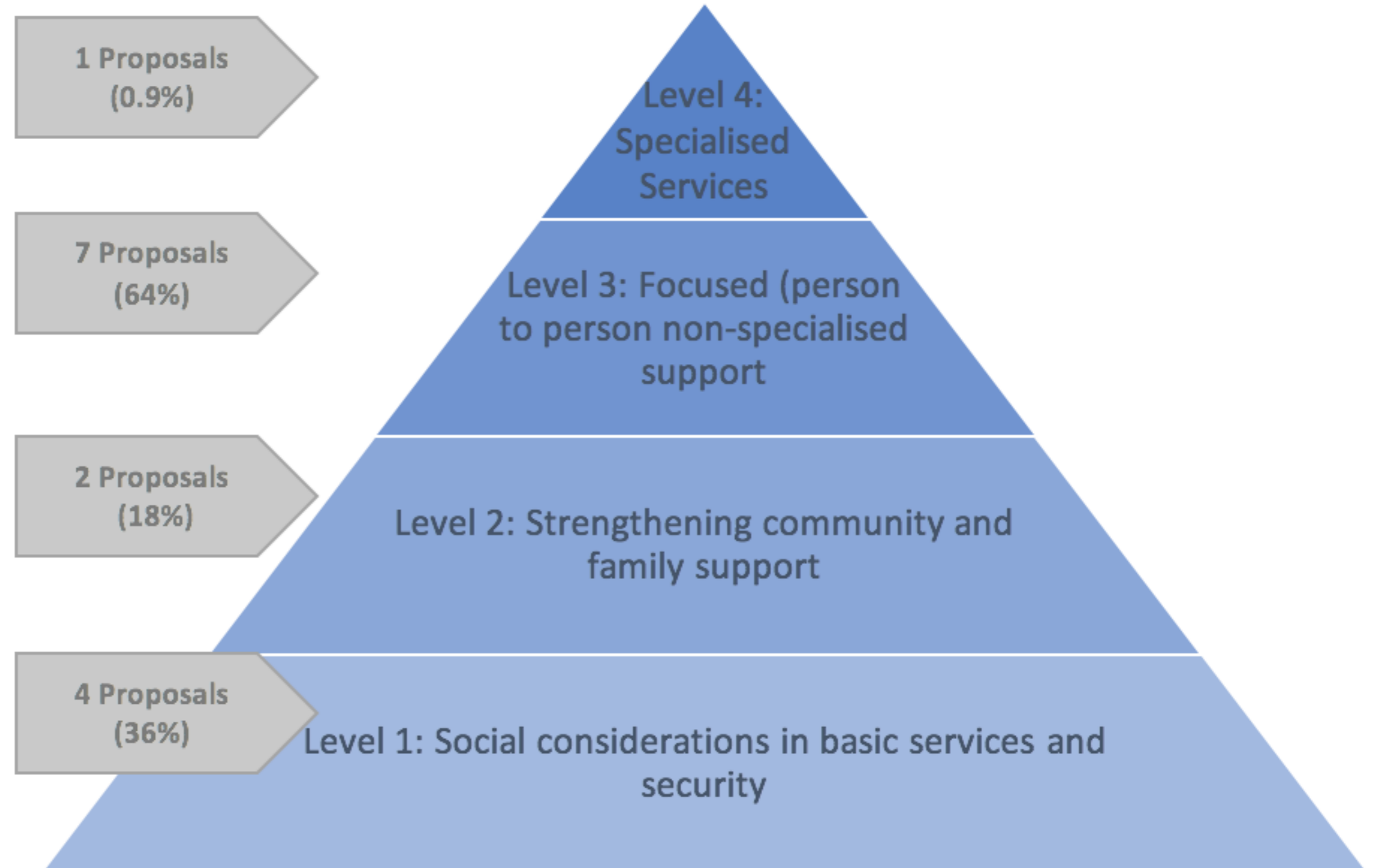
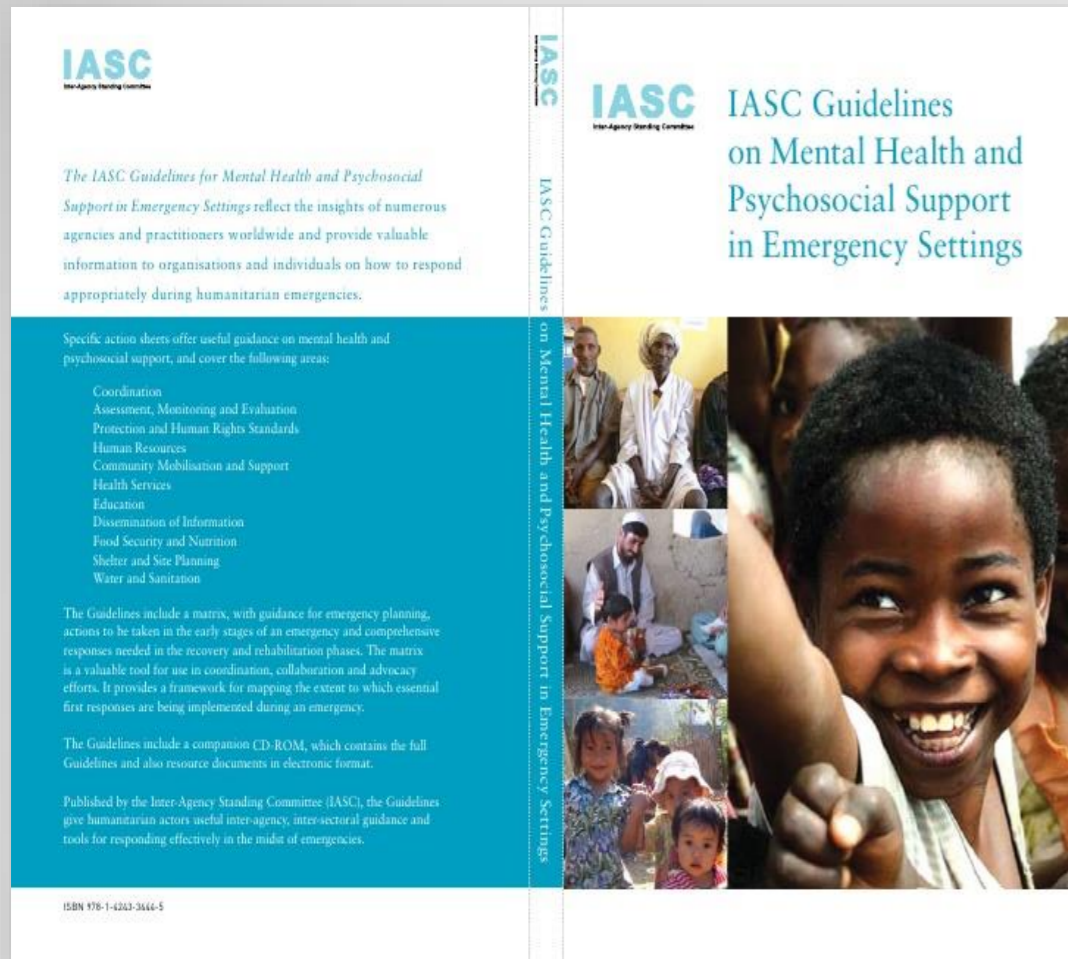
Progress

4 projects were completed.

Mapping R2HC projects to the IASC MHPSS Intervention Pyramid



Mapping R2HC projects to the IASC MHPSS Intervention Pyramid

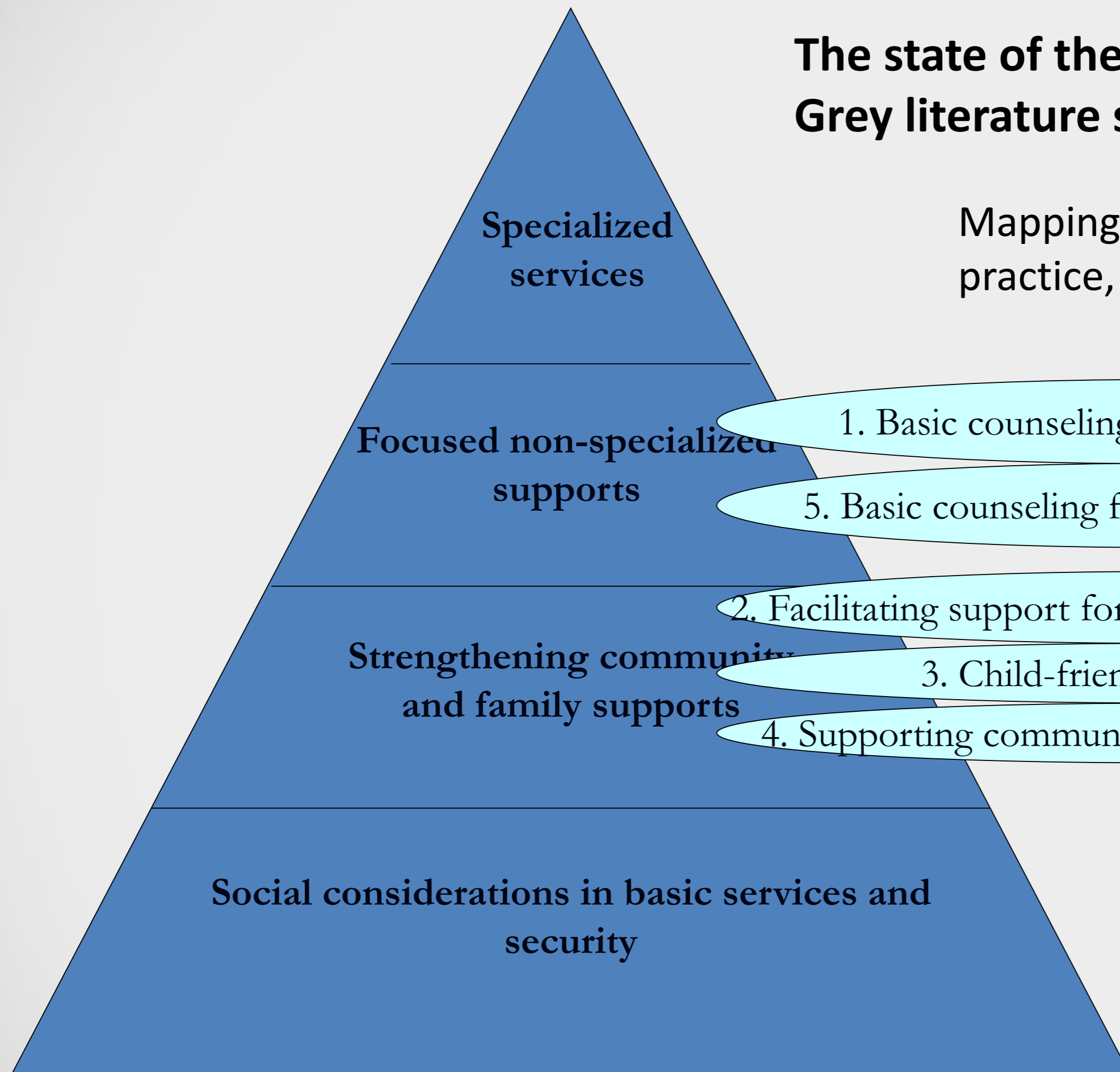


The projects do not perfectly map onto this pyramid

The state of the field: 2011

Grey literature study (Tol et al *Lancet*, 2011)

Mapping onto 4ws: 160 reports of MHPSS practice, from websites, orgs, experts



1. Basic counseling for individuals 39.4%

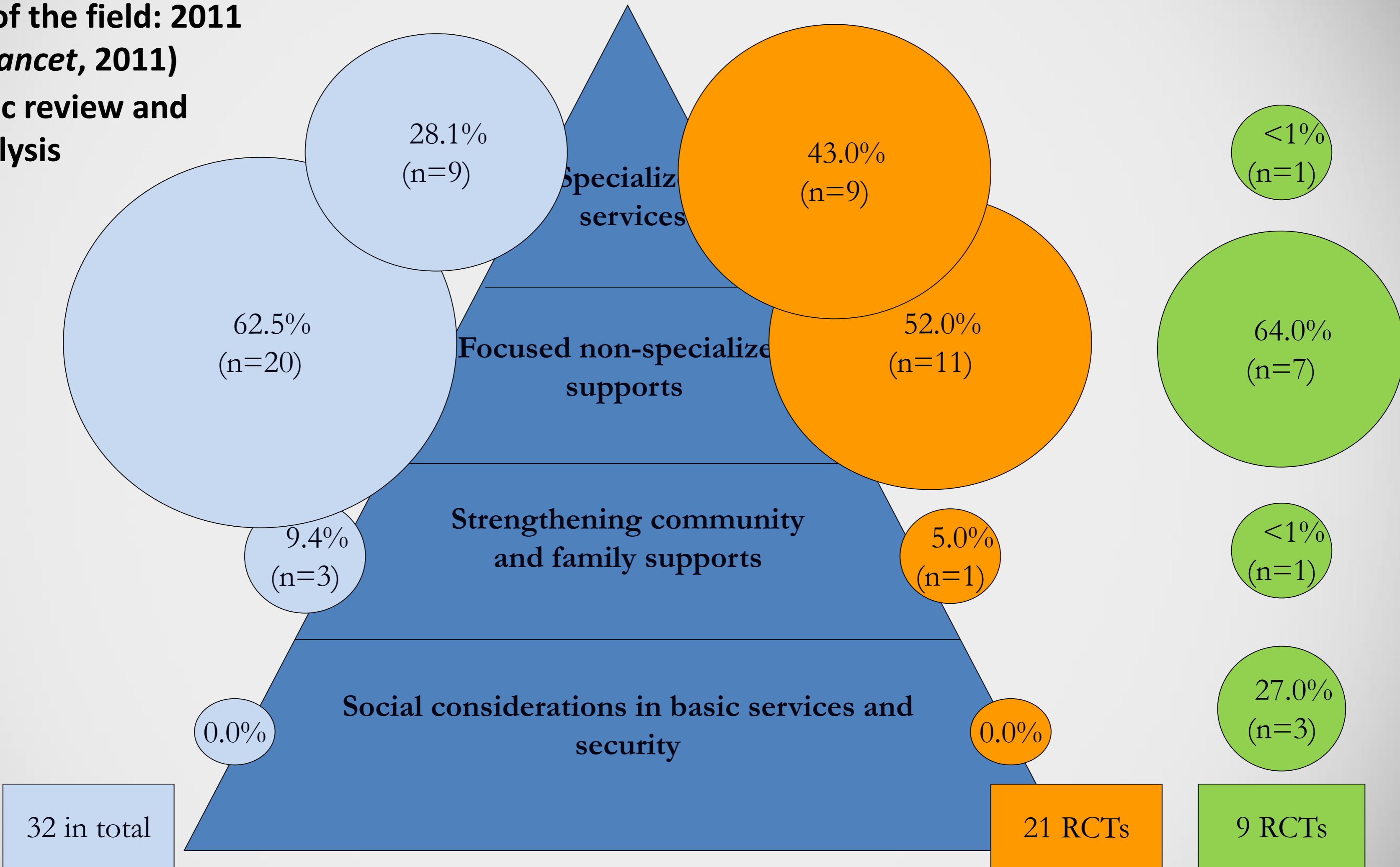
5. Basic counseling for groups families 20.0%

2. Facilitating support for vulnerable individuals 23.1%

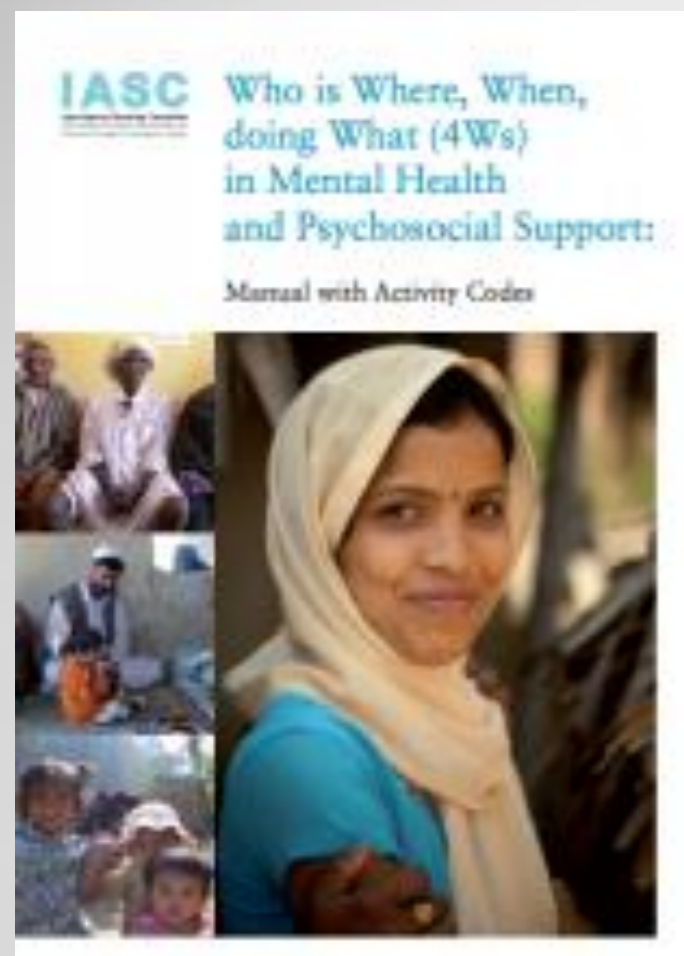
3. Child-friendly spaces 21.3%

4. Supporting community-initiated supports 21.3%

The state of the field: 2011
(Tol et al *Lancet*, 2011)
Systematic review and meta-analysis



Mapping R2HC projects to the MHPSS Activities and Sub-Activities



Activity / Code	Number of projects
1. Information dissemination to the community	1
2. Community control over emergency relief in general	1
3. Strengthening of community and family support	4
4. Safe spaces	1
5. Psychological support in education	0
6. Supporting the inclusion of social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation	3
7. (Case-focused) psychosocial work	1
8. Psychological Intervention	7
9. Clinical management of mental disorders by non-specialized health care providers (e.g. PHC, post-surgery wards)	0
10. Clinical management of mental disorders by specialized mental health care providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/ general health facilities/ mental health facilities)	0
11. General activities to support MHPSS	11

Summary

Limitations

- This exercise was based on original Project proposals, and not on a detailed content analysis of current implementation/progress reports or field assessments.
- Most projects were not completed, and changes to implementation would affect mapping accuracy.
- Some projects did not include full proposals thereby weakening some conclusions.

Conclusion and next step

- These projects will generate new evidence on innovative methods of intervention delivery.
- The majority of interventions are delivered by non-specialist care providers which will further strengthen the evidence of the feasibility and utility of engaging these workers in treatment delivery within under resourced settings.
- More research is needed in the area of strengthening community and social supports
- Mapping is consistent with Tol et al., 2011, *Lancet* – the highest evidence is available for level 3 of the IASC intervention pyramid.

Major meeting outcomes

Research on scalable, popular, yet rarely researched interventions

Child Friendly Spaces

- The evidence is that they work for well-being in the short term (humanitarian value)
- Protection effects not established
- Long term effects on well-being wash out
- Clear interest from protection field in results

Psychological First Aid

- Retrospective look back on training during Ebola crisis
- Nuanced observations were made (often only elements of PFA trained, such as listening)
- Deeper analysis in progress
- Prospective work (RCT on knowledge and competencies of health workers) in progress

Innovations in psychological intervention treatment delivery for adults impaired by emotional distress

3 projects of WHO interventions

- Lay-delivered multi-component behavior intervention (PM+) (Pakistan)
 - trial completed with positive effects, manual available
- Multimedia-delivered ACT intervention (SH+)
 - positive pilot results and methods definitive trial
- Planned evaluation of guided app-based CBT intervention (Step-by-Step)
 - Formative work and intervention and planned evaluation

Major meeting outcomes

Implementing proven interventions with sufficient fidelity

- Does adaptation break the intervention?
- Some flexibility in fidelity needed
- Local involvement
- External experts for scale up was criticized
- Guidelines needed for quality assurance
- Strong agreement that resourced supervision is essential

Integrating MHPSS with other humanitarian action

- Disaster preparedness;
 - Trial completed, Positive results, deeper analyses ongoing, manual available
- Nutrition intervention;
 - Clear demonstration of how to integrated, trial completed, nuanced results
- IPV and mental health
 - Clear explanation of how to integrated, trial completed, analysis ongoing
- Hypothesis: Adding PS components – better the outcome of sectoral work
- Huge interest within the group on this type of research and action

Major meeting outcomes

Cultural aspects in MHPSS research

- Culture: The lens through which you see and take action in the world
- Formative work important and often done
- Especially process evaluation is much more needed
- Start with local partners and cultures: Choosing one's intervention on the basis of understanding local wants
- Discussion on adapting external interventions (funded by R2HC) vs developing interventions (not yet funded by R2hC)
- Overall: need for balance on bottom up versus top down approaches

WHO draft protocol for cultural adaptation for interventions

11 step protocol that the room considered to have (a) right elements (b) too long (c) a bit mechanistic. WHO with partners will simply over the coming years by researching it.

Innovations in psychological intervention treatment delivery for children or adolescents impaired by emotional distress

- EASE (young adolescent intervention)
 - Described planned intervention in Jordan (and Lebanon & Tanzania).
- Telephone delivery as a possibility of delivering CETA CBT
 - Described Lebanon plans and rationale
- Lay-delivered Mercy Corps psychosocial intervention
 - Independent evaluation with (a) local developed measures (b) existing pys measures and (c) biological markers – moderate short-term effects + long term effect on fear

Major meeting outcomes

Putting R2HC-funded research in context: What does the most recent systematic review on MHPSS in emergencies say?

- Summary of Humanitarian Evidence Programme's review commissioned by Oxfam & Feinstein
- Similar findings as Lancet 2011 review plus qualitative synthesis was a advantage to contextualize process evaluation

Research priorities in mental health in humanitarian settings

- Too little time to systematically set priorities but some suggestions
 - Mainstreaming
 - Integrative programming
 - Implementation science
 - Systems science
 - Vulnerable among the vulnerable
- Time to (re)do a formal priority setting exercise?

Call for articles for practitioners (not academic articles) in Humanitarian Practice Network (HPN) Magazine special issue on MHPSS

- Organized by ODI and R2HC
- Due late February
- Contact Anne Harmer for further information