



# Why do we need scalable psychological interventions?"

**Mark van Ommeren, Ph.D.** World Health Organization

*Scalable psychological interventions: Quo vadis. Zuerich, 18 January 2024*

# Epidemiology

Mental health needs are high.



World mental health report

Transforming mental health for all



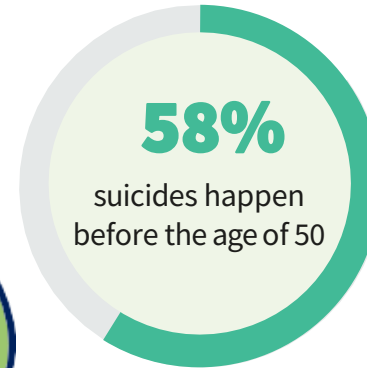
**1 in 8**

**people** live with a mental disorder



**1 in 100**

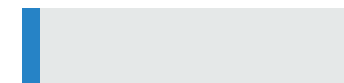
**deaths** are suicides



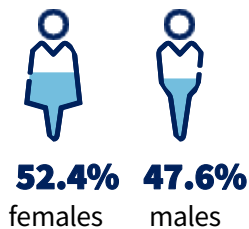
**1 in 6**

**years lived with disability** are attributable to mental disorders

Mental disorders account for **129 million** DALYs



or **5.1%** of the global disease burden



**14%** of the world's adolescents



People with severe mental health conditions die

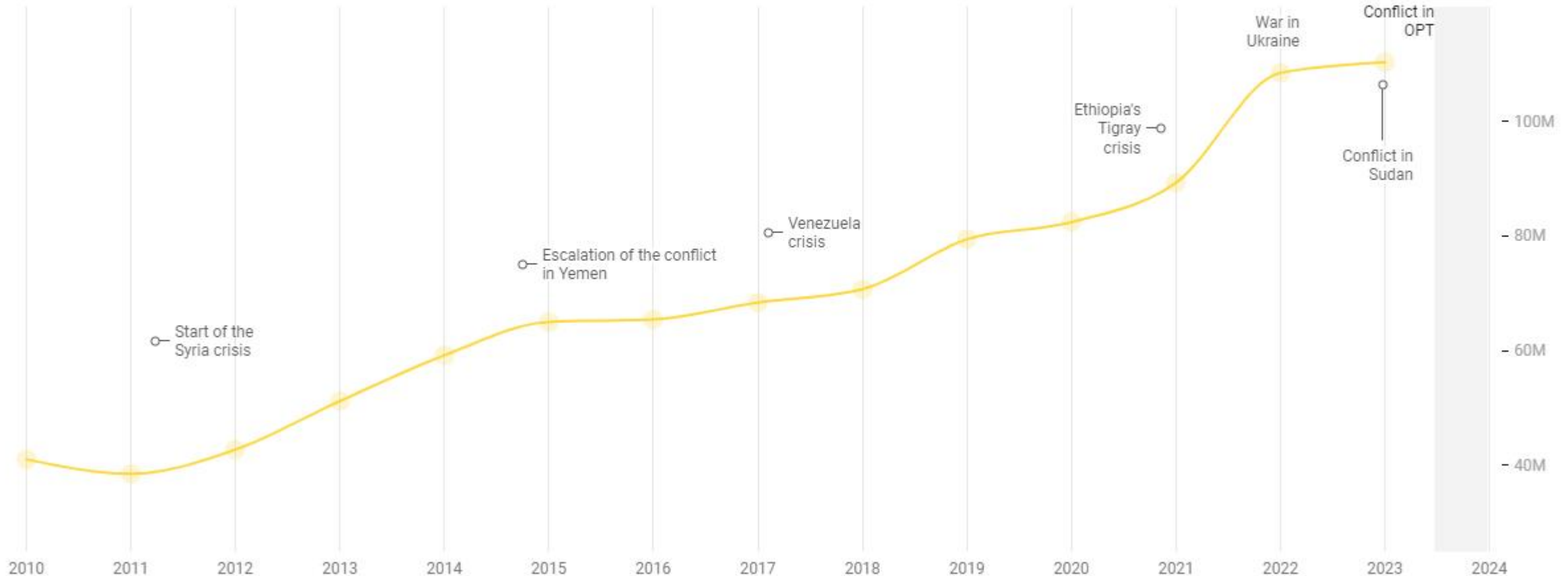
**10 to 20 years**

earlier than the general population

# Highest number of people affected by emergencies since World War II

## People forced to flee worldwide (2010 - mid-2023)

By mid-2023, the overall number of forcibly displaced people worldwide had risen to an estimated 110 million. This is primarily due to the war in Ukraine and other escalating emergencies. This does not include the recent displacement in Gaza.



# Key gaps

Responses are insufficient and inadequate.

## INFORMATION GAP



- Data and research on mental health are **lacking**

## GOVERNANCE GAP



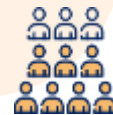
- Few countries' implement plans that comply with **human rights**

## RESOURCES GAP



- On average 2% of countries' **health budgets** goes to mental health

## SERVICES GAP



- Most people with mental health conditions go **untreated**



World mental health report

Transforming mental health for all



# Mental Health Reform

- Major reorganization of services:
  - Shift the locus of care for severe mental health conditions away from any institutions and towards community mental health services.
    - Requires . . . . (see WMHR)
  - Scaling up the availability of care for common conditions such as depression and anxiety.
    - Require multiple points of access
      - Specialist care, PHC, self-help, etc
    - Requires an openness to research and innovation, including task shifting
    - Requires additional funding
    - Requires a balanced biopsychosocial approach (eg collaborative care)



# Psychological interventions

- Growing **evidence base** from an increasing range of contexts
  - *In past 20 years:* Many research trials from LMICs suggest generalizability
  - *Caveat:* Interventions work better when culturally adapted
- Psychological interventions can be effectively delivered by **non-specialists**, using fewer scarce resources
- Simple scalable interventions are also effective for **severe emotional problems** (e.g. severe depression)

# Innovation

## Conventional psychological interventions

By specialists

One treatment manual per problem

Often many sessions

Often require diagnostic assessment



## More scalable psychological interventions

Innovative delivery: reduced reliance on specialists (lay people, IT, self-help guides)

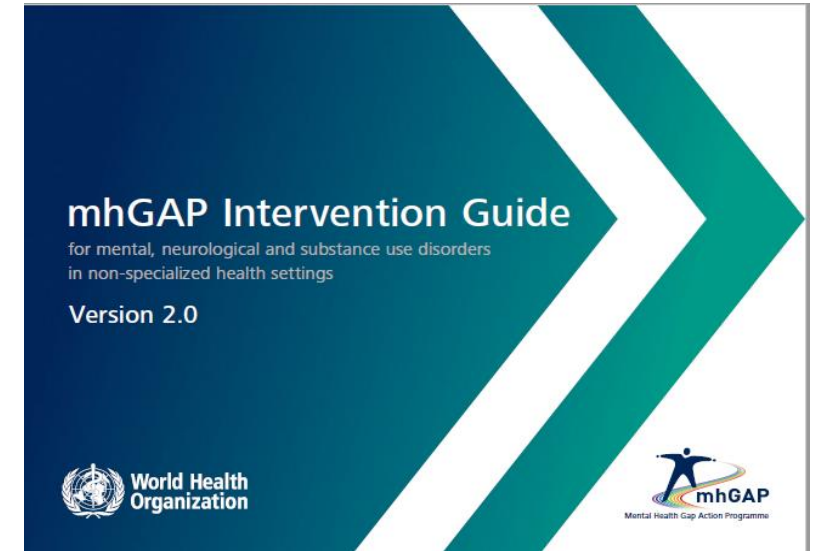
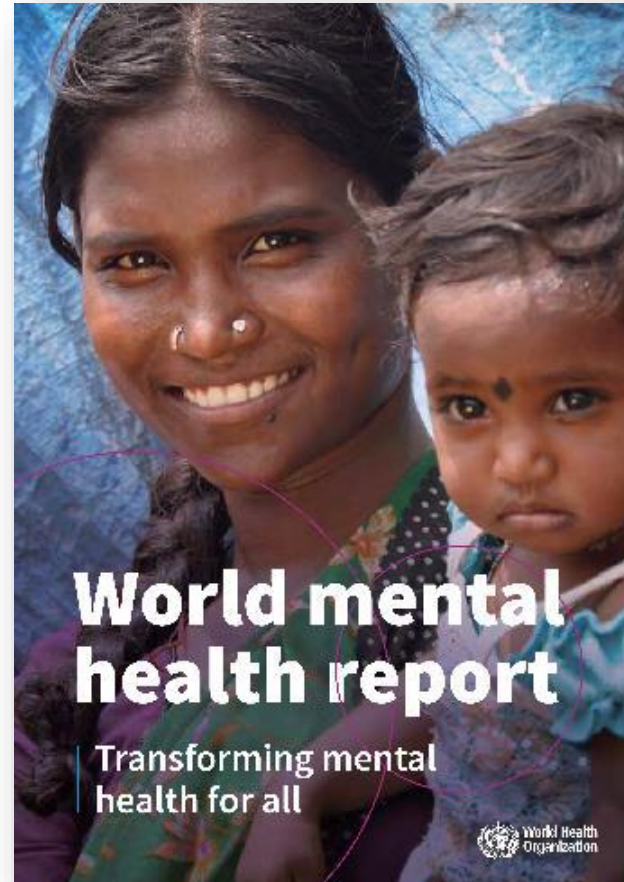
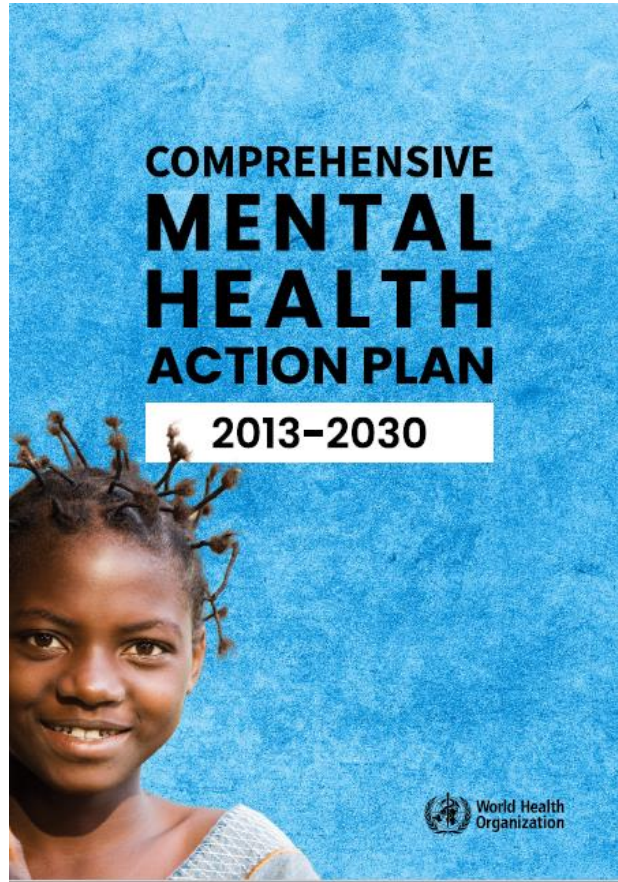
One treatment for multiple problems (where possible)

May not require diagnostic assessment

Fewer sessions

**Focus on skills for self-management**

# Promoting psychological interventions in WHO policies and programmes







# Psychological interventions implementation manual

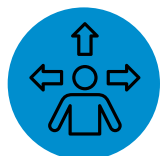
Integrating evidence-based psychological  
interventions into existing services



World Health Organization

# FORTHCOMING SOON

# Psychological interventions implementation manual (forthcoming)



## PLANNING

**Choose** one or more psychological interventions for a specific setting and plan how to deliver them to a target population.



## ADAPTATION

Adapt the psychological interventions for use in a specific context, including **translating** them into local languages.



## WORKFORCE

Prepare and sustain a **competent workforce** to deliver the psychological interventions by selecting, training, assessing and supervising providers.



## IDENTIFICATION, ASSESSMENT & DELIVERY

Identify **potential beneficiaries** of the psychological interventions and ensure they are directed to the **right source of support**.



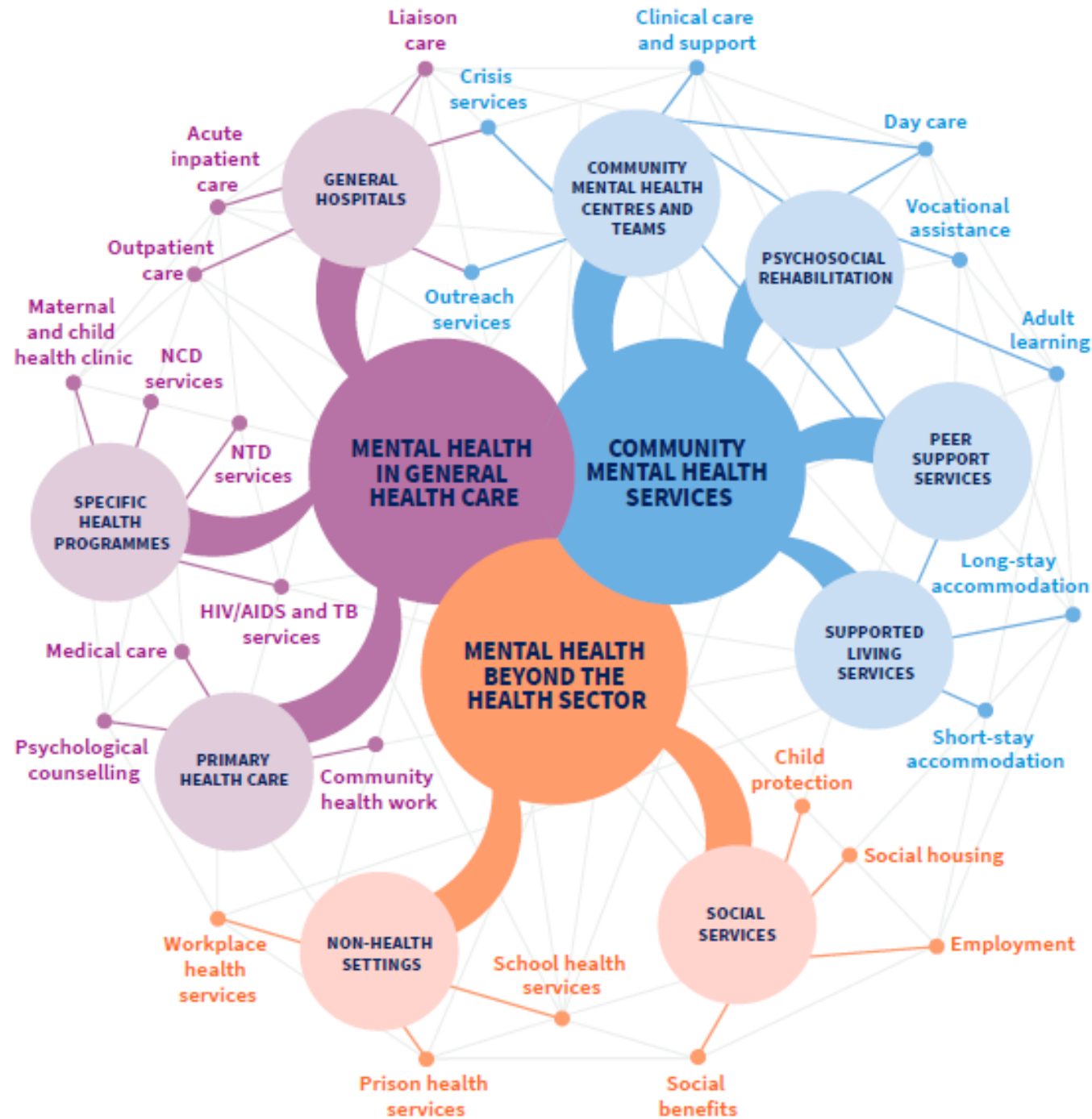
## MONITORING & EVALUATION

Monitor and evaluate the **outcomes and impacts** of the service with integrated psychological interventions.

COMMUNITY  
ENGAGEMENT



- Identifying possible locations to integrate psychological interventions in the mental health system



**World mental health report**

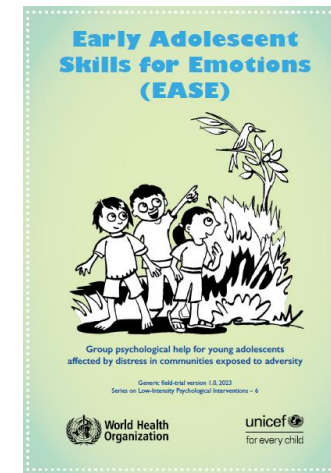
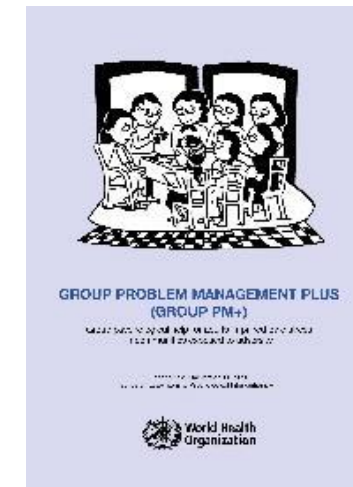
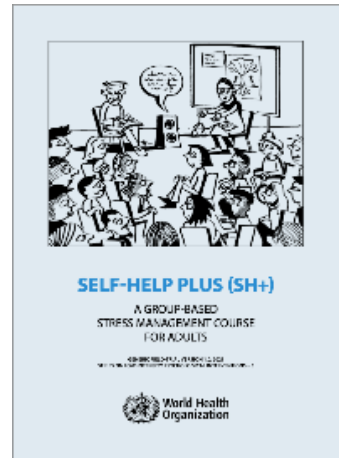
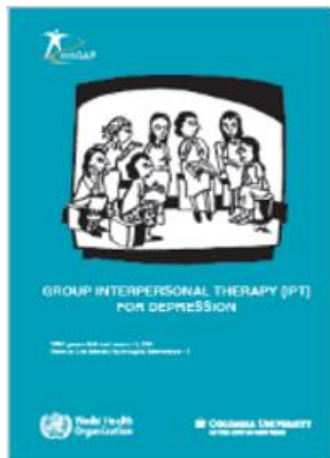
Transforming mental health for all



# Research and development

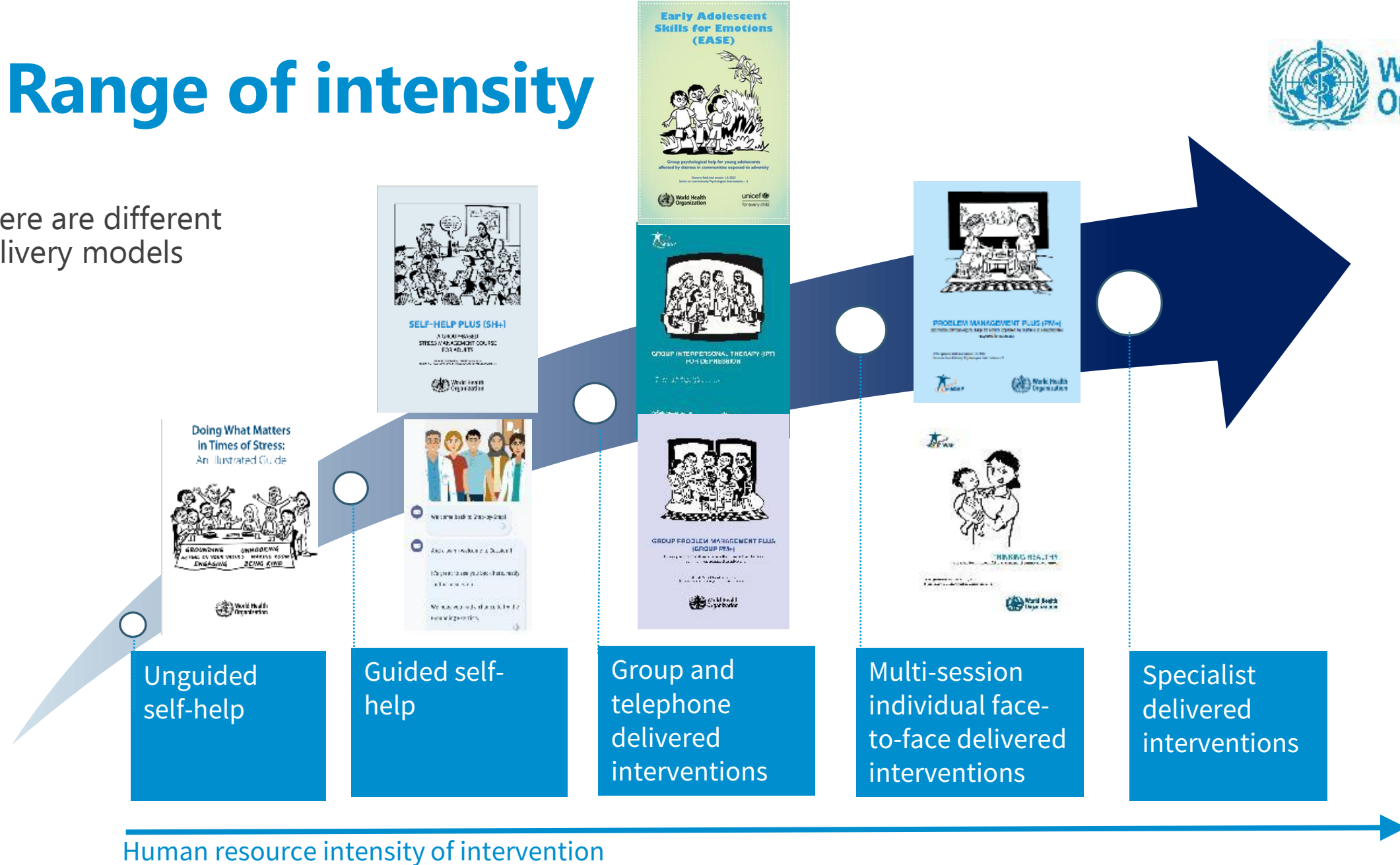


- This area has been **high on research agendas**; WHO has worked to add to the last 20 years of work by prominent academics
- WHO aims to create the conditions that may **bring these interventions to scale**: having them **open access** (WHO website) with WHO Press as publisher (free dissemination and quality control).
- Interventions accompanied by **implementations guides**, including **adaptation, training** and **supervision** materials
- WHO is also **advocating** with journals and funders for **open access** publication of all RCT-ed psychological interventions



# Range of intensity

- There are different delivery models



Unguided self-help

Guided self-help

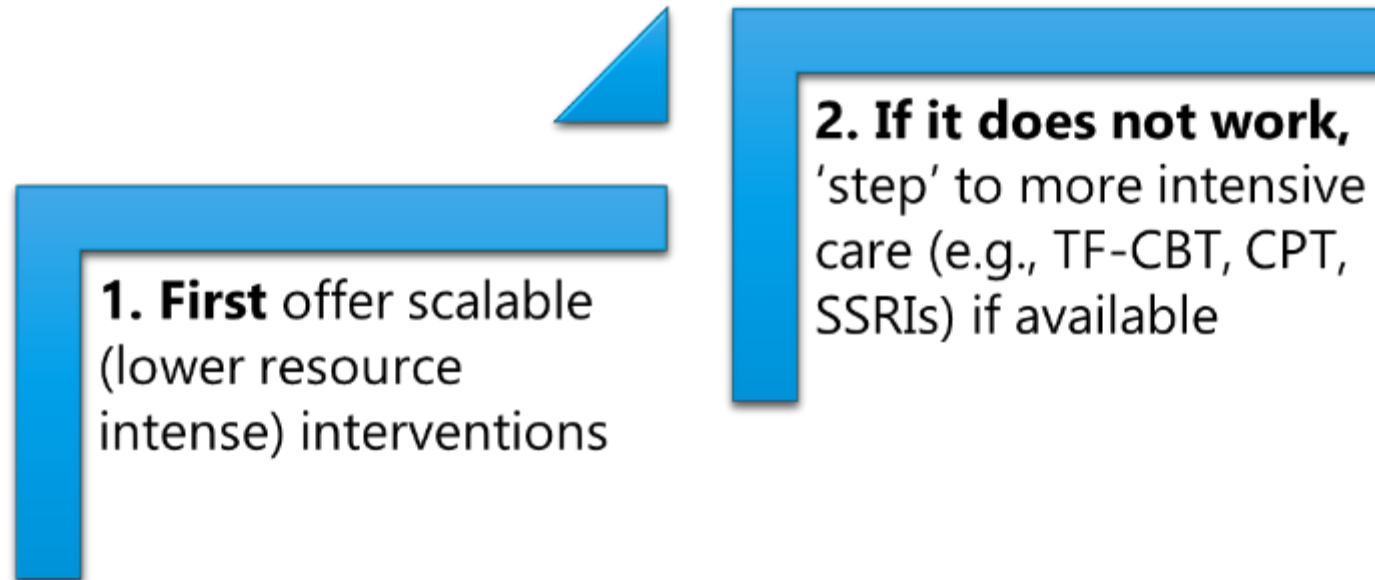
Group and telephone delivered interventions

Multi-session individual face-to-face delivered interventions

Specialist delivered interventions

# Are these new interventions enough?

**NO!** In health care language: **stepped care**

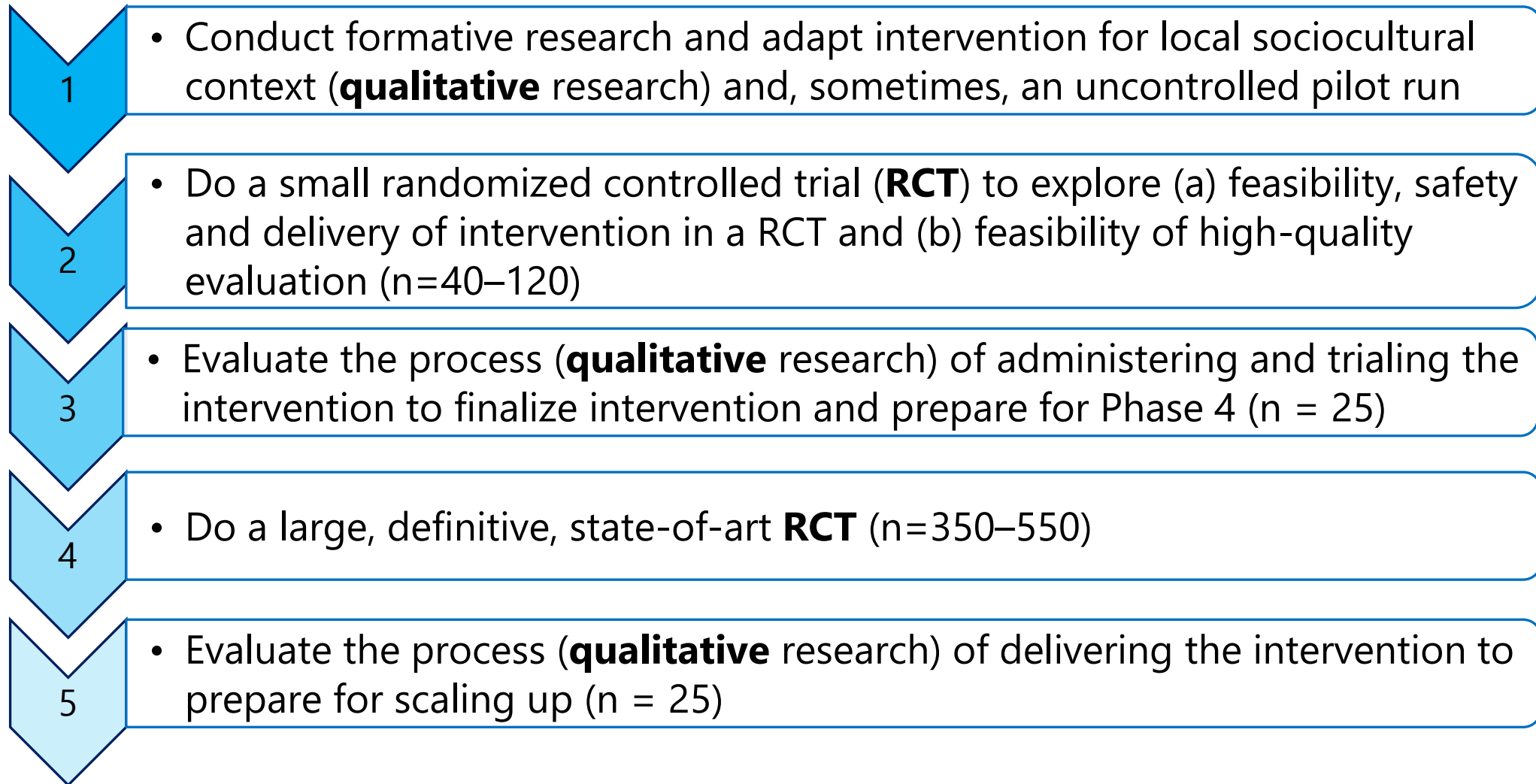


**Paradox:** Introducing scalable psychological interventions does not reduce need for specialists

- It produces more referrals
- Better use of specialist resources (e.g. for complex cases)
- It enhances status of mental health in health systems

# Five phase model for testing

(each intervention at 2 sites minimum)



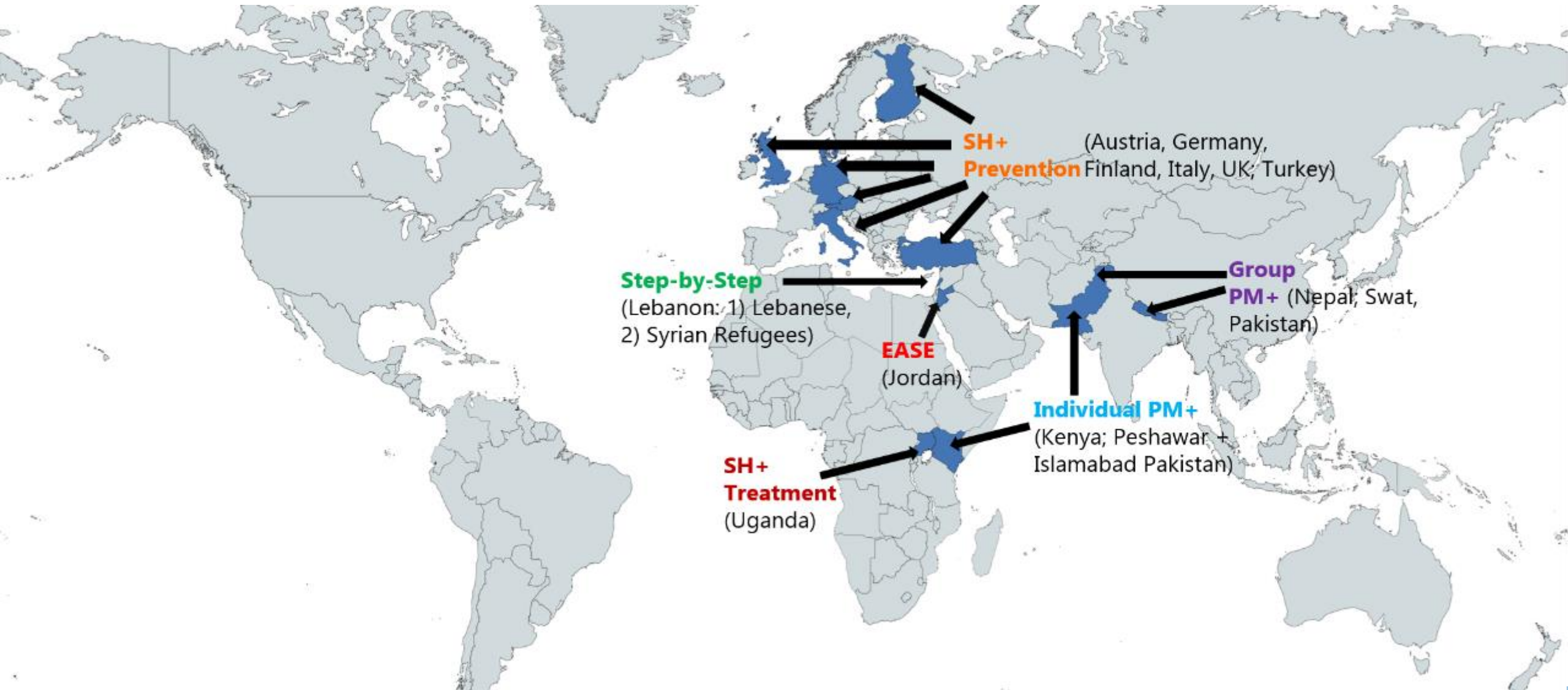
# WHO's psychological intervention trials



Authors (publication)	Country	Population	Intervention	Format	Total recruited	Primary outcome findings	Follow up
<b>Cuijpers et al.</b> (PLoS Med, 2022; EBMH, 2022)	Lebanon	<b>Adults in Lebanon</b> with depression and impaired functioning <b>(2 groups: Displaced war-affected Syrians &amp; Lebanese citizens)</b>	<i>Step-By-Step (SBS)</i>	<b>Digital</b>	<b>1249</b> (569 Syrians & 680 Lebanese citizens)	<b>Favours intervention</b> Lower depression symptoms and functional impairment	3 months
<b>Acartürk et al.</b> (World Psychiatry, 2022)	Turkey	<b>Adult Syrian refugees</b> with psychological distress	<i>Self-help plus (SH+)</i>	<b>Group</b>	<b>642</b>	<b>Favours intervention</b> Lower proportion developed mental disorders	6 months
<b>Puragato et al.</b> (Epidemiol Psychiatr Sci, 2022)	Western Europe	<b>Adult asylum seekers and refugees</b> with psychological distress	<i>Self-help plus (SH+)</i>	<b>Group</b>	<b>459</b>	<b>No significant difference</b> in proportion that developed mental disorders	6 months
<b>Tol et al.</b> (Lancet Global Health, 2020)	Uganda	<b>South Sudanese refugee women</b> with psychological distress	<i>Self-help plus (SH+)</i>	<b>Group</b>	<b>694</b>	<b>Favours intervention</b> Greater improvement in psychological distress	3 months
<b>Jordans et al.</b> (PLOS Med, 2021)	Nepal	<b>Adults affected by humanitarian disasters</b> (annual floods)	<i>Problem management plus (PM+)</i>	<b>Group</b>	<b>605</b>	<b>Favours intervention</b> Lower psychological distress	3 months
<b>Rahman et al.</b> (Lancet, 2019)	Pakistan (Swat)	<b>Adult women in conflict-affected area</b> with psychological distress and functional impairment	<i>Problem management plus (PM+)</i>	<b>Group</b>	<b>612</b>	<b>Favours intervention</b> Lower psychological distress (anx and dep symptoms)	3 months
<b>Rahman et al.</b> (JAMA, 2016)	Pakistan (Peshawar)	<b>Adults in conflict-affected area</b> with psychological distress and functional impairment	<i>Problem management plus (PM+)</i>	<b>Individual</b>	<b>346</b>	<b>Favours intervention</b> Lower anxiety symptoms and depression symptoms	3 months
<b>Bryant et al.</b> (PLoS Med, 2017)	Kenya	<b>Adult women who experienced gender-based violence</b> with psychological distress and functional impairment	<i>Problem management plus (PM+)</i>	<b>Individual</b>	<b>421</b>	<b>Favours intervention</b> Lower psychological distress	3 months
<b>Bryant et al.</b> (PLoS Med, 2022)	Jordan	<b>Young adolescent Syrian refugees</b> with psychological distress and their caregivers	<i>EASE</i>	<b>Group</b>	<b>471</b>	<b>Favours intervention</b> Lower internalising symptoms	3 months



# WHO's psychological intervention trials



# Example



# Step-by-Step, Lebanon

Guided Digital Health Intervention for Depression in Lebanon in the Midst of Adversity

# The context

- **Lebanon** faced five co-occurring emergencies in 2020:
  1. A collapsing economy
  2. Severe political turmoil
  3. Ongoing refugee crisis (involving 1.5 million displaced Syrians)
  4. Explosion of ammonium nitrate destroying large parts of Beirut
  5. COVID-19 pandemic
- People recruited for intervention online and through social media
- Randomized **1249 Syrian displaced people & Lebanese citizens**



Source: OCHA/Farid Assaf

# The intervention

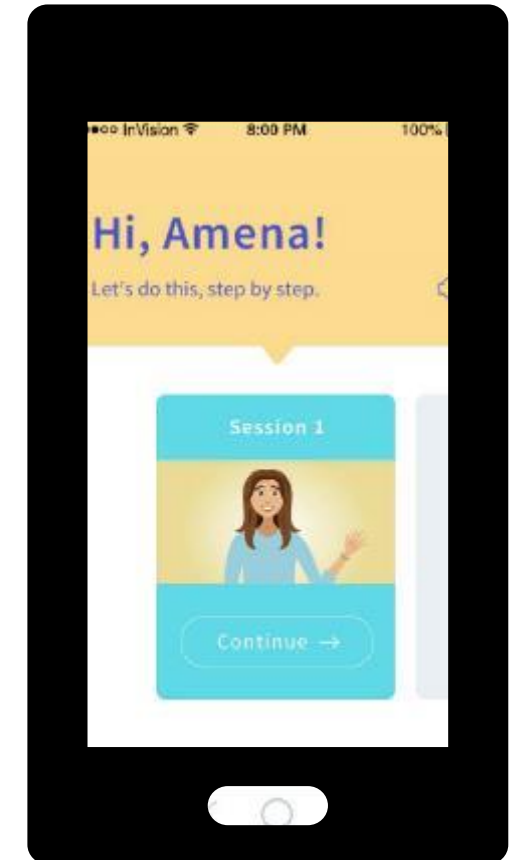
- **Step-by-Step**
  - Brief electronic psychological intervention
  - Developed by WHO

## Components

1. **Digital illustrated narrative** that includes **psychoeducation** and training in **behavioural activation** (version adapted for Lebanese population)
2. Includes additional therapeutic techniques (stress management, identifying strengths, positive self-talk, increasing social support, and relapse prevention)

## Delivery

- In RCT, intervention was **5 self-administered sessions**
- Participants received **additional support from briefly trained non-specialists** via weekly phone or messaged-based contact (maximum 15 minutes per week)



# Step-by-Step results

- **Step-by-Step** was **more effective** than enhanced usual care in producing desirable effects on **all outcome measures**
- **Findings remained significant when analysed separately** for Syrian displaced people & Lebanese citizens\*

Outcome of interest		Follow up	Results
Primary outcomes	• <b>Depression symptoms</b>	Post-intervention & 3 months	• Step-by-Step significantly <b>better</b>
	• <b>Impaired functioning</b>		• Step-by-Step significantly <b>better</b>
Secondary outcomes	<ul style="list-style-type: none"> <li>• PTSD symptoms</li> <li>• Anxiety symptoms</li> <li>• Well-being</li> <li>• Personally identified psychological problems</li> </ul>	Post-intervention & 3 months	• Step-by-Step significantly <b>better</b>
Other	• About half of people who finished Step-by-Step were <b>mostly or very much satisfied</b> with it		

# After the trial: Step-by-Step results in routine care



## Effect of SbS on depression

### Distribution of PHQ-9 scores before and after Step-by-Step

By the end of the program, **48.6%** of individuals reported a reduction in symptoms by more than 50%.

**18.4 %** showed complete remission,  
 36.2% mild, 20,1% moderate,  
 13.2% moderate to severe and  
 12.1% severe depressive symptoms.

SEVERITY OF DEPRESSIVE SYMPTOMS MEASURED ON PHQ -9						
	Drop-out (N=40)	No depressive symptoms <5	Mild depressive symptoms 5-9	Moderate depressive symptoms 10-14	Moderately-severe depressive symptoms 15-19	Severe depressive symptoms 20-27
		<i>Sub-threshold and not included in SbS</i>				
<b>Pre-treatment</b> (N=214)				●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●●	●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●●	●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●●
				N=59 (27.6%)	N=75 (35%)	N=80 (37,4%)
<b>Post-treatment</b> (N=174)	●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●	●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●●	●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●●	●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●●	●●●●●●●●●● ●●●●●●●●●● ●●●●●●●●●●	●●●●●●●●●● ●●●●●●●●●●
55% recovered (subthreshold)						
84% improved score 5% same score 11% worse score						
		N=32 (18.4%)	N=63 (36.2%)	N=35 (20.1%)	N=23 (13.2%)	N=21 (12.1%)

SBS IMPLEMENTATION

# SH+ scaling in Ukraine

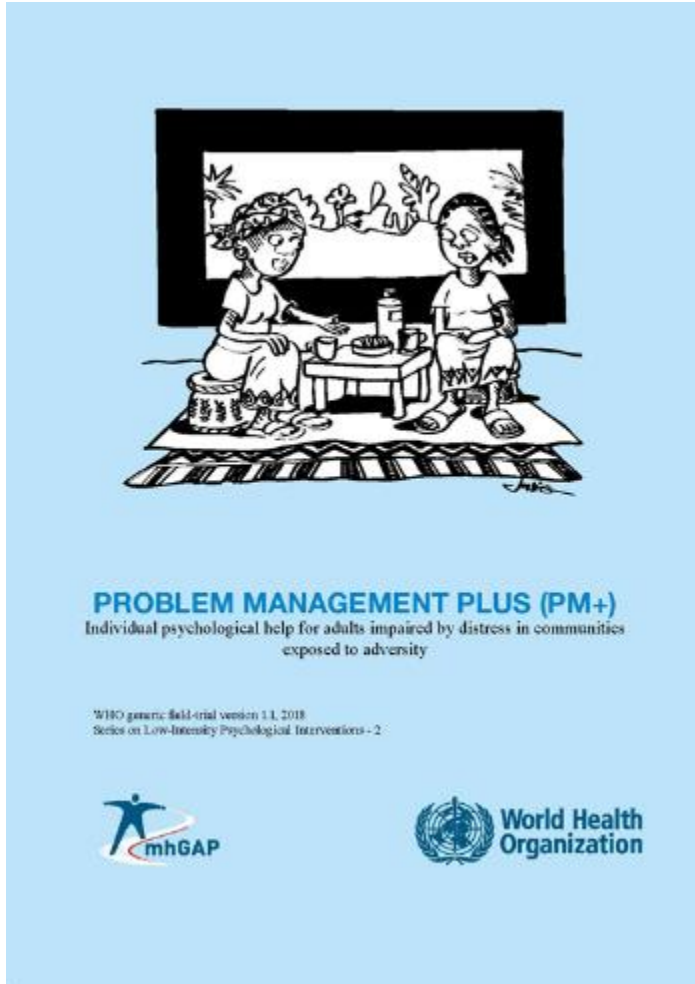
## Nationwide training across all oblasts (districts) in Ukraine

- Ministry of Social policy
- Police and other emergency responders
- Teachers and educators
- Business initiative group
- National rail service

100+ NGOs trained in SH+ in Ukraine

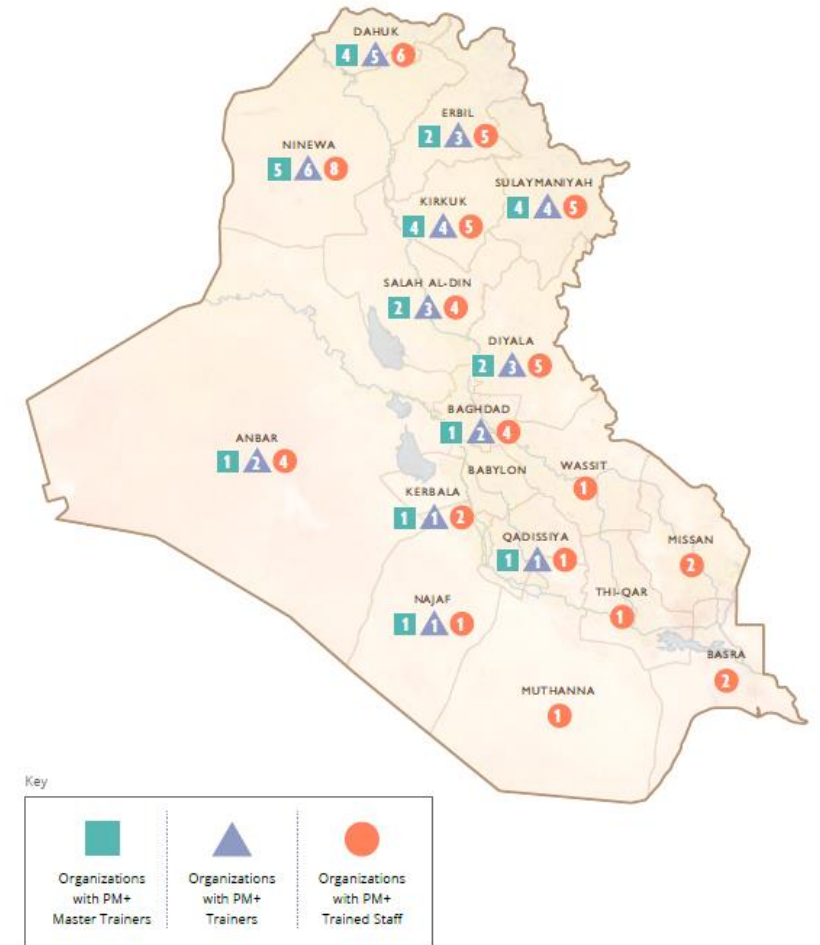


# PM+ scaling in Iraq



## GEOGRAPHICAL DISTRIBUTION

OF AVAILABLE HR RESOURCES AND LEVEL OF EXPERIENCE IN PM+





# PM+ in China during the pandemic



Picture in picture

2020年疫情期间，  
由PM+小伙伴们在平  
台开展了138场  
在线频直播，  
覆盖55万多人。

疫情期间的直播工作

reaching over 550,000 people

# Integration in WHO's overall mental health work in countries

## Transforming national mental health systems: best practices from the WHO Special Initiative for Mental Health



The WHO Special Initiative for Mental Health is on its way to achieving its target: ensuring 100 million more people across nine participating countries have access to affordable, quality mental health services. It aligns with recommendations for transforming mental health systems and services as outlined in WHO's [World mental health report: Transforming mental health for all](#).

# EQUIP: Using competency assessment to ensure quality

- Website with competency assessment tools
- Can be used with anyone providing any form of help
- Resources to support competency-based education such as assessment tools to benchmark mental health and psychological helping skills
  - Similar to OSCEs
- For trainers, supervisors and program managers across sectors (e.g. health, protection, education etc) and in multiple organisations including academic institutions.
- By WHO and UNICEF



World Health Organization unicef

English Español العربية Nepali

EQUIP: Ensuring Quality in Psychological Support

HOW TO USE COMPETENCY ASSESSMENT RESOURCES

LOG IN REGISTER

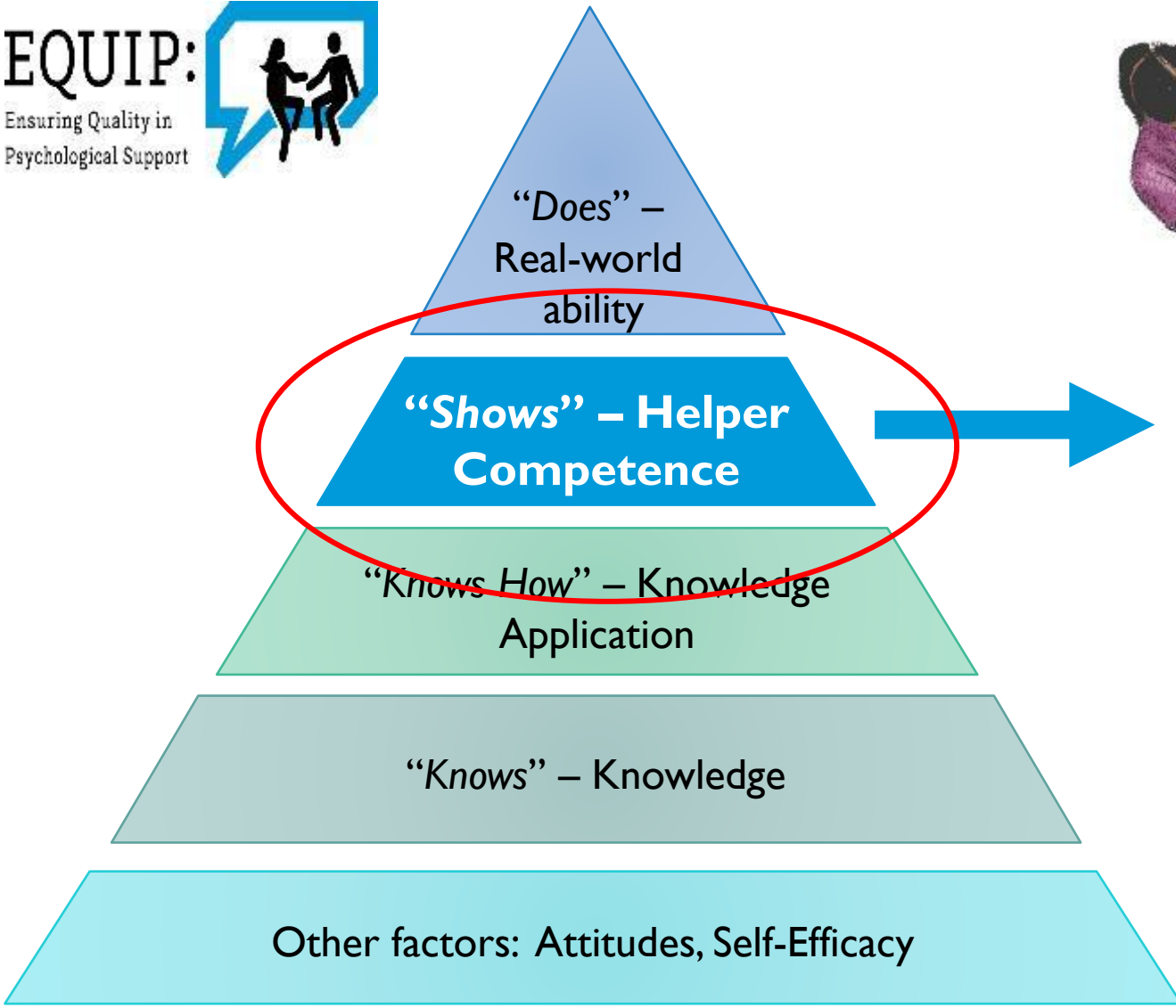
## EQUIP: Ensuring Quality in Psychological Support

EQUIP enhances training and supervision for improved mental health and psychosocial support services.

LEARN MORE

<https://equipcompetency.org>

Contact our helpdesk



**MEASURING TRAINEE KNOWLEDGE, SKILLS,  
& RELATED FACTORS**



**Competency**

Observable skills in **controlled settings**  
(e.g., in training or supervision sessions) –  
*evaluated with role plays*

## 2. VERBAL COMMUNICATION SKILLS

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills	
<input type="checkbox"/> Interrupts client <input type="checkbox"/> Asks many suggestive or leading closed-ended questions (e.g., You didn't really want to do that, right?) <input type="checkbox"/> Corrects client (what you really mean...) or uses accusatory statements (you shouldn't have said that to your husband) <input type="checkbox"/> Uses culturally and age-inappropriate language and terms	<input type="checkbox"/> Open ended questions <input type="checkbox"/> Summarizing or paraphrasing statements <input type="checkbox"/> Allows client to complete statements before responding <input type="checkbox"/> None of the above	<input type="checkbox"/> Completes all Basic Helping Skills <input type="checkbox"/> Encourages client to continue explaining (tell me more about...) <input type="checkbox"/> Uses clarifying statements in first person (I heard you say, I understood...) <input type="checkbox"/> Matches rhythm to clients, allowing longer or shorter pauses based on client	
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> <b>Level 1</b> <i>any unhelpful behaviour</i>	<input type="checkbox"/> <b>Level 2</b> <i>no basic skills, or some but not all basic skills</i>	<input type="checkbox"/> <b>Level 3</b> <i>all basic skills</i>	<input type="checkbox"/> <b>Level 4</b> <i>all basic helping skills plus any advanced skill</i>

# EQUIP competency assessment tools

## Section 1: Foundational helping competencies

*Core competencies across programs and manualised interventions*

- Adult foundational helping skills (ENACT)
- Child and adolescent helping skills (WeACT)
- Group facilitation skills (GroupACT)

## Section 2: Intervention-packaged competencies

*Competencies packaged and tailored to manualised interventions*

- Problem Management Plus (PM+)
- Thinking Health Program (THP)

## Section 3: Technique-specific competencies

*Competencies grouped by specific techniques that may vary across programs and manualised interventions*

- Behavioural activation techniques
- Cognitive techniques
- Interpersonal techniques
- Motivational enhancement techniques
- Problem solving techniques
- Stress management & relaxation techniques

# EQUIP performance on **role plays predicts** health workers behavior with **actual care**

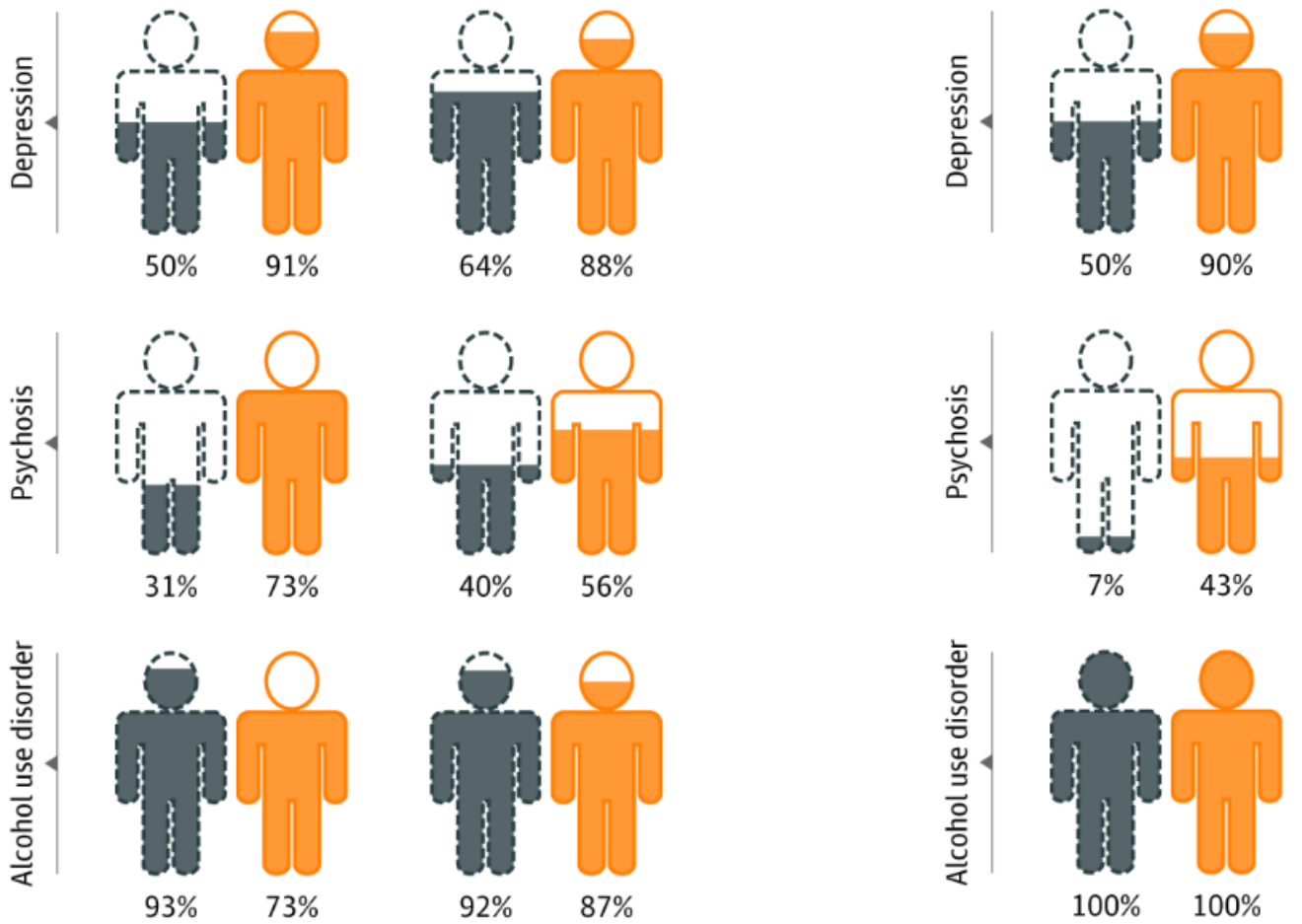


Diagnostic accuracy

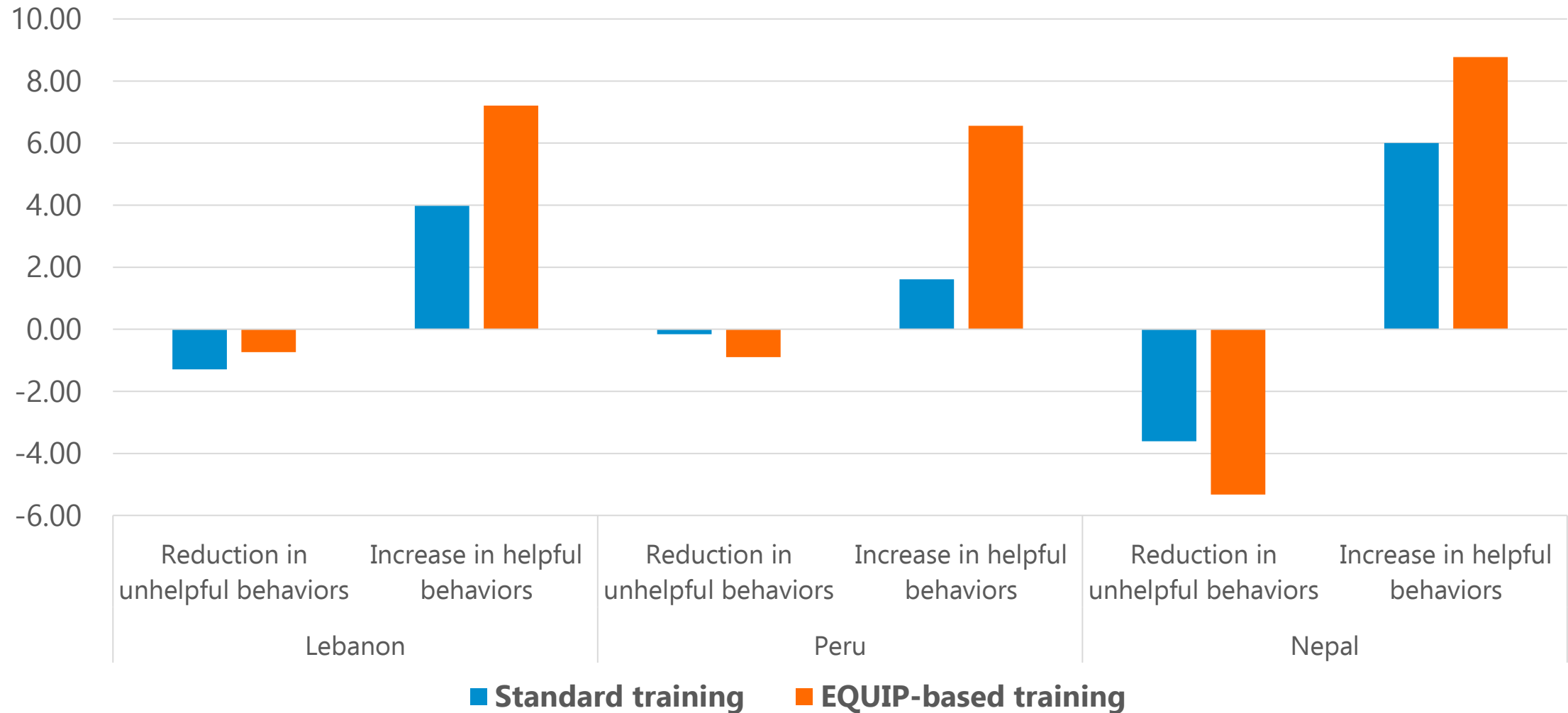


Structured role plays (ENACT) Actual patients

4-mo after training      16-mo after training      14- to 22-mo after training



# Benefits of competency-based training





# Summary.

- Innovative psychological interventions are promising **to reach scale**
- Psychological interventions are in **WHO policies** and programmes
- Soon: an **implementation manual** on how to integrate psych interventions in the health and social care system
- State-of-the-art testing a diverse range of **scalable** WHO psychological interventions
- Publishing 6 of them **open access**
- Supported quality through **competency assessment** tools (EQUIP)