

Scalable interventions: what works for whom?



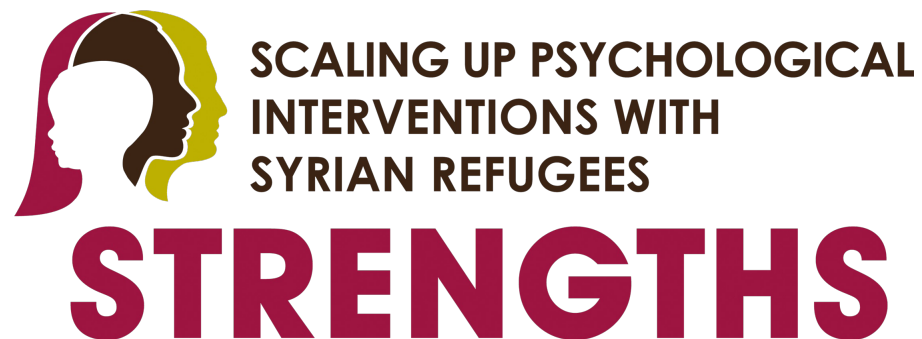
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2023: 12 years of crisis

6.8 million Syrians internally displaced

**5.2 million Syrians registered in Syria's
neighbouring countries**





		%
Refugees and migrants ^{1;2}	Depression	32
	Anxiety	11
	PTSD	31
Syrian refugees in the Netherlands ³	Depression	37
	Anxiety	31
	PTSD	27

¹Patanè et al (2022); ²Blackmore et al (2020); ³Patanè et al (in prep)



Mental health treatment gap

% Syrian refugees with mental health problems not seeking care:

Turkey:	88-90%¹
The Netherlands:	42-60%²



Mental health treatment gap

Structural barriers:

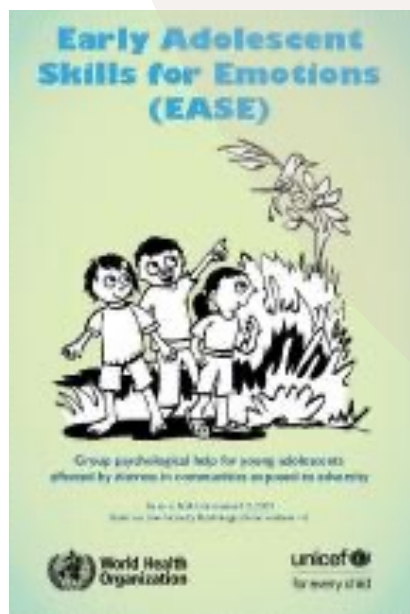
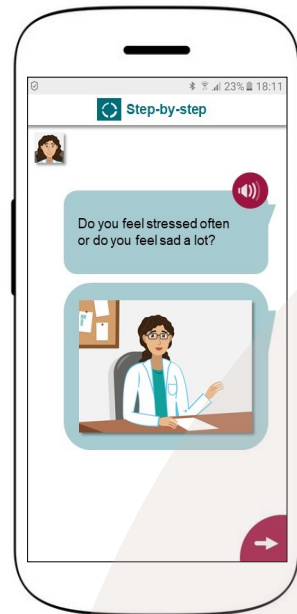
- Costs or misbeliefs about costs
- Language
- Geography
- Focus on single disorders

Attitudinal and behavioral barriers:

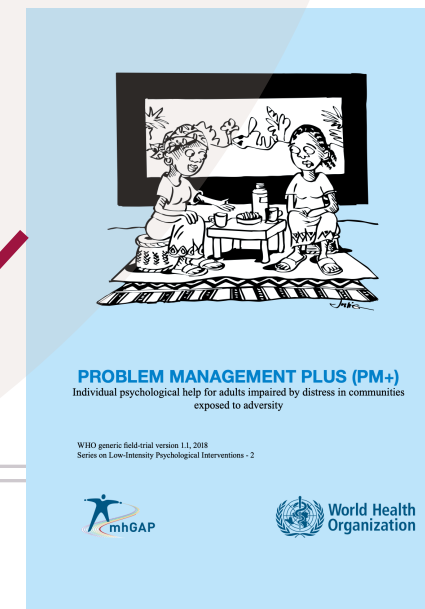
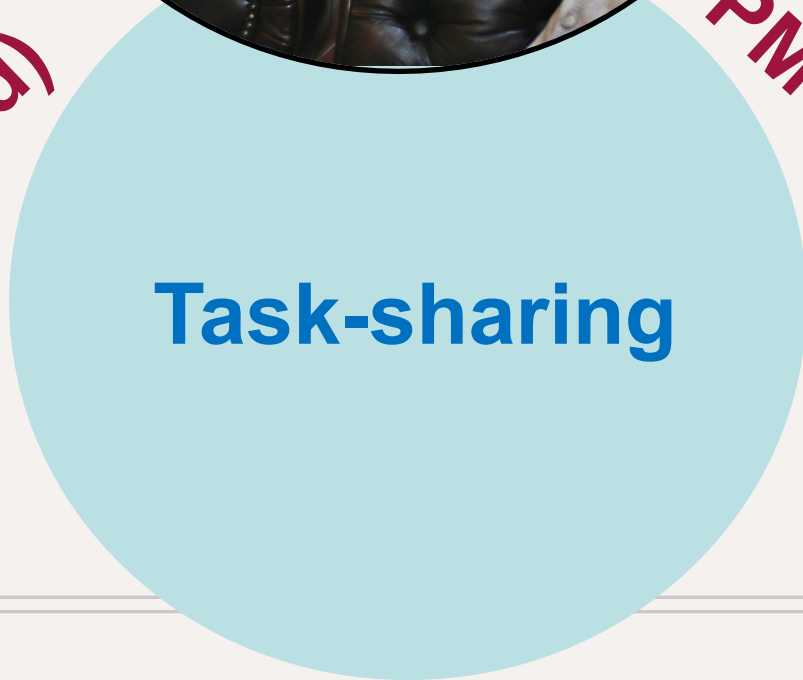
- Stigma
- Unfamiliarity with psychological services

SCALING UP PSYCHOLOGICAL INTERVENTIONS WITH SYRIAN REFUGEES

STRENGTHS



EASE (child)



PM+ Individual

PM+/ SbS

1

Stress management: Slow Breathing

2

Problem Management

3

Behavioural Activation

4

Strengthening Social Support

5

Staying Well / Relapse Prevention

Training model

- ✓ Non-professional or lay helpers
- ✓ 5 days training-of-trainers
- ✓ 8 days training of helpers
- ✓ Ongoing weekly supervision





2017-2022

Overall coordination:
VU University
Amsterdam





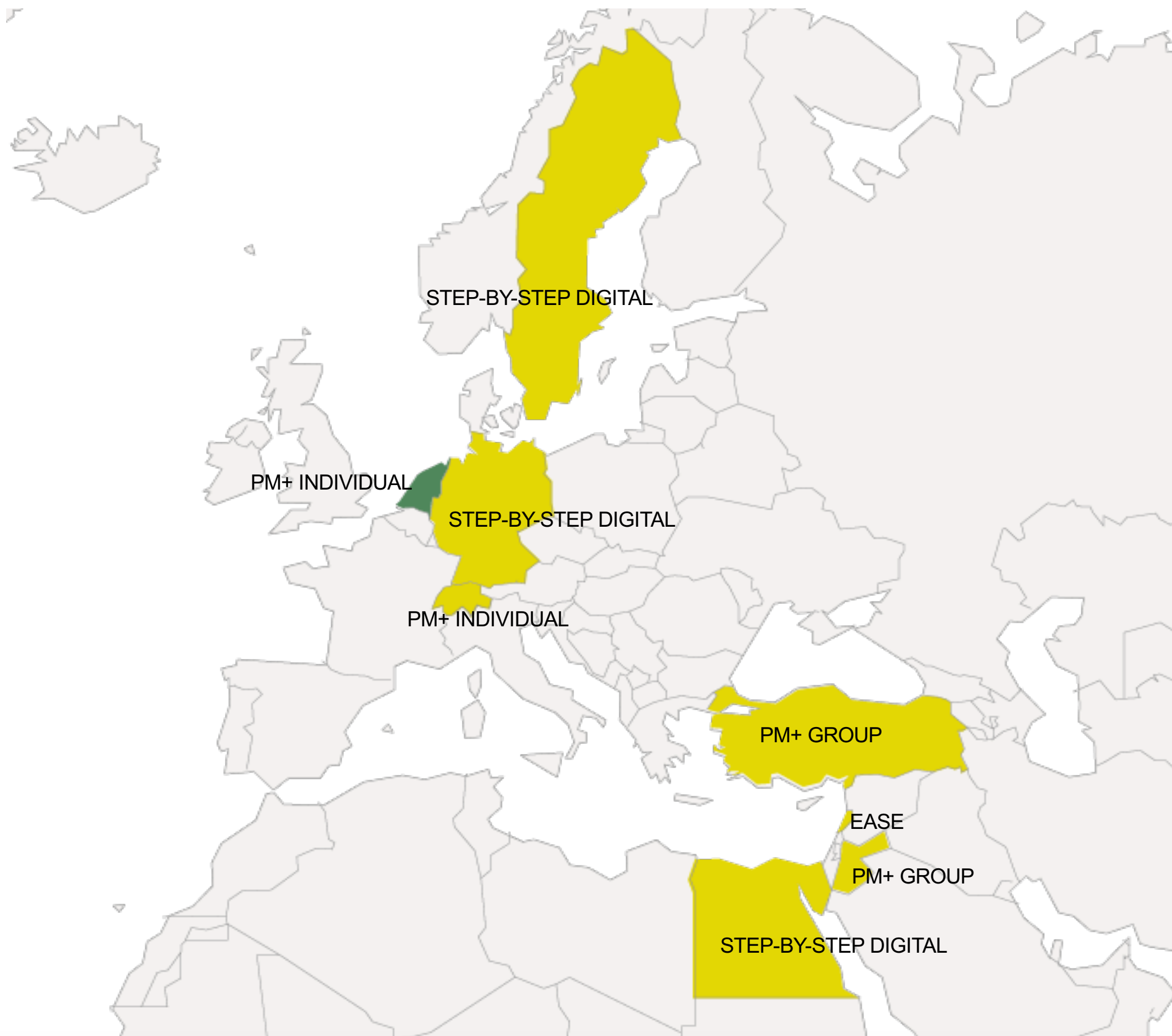
Syrian refugees

Camp & community settings

Low- and middle income and high income countries







PM+/ SbS/ EASE vs. care-as-usual; preliminary results



Country	No. participants	Psychological distress	Functional impairment	PTSD symptoms	Personal problems
PM+ Individual					
Netherlands	206	✓	-	✓	✓
Switzerland	54	-	-	-	-
PM+ Group					
Jordan	410	✓	-	-	✓
Türkiye	368	-	✓	-	-
Step-byStep (SbS)					
Germany	559	✓ (completers)	-	-	-
Egypt	538	✓	✓	-	-
Sweden	184	✓ (completers)	-	-	-
EASE					
Lebanon	198	-	-	-	-

Overall positive results, some inconsistencies

Some studies lack sample size for detecting differences

Heterogeneity

Research question:

1. Are WHO's PM+ & SbS effective in improving psychological distress (depression & anxiety), functional disability, and PTSD symptoms in Syrian refugees?
 2. And **what works best for whom?**
-
-

Background characteristics (n=2622)

	Mean (SD)	% (n)
Age	35.2 (10.4)	
Female sex		1738 (66.4%)
Educational level		
No or basic education		33.2% (859)
Secondary education		31.0% (802)
Certificate of associate degree		93.7% (95)
Higher education		32.1% (832)
Unemployed		44.9% (1164)
Baseline depression score (HSCL-25)	2.46 (0.67)	
Baseline anxiety score (HSCL-25)	2.32 (0.66)	
Baseline PTSD score (PCL-5 short)	15.31 (7.66)	

Preliminary results

Research question 1:

PM+/ SbS led to greater reductions in psychological distress ($d=0.15$), depression ($d=0.16$), anxiety ($d=0.11$), functional disability ($d=0.09$)

No difference in symptoms of PTSD ($d=.08$).

PM+ individual (n=379; 14.5%)

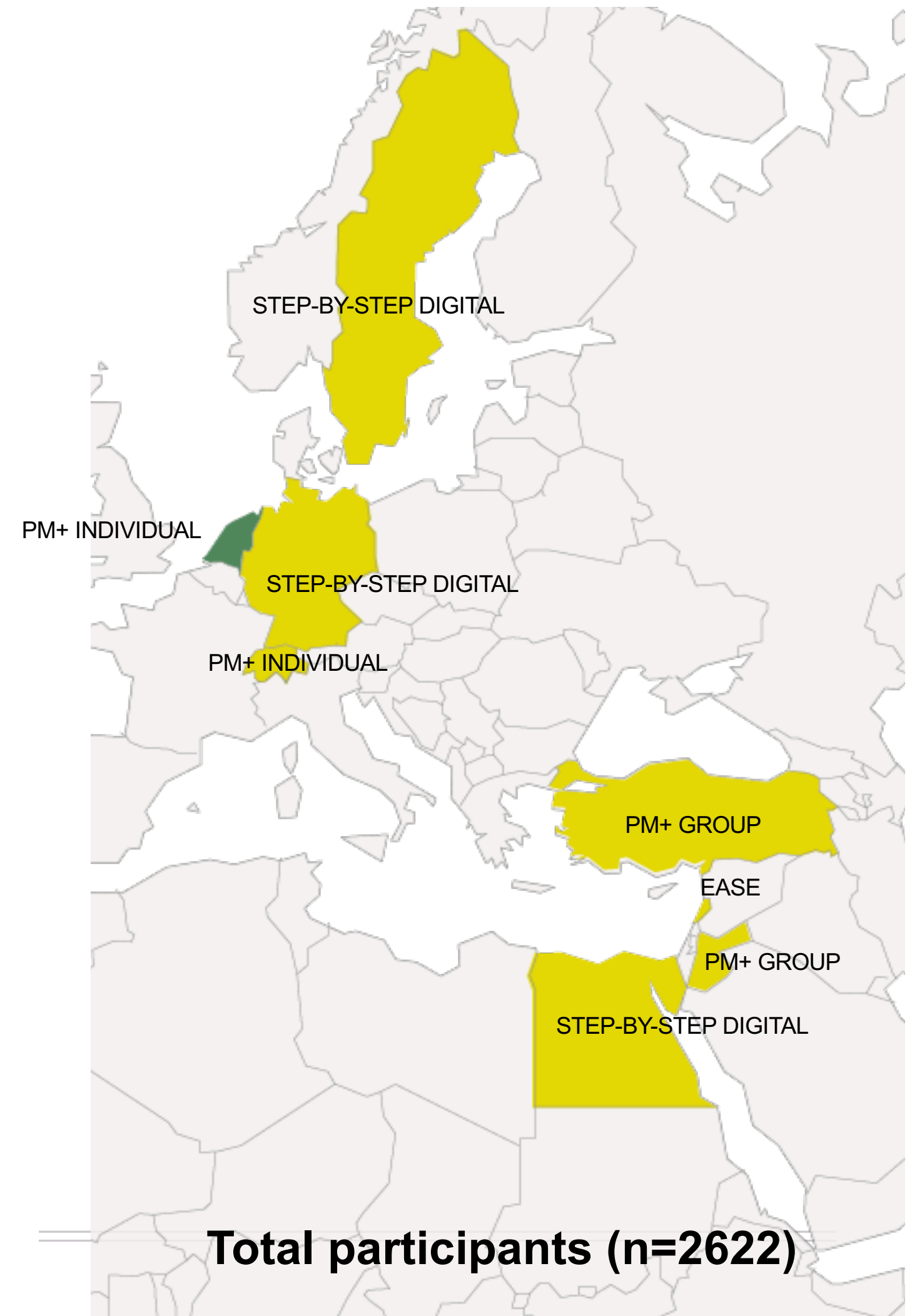
Effect size psychological distress: $d=0.26$

PM+ group (n=888; 33.9%)

Effect size psychological distress : $d=0.14$

Step by Step: (n=1355; 51.7%)

Effect size psychological distress: $d=0.10$



Previous studies on treatment moderators and predictors, e.g.:

Better response to specialized treatments for refugees^{1;2;3;4;5}
not being on benefits
being employed
better overall functioning
absence of pain
higher baseline depression severity

Better response task-sharing/ low intensity interventions^{6;7}:
being unemployed
lower mental well-being
psychomotor symptoms at baseline

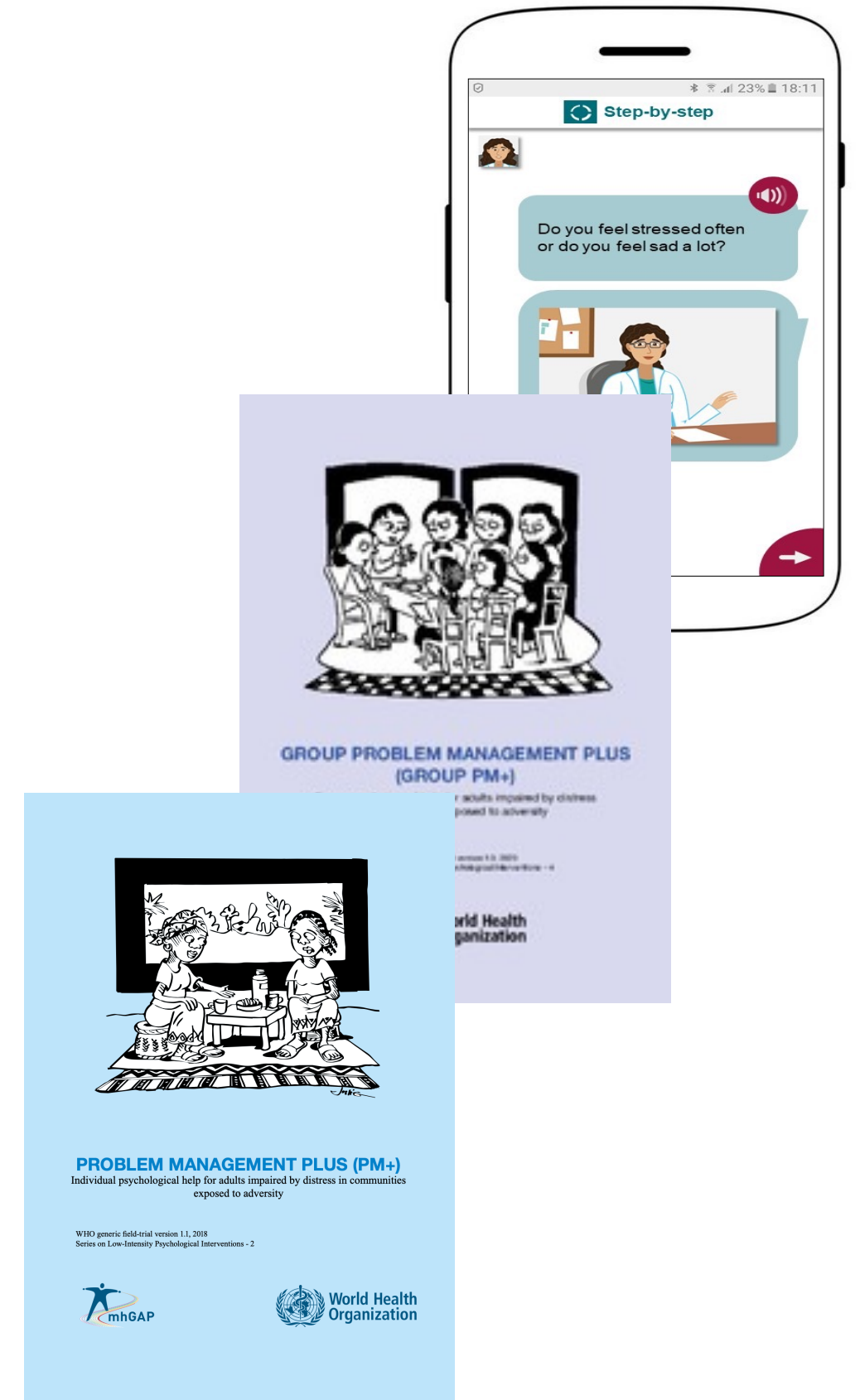
¹Buhmann et al 2015; ²Sonne et al 2016, ³2021; ⁴Sticker Nordtbrandt et al 2021; ⁵Strupf et al 2023; ⁶Karyotaki et al 2022a; ⁷2022b;

Preliminary results

Research question 2: what works best for whom?

Do the following characteristics moderate the effect of PM+/SbS:

- intervention type (iPM+, gPM+ and SbS)
- demographics (gender, age, educational level, employment)
- baseline probable depression, anxiety and PTSD
- number of traumatic events and postmigration living difficulties reported at baseline



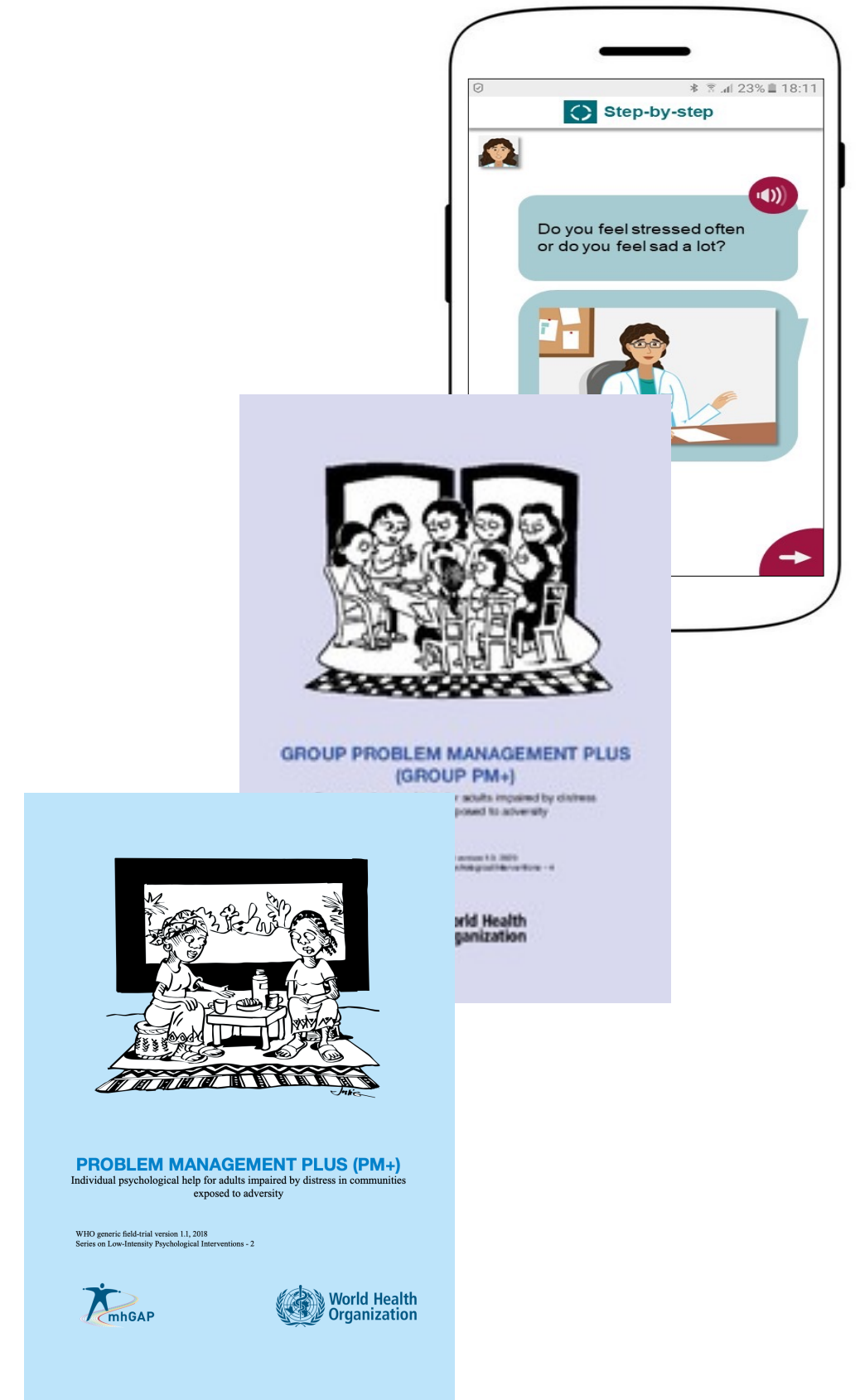
Research question 2: what works best for whom?

Stronger overall effects in reducing psychological distress (3 months follow-up) of PM+/SbS for participants with:

Probable depression at baseline ($p=0.002$)

Fewer post-migration living difficulties at baseline ($p=0.02$)

No moderation effects for gender, age, marital status, work status, educational level, baseline anxiety symptoms, baseline PTSD symptoms, and traumatic events





Self-Help Plus: 5 sessions group (≤ 30 people) stress management course developed by WHO

Non-specialized supervisors with minimal training

Relaxation exercises, mindfulness, compassion

Effective in preventing mental disorders in refugees in Turkey and Europe in EU H2020 REDEFINE project^{1;2} and in reducing distress in Uganda³

More effective for unemployed participants and with lower mental well-being⁴

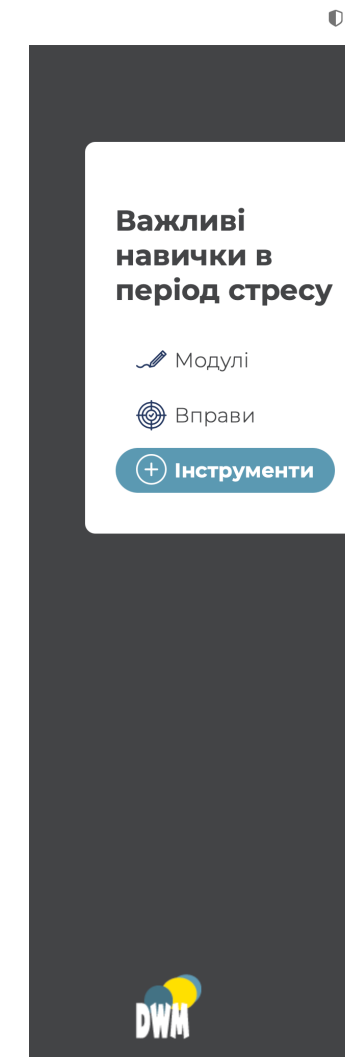
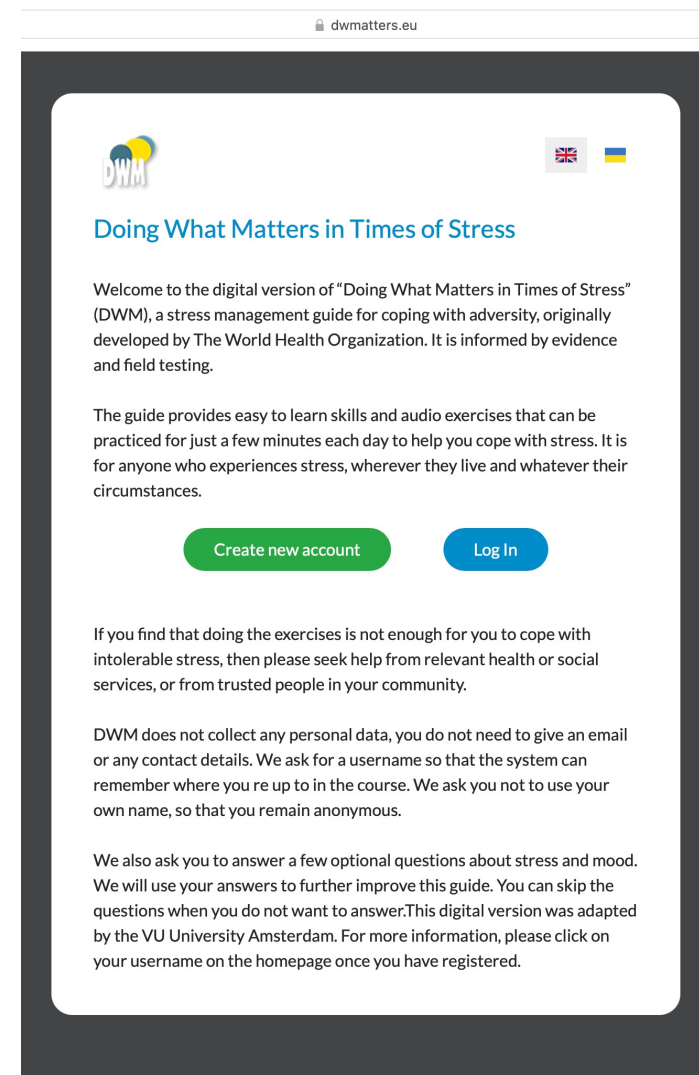
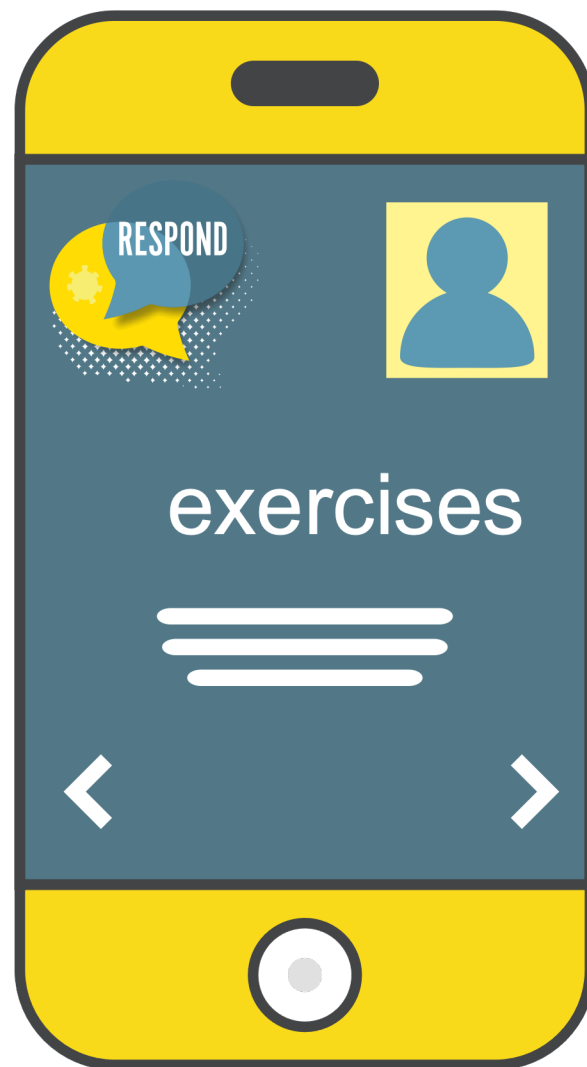


¹Acarturk et al (2022); ²Purgato et al (2021); ³Tol et al (2020); Karyotaki et al 2023.



DWM smartphone app

Digital tool for psychosocial support based on the Self-Help Plus (SH+) Doing What Matters in times of stress (DWM) guide and audio files



Інструмент 5: Створюємо простір

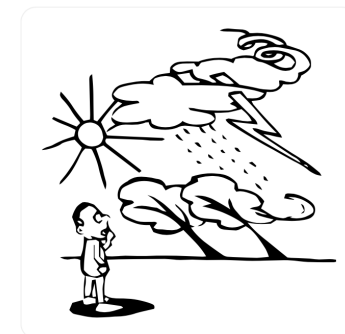
Спроби відігнати від себе важкі думки та почуття часто бувають нерезультативними. Тому, натомість, СТВОРЮЄМО для них ПРОСТІР:

1) ЗВЕРТАЄМО УВАГУ на важку думку чи почуття і спостерігаємо за ними з цікавістю. Зосереджуємо на них свою увагу. Уявляємо болісне відчуття яким-небудь предметом і звертаємо увагу на його розмір, форму, колір і температуру.

2) НАЗИВАЄМО важку думку або почуття, наприклад:

1. "Ось важке почуття"
2. "Ось важка думка про минуле"
3. "Я звертаю увагу на свій смуток"
4. "Я звертаю увагу на свою думку про те, що я слабка людина"

3) Дозвольте цьому болісному почуттю чи думці приходити і йти як погоді. Дихайте і уявляйте собі, як повітря проникає у ваш біль і обволікає його, створюючи для нього простір. Замість того, щоб боротися з думкою чи почуттям, дозвольте їм проходити крізь вас наче погода, яка змінюється на небі. Якщо ви не будете боротися з



www.dwmatters.eu



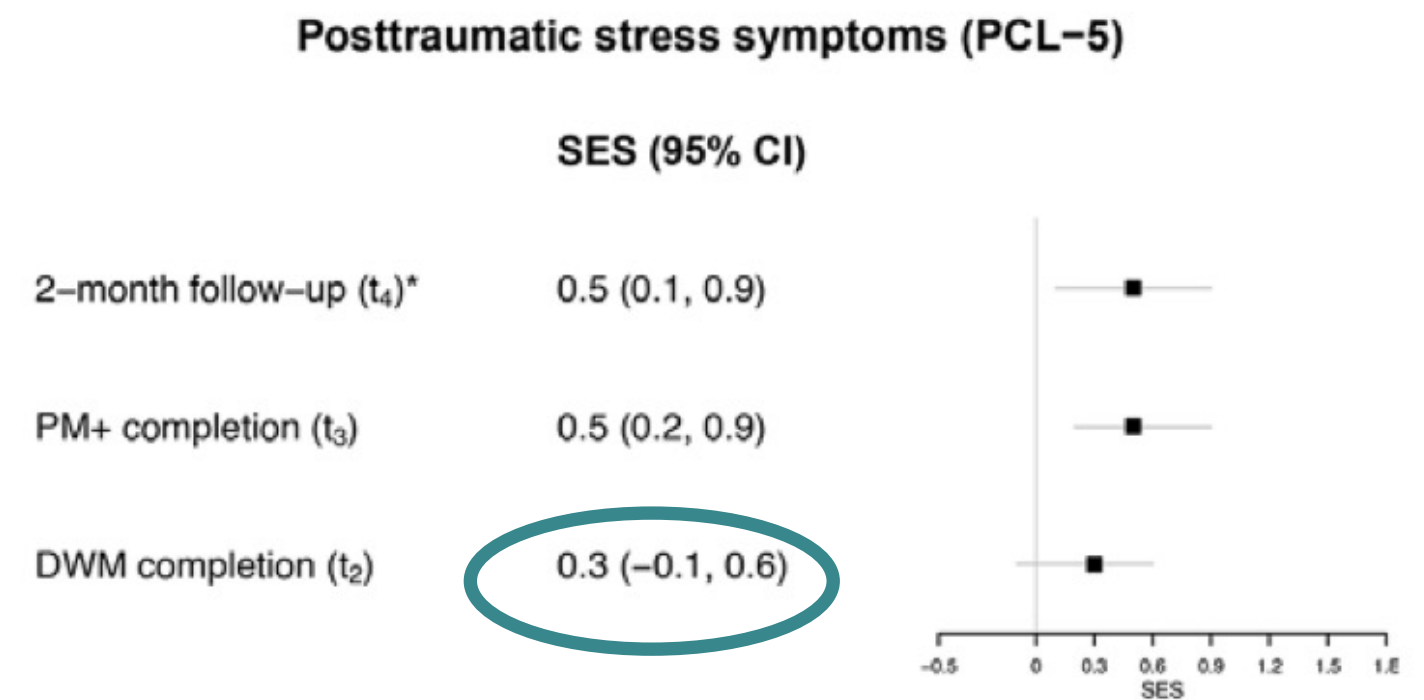
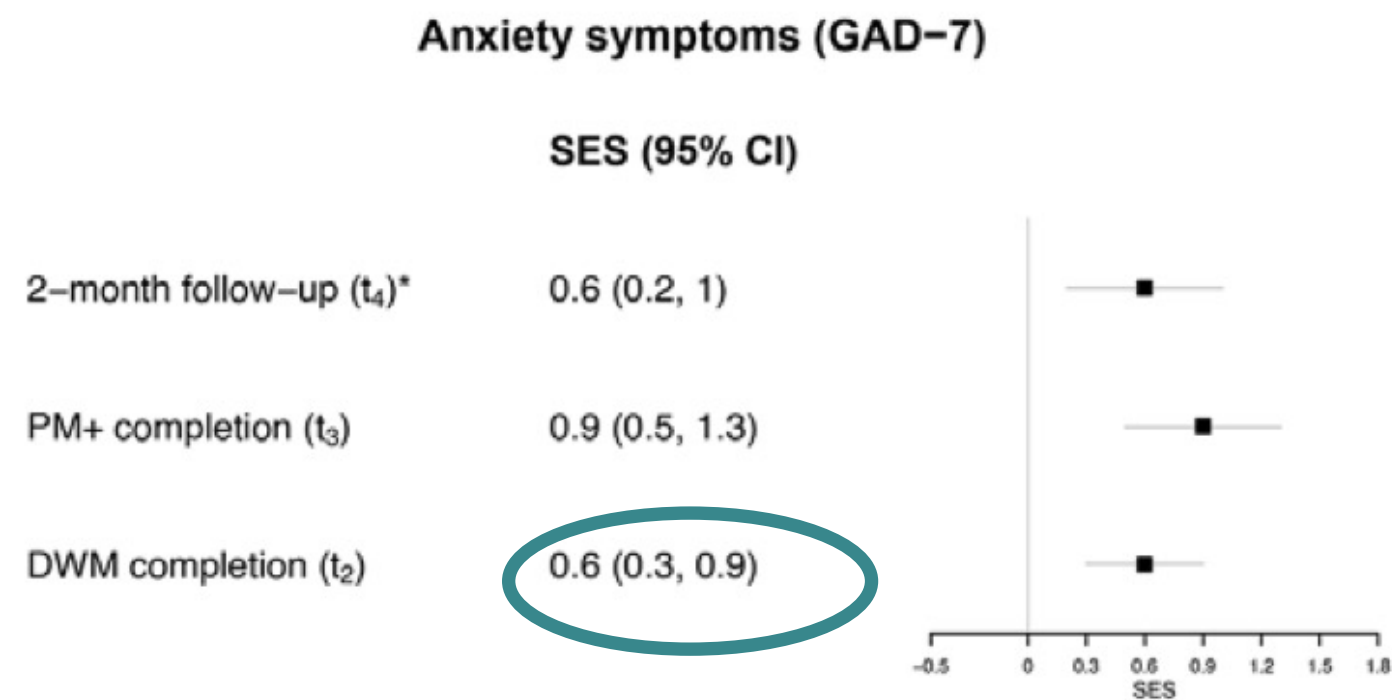
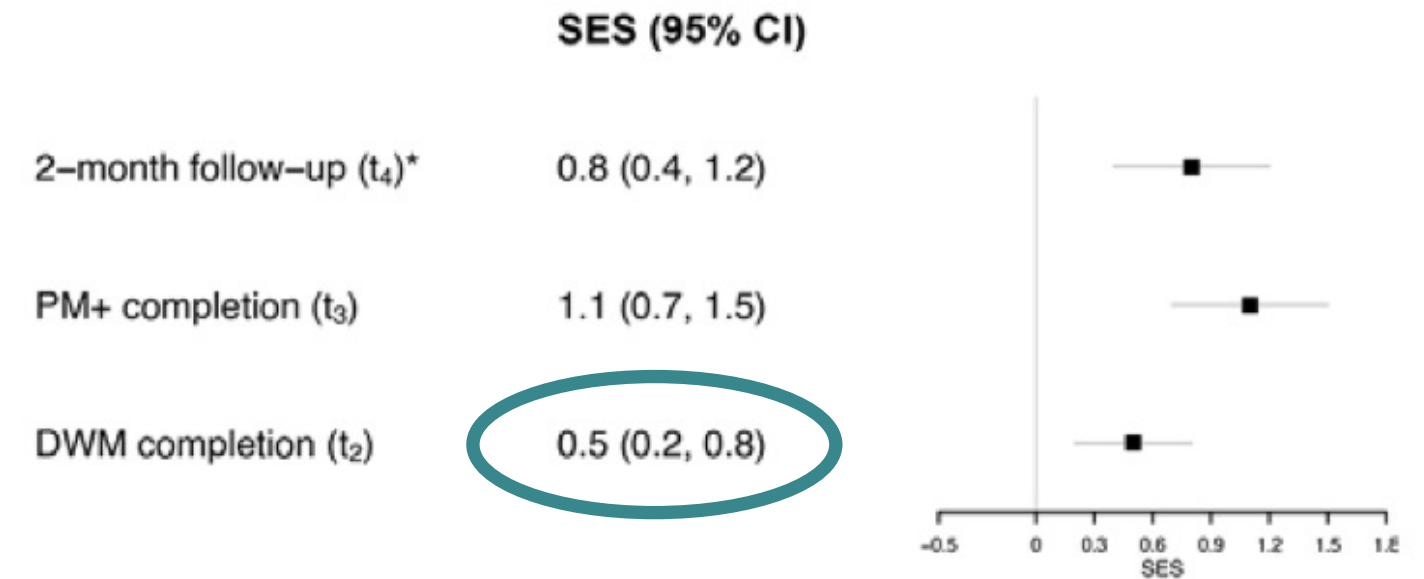
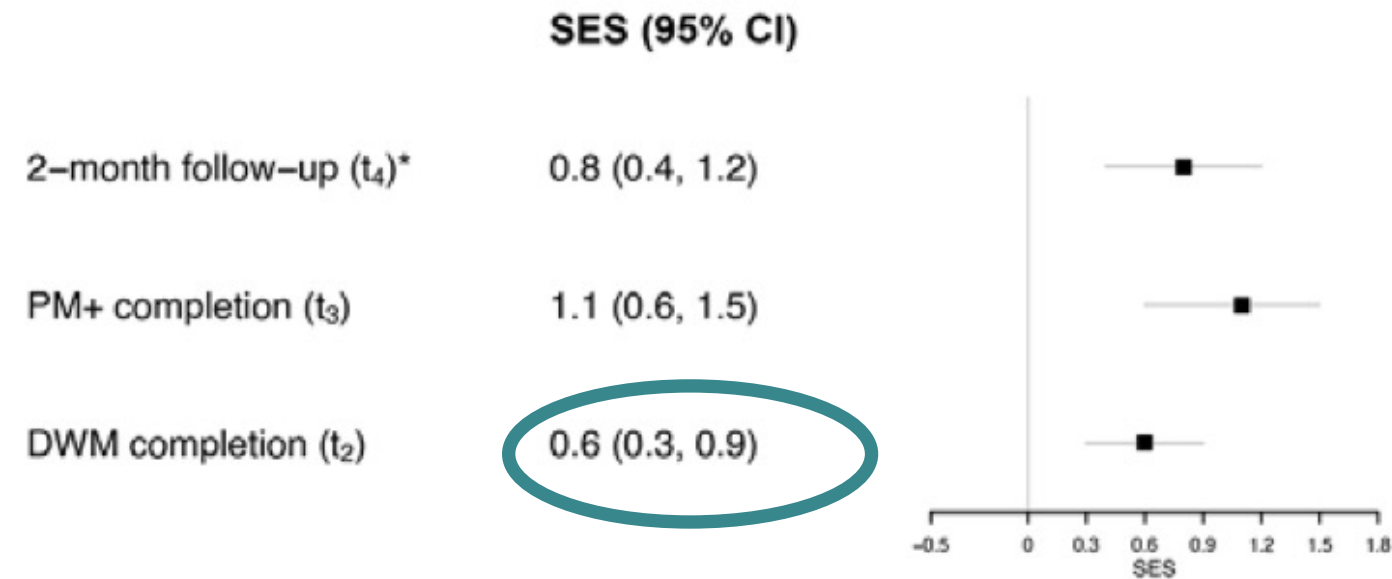
Doing What Matters in times of stress (DWM)

Problem Management Plus (PM+)



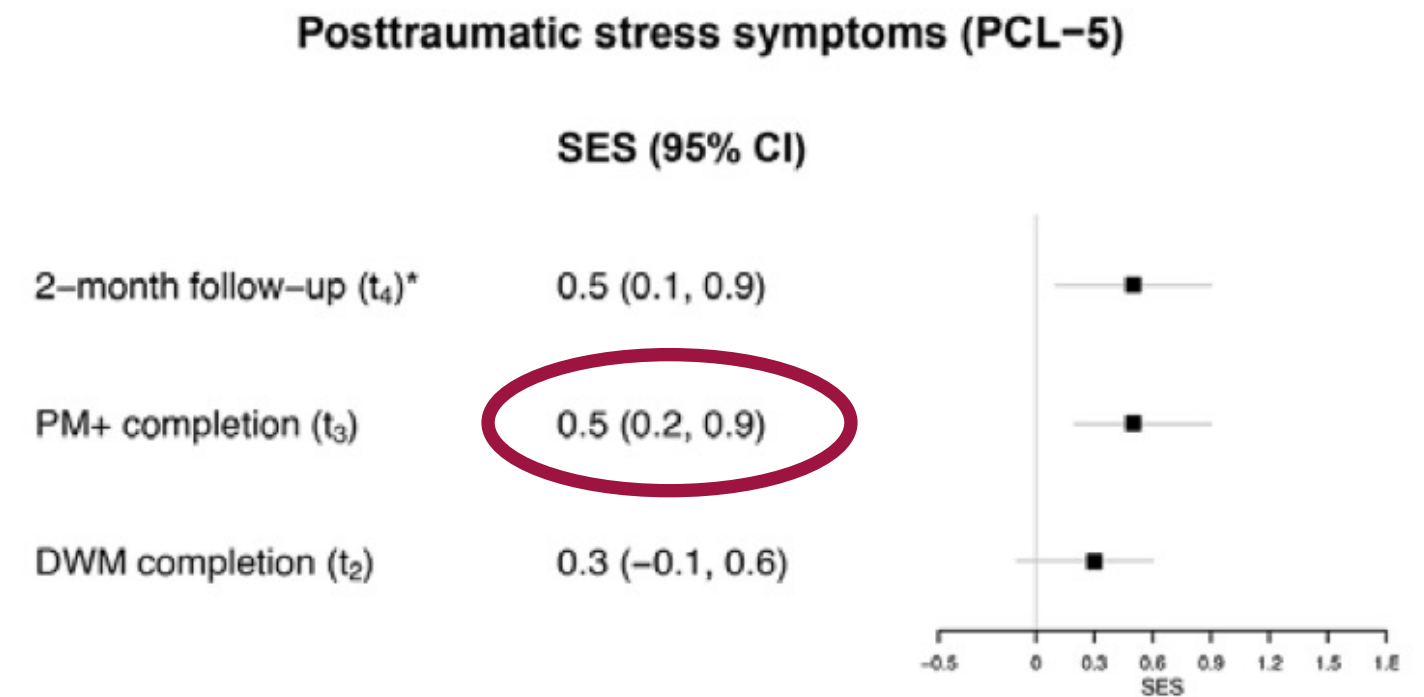
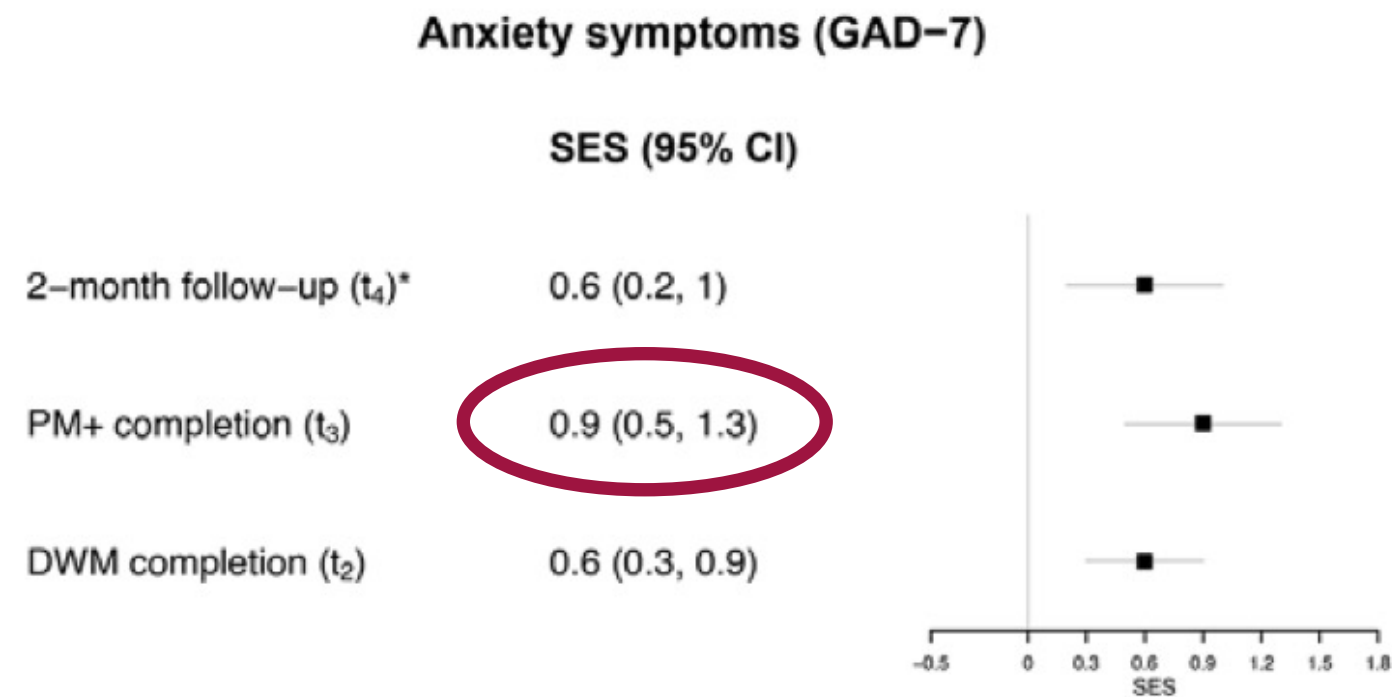
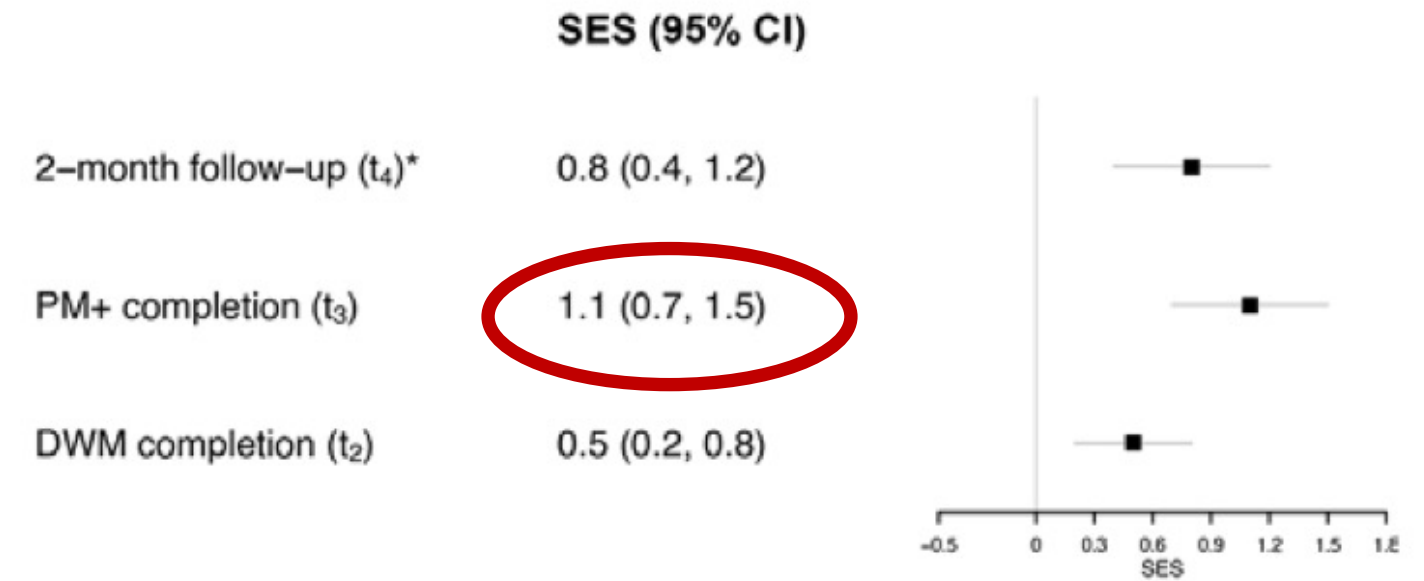


DWM and PM+ among health workers in Spain affected by COVID-19





DWM and PM+ among health workers in Spain affected by COVID-19



Ongoing EU4Health U-RISE project:

Ukraine's displaced people in the EU: Reach out, Implement, Scale-up and Evaluate interventions promoting mental wellbeing



Concluding

Scalable interventions are effective, but do not replace specialized mental health care

s
Overall improvements in psychological distress, but the more scalable forms do not lead to convincing reductions in PTSD symptoms

Future steps:

- evaluate add-on modules/ versions targeting **additional mental health needs** (ie, PTSD symptoms, alcohol use, suicide risk)
 - examine and compare **effective implementation strategies**
 - **compare** scalable interventions or effective components
-

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