



# Scaling up psychological interventions in Switzerland

PD Dr. Naser Morina

International Symposium: Scalable psychological interventions: Quo vadis? January 18, 2024, Zurich

# Switzerland: Mental Health Treatment Gap



### WHO's and adapted scalable interventions in Switzerland





#### WHO's 5 Phase Evaluation Model



Adaptation of intervention for local sociocultural context



 Small, feasibility randomized controlled trial (RCT) (feasibility, safety, trial procedures)



Process evaluation to prepare for RCT



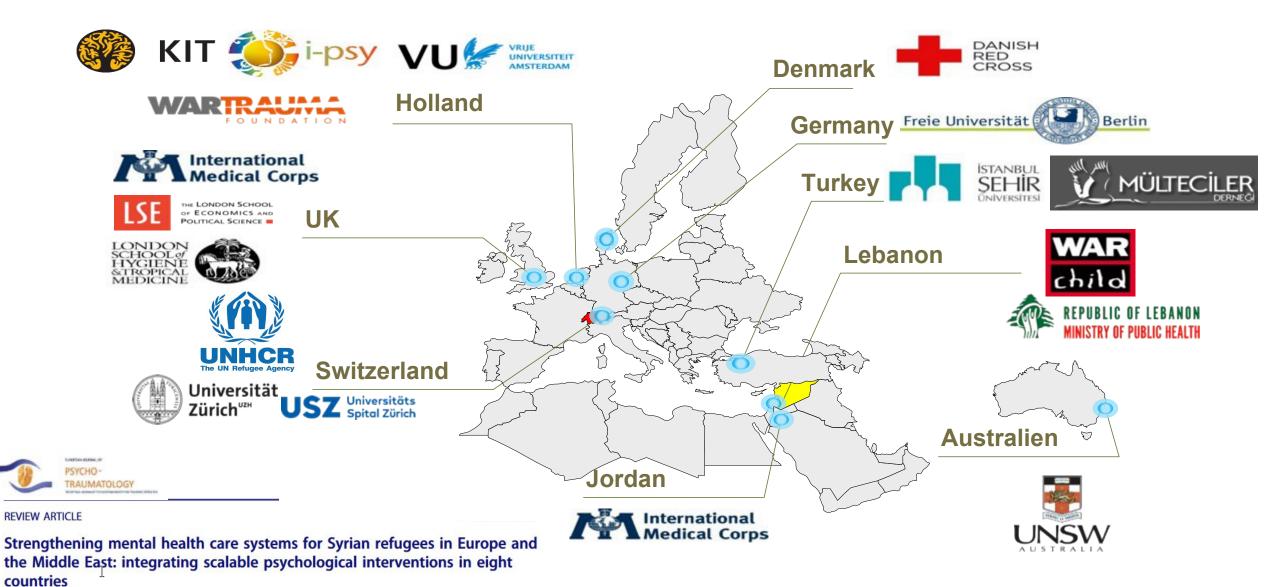
Large RCT to evaluate



 Process evaluation to prepare for scaling up / Dissemination

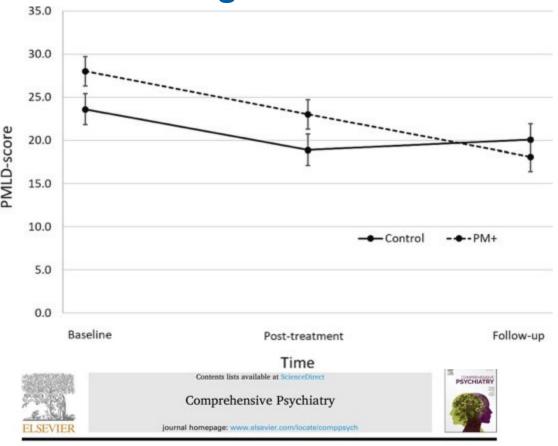


# Horizon2020: STRENGTHS



Marit Sijbrandij<sup>a</sup>, Ceren Acarturk<sup>b</sup>, Martha Bird<sup>c</sup>, Richard A Bryant<sup>d</sup>, Sebastian Burchert<sup>e</sup>, Kenneth Carswell<sup>f</sup>, Joop de Jong<sup>g</sup>, Cecilie Dinesen<sup>c</sup>, Katie S. Dawson<sup>d</sup>, Rabih El Chammay<sup>h,i</sup>, Linde van Ittersum<sup>i</sup>, Mark Jordans<sup>k,j</sup>, Christine Knaevelsrud<sup>e</sup>, David McDaid<sup>n</sup>, Kenneth Miller<sup>k</sup>, Naser Morina<sup>m</sup>, A-La Park<sup>n</sup>, Bayard Roberts<sup>o</sup>, Yvette van Son<sup>p</sup>, Egbert Sondorp<sup>g</sup>, Monique C. Pfaltz<sup>m</sup>, Leontien Ruttenberg<sup>r</sup>, Matthis Schick <sup>om</sup>,

# Resultate: PM+ auf post-migratorische Belastungen





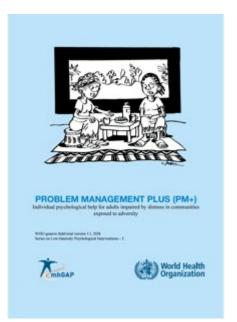
The effect of a low-level psychological intervention (PM+) on post-migration living difficulties – Results from two studies in Switzerland and in the Netherlands

Julia Spaaij <sup>a</sup>, Anne M. de Graaff <sup>b</sup>, Aemal Akhtar <sup>c,d</sup>, Nikolai Kiselev <sup>a,c,f</sup>, David McDaid <sup>a</sup>, Hanspeter Moergeli <sup>a</sup>, Monique C. Pfaltz <sup>a,b</sup>, Matthis Schick <sup>a</sup>, Ulrich Schnyder <sup>i</sup>, Richard A. Bryant <sup>c</sup>, Pim Cuijpers <sup>b</sup>, Marit Sijbrandij <sup>b</sup>, Naser Morina <sup>a, a</sup>, on behalf of the STRENGTHS consortium

Table 2 Change in post-migration living difficulties rated as moderately serious to very serious in the PM+ condition (N = 49).

	n (%)	8		
PMLD type	T1	T3	$P^{a,b}$	
Communication difficulties	29	20	0.049	
	(59.2%)	(40.8%)		
Discrimination	15	11	0.388	
	(30.6%)	(22.4%)		
Conflicts with your own / other ethnic groups	10	4 (8.2%)	0.109	
in host country	(20.4%)			
Separation from family	34	21	< 0.001	
	(69.4%)	(42.9%)		
Worries about family back home	39	25	< 0.001	
	(79.6%)	(51.0%)		
Unable to return home in emergency	30	24	0.210	
	(61.2%)	(49.0%)		
Difficulties with employment	35	23	0.023	
	(71.4%)	(46.9%)		
Difficulties in interviews with immigration	12	4 (8.2%)	0.021	
officials	(24.5%)			
Conflicts with social workers / other	9	5	0.219	
authorities	(18.4%)	(10.2%)		
Not being recognized as a refugee	5	8	0.250	
	(10.2%)	(16.3%)		
Being fearful of being sent back to your	28	15	0.002	
country of origin in the future	(57.1%)	(30.6%)		
Worries about not getting access to treatment	20	10	0.013	
for health problems	(40.8%)	(20.4%)		
Not enough money to buy food, pay the rent	24	17	0.039	
or buy necessary clothes	(49.0%)	(34.7%)		
Difficulties obtaining financial assistance	15	5	0.006	
	(30.6%)	(10.2%)		
Loneliness, boredom, or isolation	26	19	0.118*	
	(55.3%)	(40.4%)		
Difficulties learning one of the national	34	24	0.021**	
languages	(70.8%)	(50.0%)		
Difficulties obtaining appropriate	33	18	< 0.001	
accommodation	(67.3%)	(36.7%)		

### WHO's and adapted scalable interventions in Switzerland















## **EASE**

# **Early Adolescent Skills for Emotions**







# **Training & Adaptation**

Ukrainians

12 Facilitators

2 Supervisors







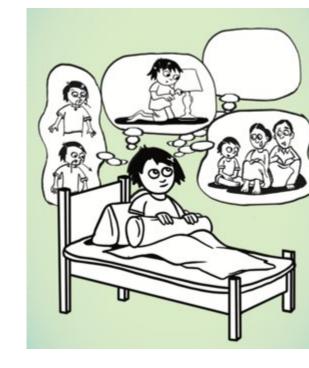


# **Adaptation**











### WHO's and adapted scalable interventions in Switzerland

#### RECHARGE:

A brief psychological program for healthcare workers





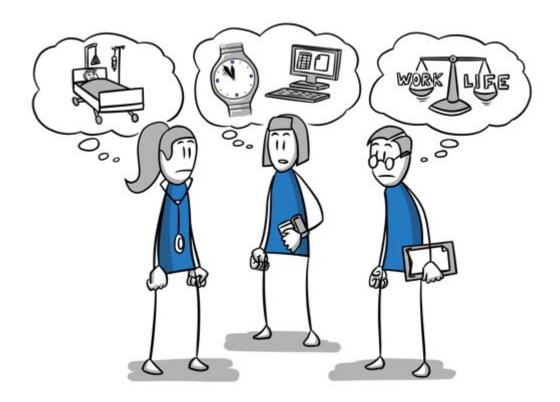


#### Acknowledgements

This manual was written by Dr Katle Dawson and Professor Richard Bryant (University of NSW, Australia) and Dr Naser Morina (University Hospital Zurich). The illustrations were completed by Julie Smith (<u>looolysmith@gmail.com</u>).

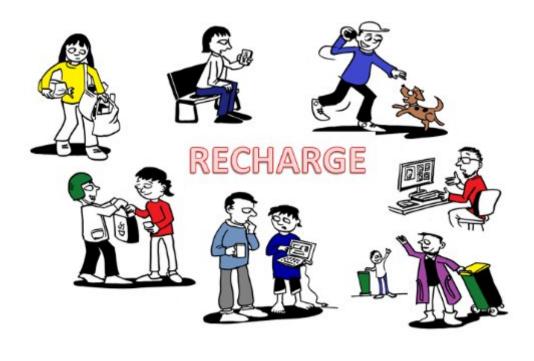


#### **RECHARGE: Health Care Workers**



#### RECHARGE:

#### Ein psychologisches Kurzprogramm für Gesundheitsfachpersonen

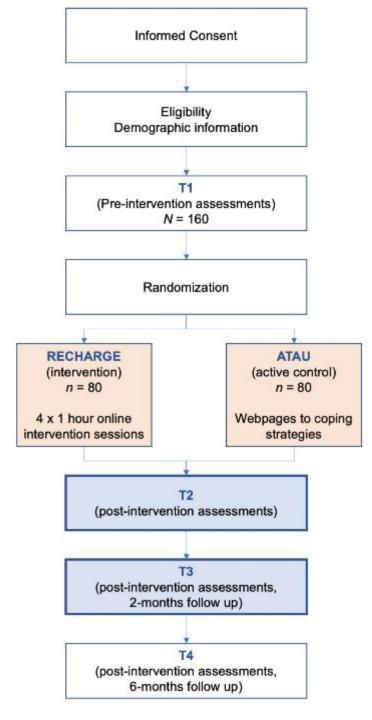


Dieses Manual wurde von Dr. Katie Dawson, Professor Richard Bryant (Universität NSW, Australien) und Dr. Naser Morina (Universitätsspital Zürich) verfasst. Die Illustrationen stammen von Julie Smith (jooolysmith@gmail.com).



#### RFCHARGF: Methods & Resultats

				Missal was dall awalisais		
		Descriptive statistics		Mixed model analysis		
		RECHARGE	ATAU			
Primary and secondary outcomes	Visit	Estimated Mean (SE)	Estimated Mean (SE)	Difference in LS mean (95%C	I) P-value	Effect size
Primary Outcome				,	,	
K10	Baseline	21.95 (.57)	22.43 (.58)			
	5 weeks	19.31 (.59)	21.39 (062)	1.60 (0.14, 3.07)	0.03	0.32
	2 months	18.59 (.60)	20.93 (.65)	1.86 (0.28, 3.44)	0.02	0.37
	6 months	19.06 (.61)	20.73 (.66)	1.20 (-0.42, 2.83)	0.15	0.24
Secondary Outcomes						
PCL	Baseline	3.35 (.29)	3.86 (.30)			
	5 weeks	2.66 (.31)	3.08 (.32)	-0.07 (-0.80, 0.65)	0.84	02
	2 months	2.37 (.31)	2.89 (.33)	0.01 (-0.76, 0.78)	0.98	0.00
	6 months	2.51 (.31)	2.71 (.34)	31 (-1.10, 0.49)	0.45	11
GAD	Baseline	7.02 (.36)	7.59 (.37)			
	5 weeks	5.21 (.38)	6.45 (.40)	0.67 (-0.29, 1.63)	0.17	0.20
	2 months	4.77 (.38)	6.52 (.42)	1.18 (0.11, 2.25)	0.03	0.36
	6 months	4.92 (.39)	5.57 (.43)	0.09 (-1.02, 1.20)	0.88	0.03
HADS: Anxiety	Baseline	7.63 (.36)	8.27 (.37)			
	5 weeks	6.38 (.37)	7.26 (.39)	0.25 (59, 1.09)	0.56	0.08
	2 months	5.81 (.38)	6.80 (.40)	0.36 (-0.57, 1.29)	0.45	0.11
	6 months	5.87 (.38)	6.57 (.41)	0.07 (-0.91, 1.03)	0.89	0.02
HADS: Depression	Baseline	6.00 (.35)	6.49 (.36)			
	5 weeks	4.64 (.37)	5.70 (.38)	0.57 (-0.21, 1.37)	0.15	0.18
	2 months	4.50 (.37)	5.49 (.40)	0.50 (-0.43, 1.42)	0.29	0.16
	6 months	4 37 ( 38)	5 28 ( 41)	0 42 (-0 56 1 41)	0 40	0 14
MIAS: Moral Injury	Baseline	1.04 (.08)	0.98 (.08)			
	5 weeks	0.82 (.08)	0.70 (.08)	-0.06 (-0.27, 0.15)	0.57	-0.08
	2 months	0.65 (.08)	0.81 (.09)	0.22 (0.00, 0.45)	0.04	0.30
	6 months	0.76 (0.08)	0.84 (0.09)	0.14 (-0.10, 0.36)	0.24	0.19
MBIW: Burnout	Baseline	6.16 (0.29)	6.62 (0.29)			
	5 weeks	4.73 (0.30)	6.12 (0.31)	0.94 (0.18, 1.70)	0.01	0.40
	2 months	4.53 (0.30)	5.95 (0.33)	0.97 (0.10, 1.84)	0.03	0.40
	6 months	4.89 (0.31)	5.50 (0.33)	0.15 (-0.76, 1.07)	0.74	0.06
Work Ability	Baseline	30.80 (0.46)	29.76 (0.48)			
	5 weeks	31.68 (0.48)	30.44 (0.50)	-0.20 (-1.34, 0.94)	0.73	-0.05
	2 months	31.88 (0.49)	30.02 (0.53)	-0.82 (-2.09, 0.45)	0.20	-0.20
	6 months	30.97 (0.50)	30.95 (0.54)	1.02 (-0.29, 2.34)	0.13	0.25



#### WHO's and adapted scalable interventions in Switzerland

#### RECHARGE:

A brief psychological program for healthcare workers







#### Acknowledgements

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#### **PRI§MA**

Prison Stress Management:

A Brief Psychological Program for Prisoners

#### Acknowledgements

This manual was conceptualized and written by Dr Dharani Keyan, Dr Katie Dawson, Professor Richard Bryant (University of NSW, Australia) and Dr Naser Morina (University Hospital Zurich, University of Zurich, Switzerland) in collaboration with Kerrin Hoeffler, Dr Thomas Noll, Dr Gianandrea Pallich and Dr Stefan Tobler (all Justizvollzug und Wiedereingliederung, Zürich, Switzerland).



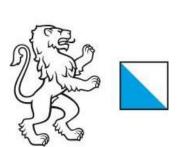
#### **PRI§MA**

#### **Model Trial Pretrial Detention**

4 sessions

2 weeks







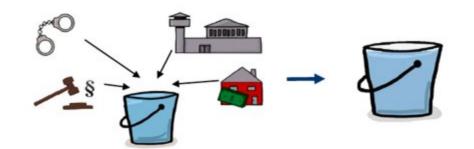


#### **Prison Stress Management:**

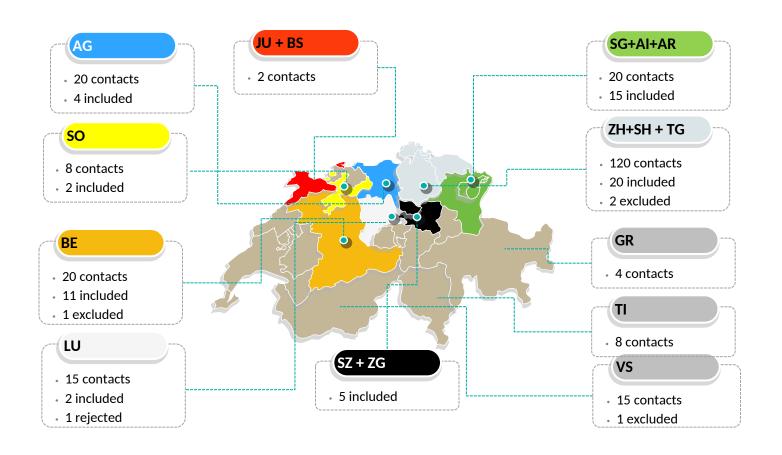
#### A Brief Psychological Program for Prisoners

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### STRENGTHS: contacts and inclusion in study





# SP}RIT

SCALING-UP PSYCHOLOGICAL INTERVENTIONS IN REFUGEES IN SWITZERLAND



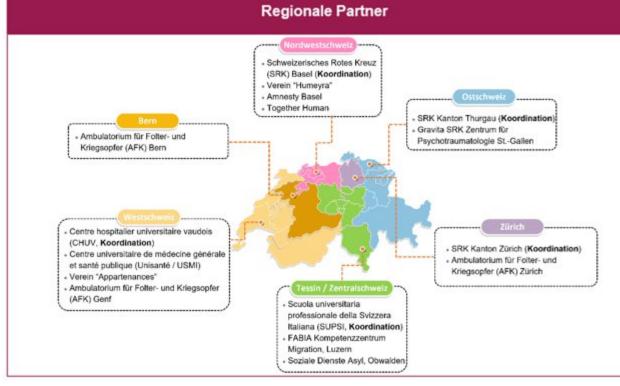




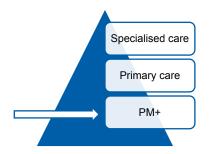
Gesundheitsförderung Schweiz Promotion Santé Suisse Promozione Salute Svizzera

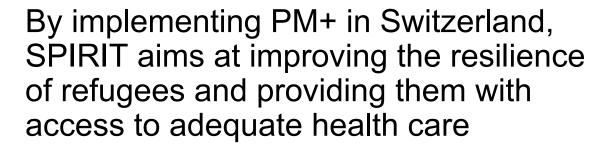


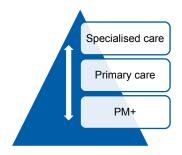




### **Objectives**







SPIRIT aims at establishing PM+ as the foundation of a stepped care model and at building local networks within the (mental) health care system

#### **Subgoals**

- Awareness campaign for refugees and professionals working with refugees
- Systematic mental health screenings and Triage throughout Switzerland
- Implementation of PM+
- Establishment of local care networks linking PM+ with standard care



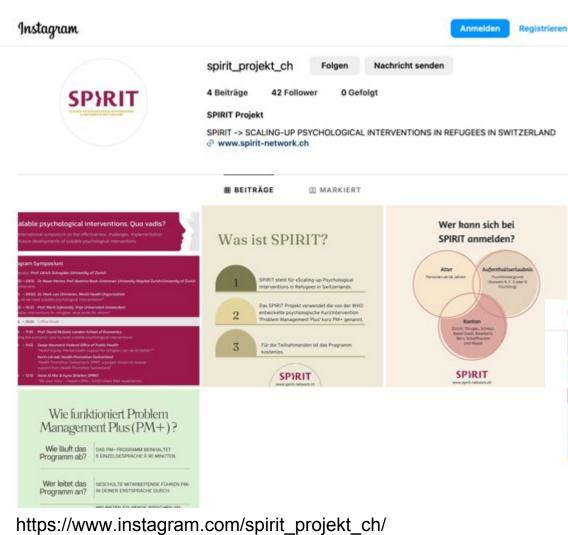






#### **Goal 1: Awareness**

USZ Universitäts Spital Zürich



facebook E-Mail-Adresse oder Ha Spirit Projekt 24 "Gefällt mir"-Angaben - 25 Follower Fotos SPIRIT Spirit Projekt Steckbrief 1 Tage - 3 Menschen mit Fluchthintergrund brauchen oft Das Programm für das SPIRIT Symposium: "Scalable psychlogical psychosoziale Unterstützung. interventions: Quo vadis?" am 18. Januar, 2024! Ein internationales Symposium über die Wirksamkeit, SPIRIT setzt hier an and hat zum Ziel, die Herausforderungen, Implementierung und zukünftige Entwicklungen Resilienz von Geflüchteten zu verbessern und https://www.facebook.com/people/Spirit-Projekt/ STRENGTHS HOME DASPINGUEST INTRACHED TEAM NEWS KONTAKT SEUTSCH - CO Die Universität Zürsch untersucht ein neues Programm, welches Personen im Umgang mit Altageschwierigkeiten unterstützt Dus Programm numbe speciel für Menochen aus anabischöpnschigen Ländern entwickeit und fincht in Zürich, Bere und St. Gallen sowie auf Stumoch auch seline stats. Wie Sie davon profitieren können? Sie werden neue Strategien und Fähigkeiten erlernen, wie Sie sich selbst, ihren Angehörigen und Freunden im Alltag noch besser helfen und sie untantützen können. MOCHTEN SIE UNS BEI DIESEM PROJEKT UNTERSTÜTZEN? DOCK HABEN WEITERE FRAGEN? 19 DANS MELDEN SIE SICH BITTE BEI UNS strengths@usz.ch | +41 79 913 24 69 ASSESSED OF TENANDERS OF STREET ENGINEERS OF THE PART OF VIOLED OF UNTERSTORISMS BRADESTO

#### Video: Social media

Farsi



#### Ukrainian



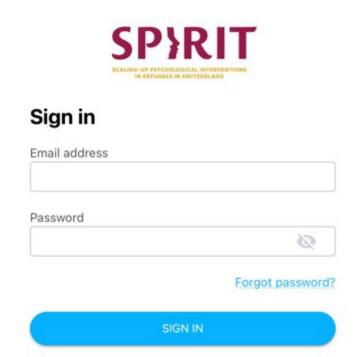


# Goal 2: Screening-Assessment-Triage: Patient-reported outcome measures

Systematic screenings

Digital tool: certified as medical product

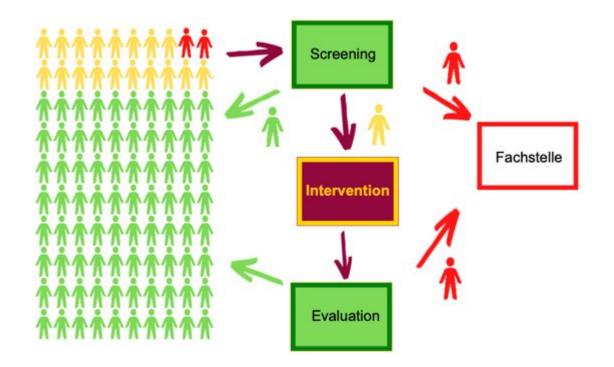
Triage

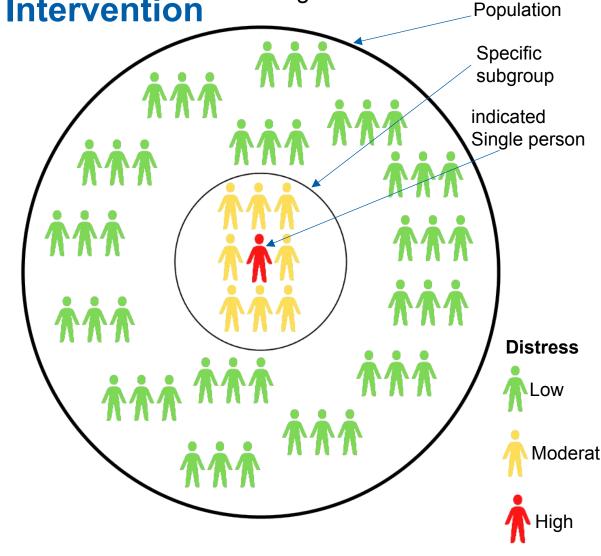


# Welcome to our community

Enter your details and start your journey with us.

### **Stepped Care: Indicated Prevention / Intervention**



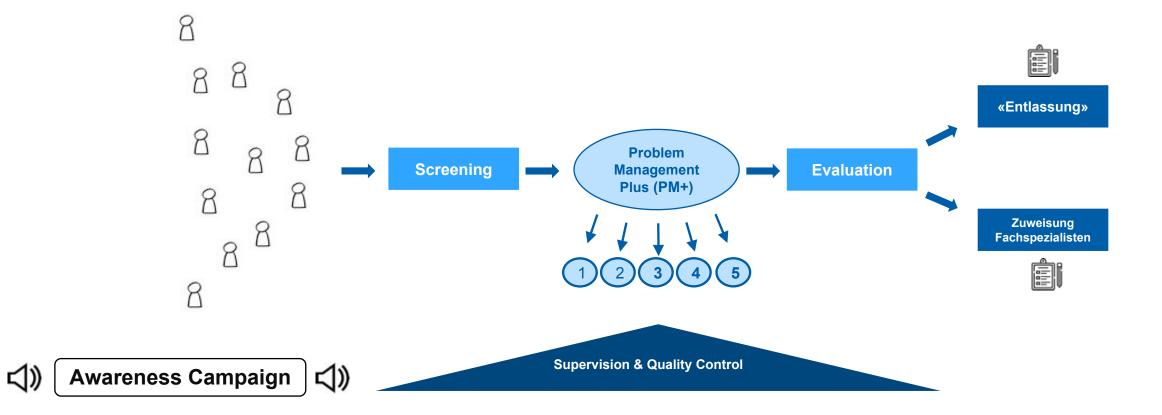


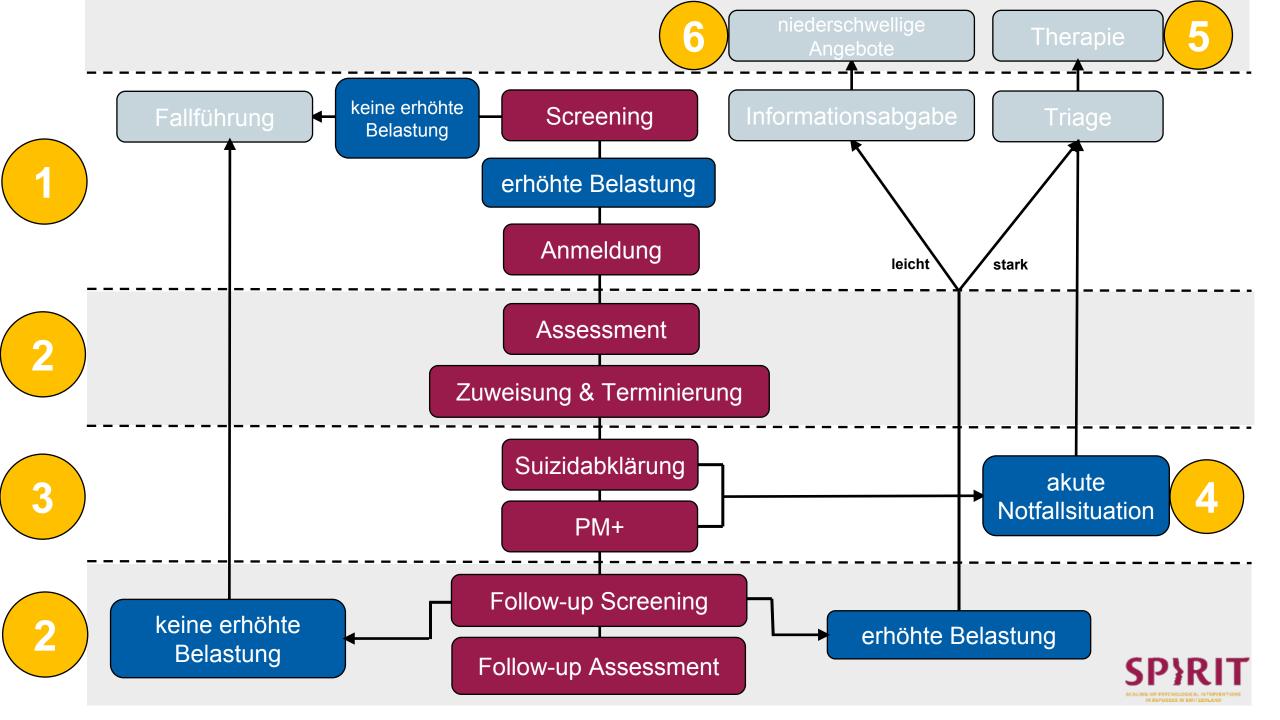
Categories

(vgl. Artikel zur Prävention von PTSD von Bisson et al, (2021), Clin Psychol Rev, 86 102004)



### PM+ intervention: Standard procedures and triage





# Languages

- Ukrainian
- Arabic
- Tamil
- Kurdish
- Farsi
- Paschto
- Turkish
- Tigrinya
- Russian





#### PROBLEM MANAGEMENT PLUS (PM+)

Individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.1, 2008 Series on Low-Intensity Psychological Interventions - 2



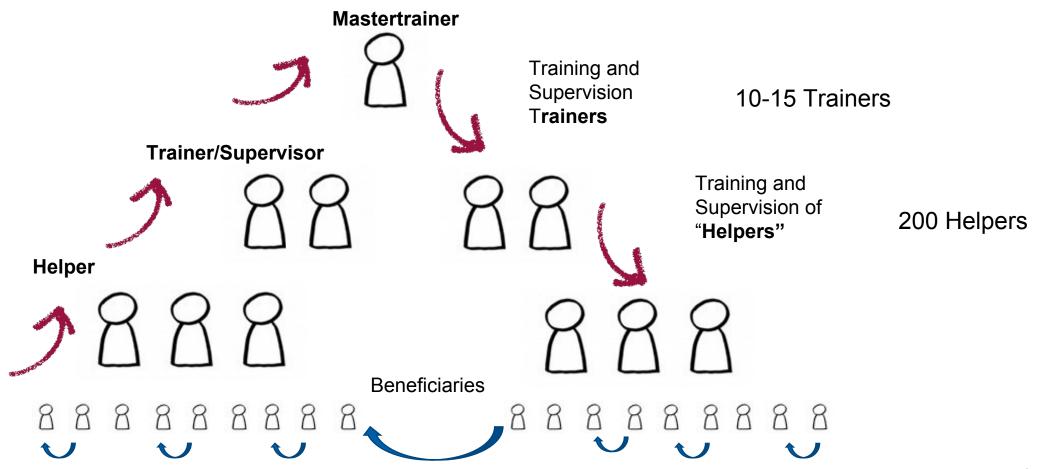




### Goal 3: Scale-up









### **Goal 3: Process of Training**



### **Video Training**

PM+ Training Video



Loslegen, dranbleiben

Eine Aktivität aufschlüsseln







#### Zertifikat

#### zum Abschluss der Ausbildung als «PM+ Helper» für das SPIRIT Projekt

Das SPIRIT Projekt führt Trainings für die niederschwellige Intervention «Problem Management Plus (PM+)» durch. PM+ wurde von der Weltgesundheitsorganisation (WHO) entwickelt und zielt darauf ab, das Stressniveau von Geflüchteten und Asylsuchenden zu senken und ihre Resilienz zu fördern.

Hiermit bestätigen wir, dass

#### NAME

im Zeitraum von DATUM – DATUM die Ausbildung als «Helper» im Rahmen des SPIRIT Projekts erfolgreich abgeschlossen hat.

> PD Dr. phil. Naser Morina, Projektleiter Klinik für Konsiliarpsychiatrie und Psychosomatik Universitätsspital Zürich

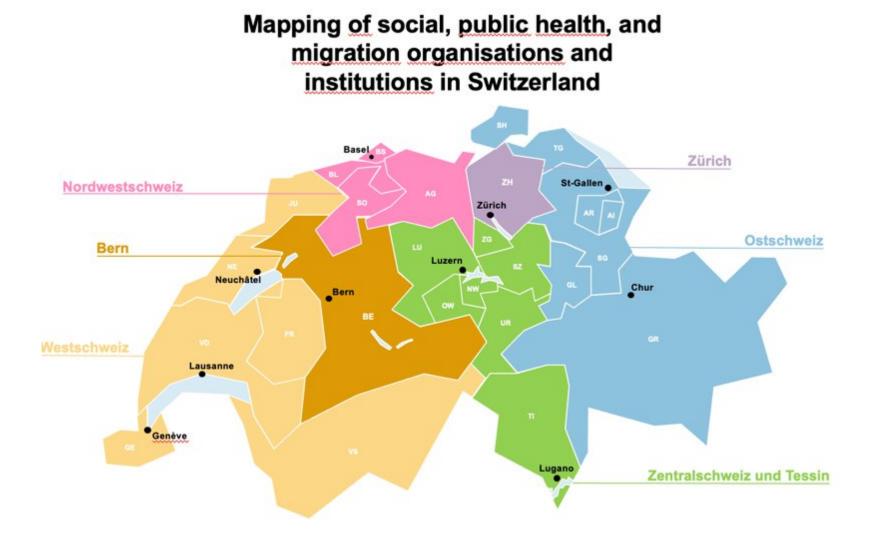
> > 06.06.2023, Zürich



### **Goal 4: Mapping and Network**

#### Collaboration accross

- disciplines
- agencies
- stakeholders





# Swiss Science Nationale Foundation: Sinergia Boosting Refugee Integration Through Psychological Intervention

- <u>largescale representative survey</u> among refugees and asylum seekers in Switzerland to describe this population in terms of mental health and integration problems, assess their correlation, and identify the predictors thereof
- Adapted PM+: using a stepped wedge randomised-controlled trial in 1.500 refugees and asylum seekers across Switzerland to provide evidence on i) its effectiveness to reduce mental distress, ii) potential underlying mechanisms contributing to its mental health benefits, and iii) adherence among recipients
- Benefits of PM+ in social, political, economic, and navigational dimensions of integration of refugees and asylum seekers into Swiss society

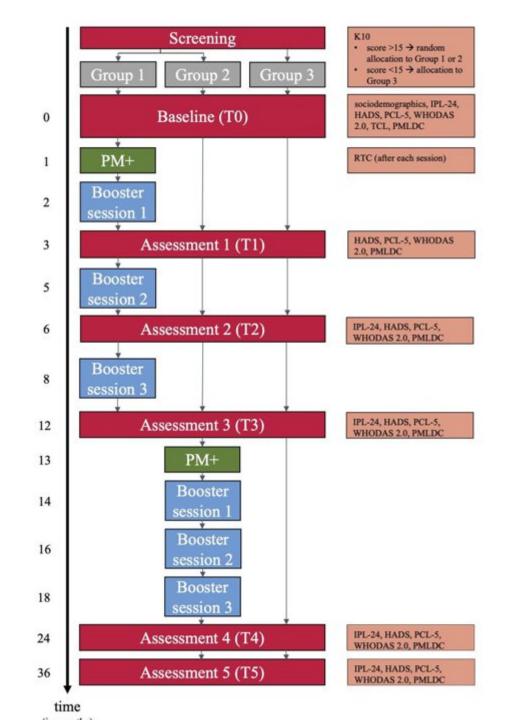






#### **BRIGHT: Design**

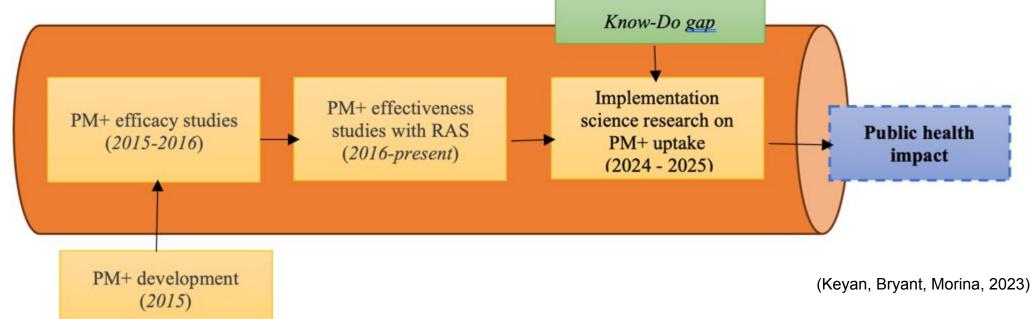
- Psychological Outcomes
- Facial Expression
- Social security
- Integration index
- Health insurance data





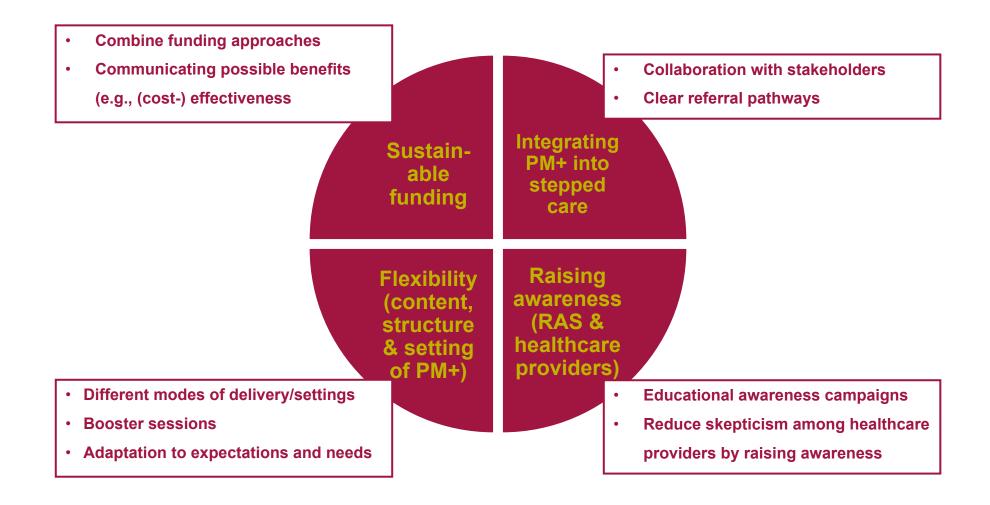
#### **Implementation Framework**

- 1. What are the contextual determinants of PM+ implementation?
- 2. What are the uptake barriers and enablers of key individuals (at policy, organizational, provider and service user levels) implementing PM+?
- 3. What are the return on investment needs from PM+ service delivery as prioritised by key stakeholder groups (i.e., policy, organizational, provider and service user levels)?





# Lessons learned: Challenges and Implications to scaling-up PM+ in Switzerland





#### Thank you for your attention!

Merci pour votre attention!

# Vielen Dank für Ihre Aufmerksamkeit!

Grazia fitg per l'attenziun!

Molte grazie per la vostra attenzione!

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BOOSTING REFUGEE INTEGRATION
THROUGH PSYCHOLOGICAL INTERVENTION