SPIRIT

2025

Embedding the World Health Organization's Problem Management Plus (PM+) within Health and Integration Sectors in Switzerland: https://doi.org/10.1101/2025.08.19.25334041

A qualitative study of 30 stakeholders in Switzerland found strong support for Problem Management Plus (PM+) but highlighted challenges around quality standards, formal recognition of non-specialists, and sustainable funding. Long-term integration of PM+ may be feasible through blended financing models, cantonal alignment of health and integration agendas, and endorsement by professional associations.

The roles of attachment and social support in post-traumatic stress among refugees and asylum seekers: https://doi.org/10.1016/j.jad.2025.119887

In a study of 417 refugees and asylum seekers in Switzerland, attachment anxiety and avoidance, but not perceived social support, were found to mediate the link between post-migration living difficulties and post-traumatic stress, but not between trauma exposure and stress.

Associations between post-migration living difficulties, social support, and symptoms of PTSD and depression in refugees in Switzerland

This Master thesis by Lea Schellenbaum replicated the link between post-migration difficulties and symptoms of depression and PTSD but found no association between social support and post-traumatic stress. Instead, stronger depressive symptoms were correlated with greater use of social support, while gender consistently showed a significant effect across analyses.

Investing stress and problem management skills and their links to mental health outcomes in refugees living in Switzerland

This Master thesis by Vivien Kolotzek examined the impact of the SPIRIT project's PM+ intervention on refugees in Switzerland, focusing on stress and problem management strategies in relation to depression and anxiety. Results showed that while PM+ improved anxiety and depression overall, only stress management was significantly linked to reductions in these symptoms, highlighting the need for further research on strategy use.

Defining the role of nonspecialists in a psycho-social intervention called"Problem Management Plus" — an explorative study

This master thesis by Laura Doser aimed to develop and validate a questionnaire that captures how nonspecialist ("helpers") understand their role in delivering PM+. Using a Delphi method and a pilot study, the questionnaire was refined to 20 items. Results of the pilot study revealed key role aspects such as active listening, cultural sensitivity, and trust-building, while highlighting the need for further exploration due to diverse perspectives among helpers.

2023

The effect of a low-level psychological intervention (PM+) on post-migration living difficulties– Results from two studies in Switzerland and in the Netherlands: https://doi.org/10.1016/j.comppsych.2023.152421

A pooled analysis of two feasibility trials with Syrian refugees in Switzerland and the Netherlands found that Problem Management Plus (PM+) significantly reduced post-migration living difficulties at

3-month follow-up compared to enhanced care as usual. Improvements were especially noted in interpersonal and family-related stressors, suggesting that brief psychological interventions may help alleviate post-migration stress and, in turn, reduce overall psychological distress.

Scaling-up problem management plus for refugees in Switzerland-a qualitative study: https://doi.org/10.1186/s12913-023–09491-8

Interviews with refugees, helpers, health professionals, and decision-makers in Switzerland identified key factors for scaling up PM+, including sustainable funding, integration into a stepped care model, and strong quality control. Offering flexible delivery formats and clearly communicating the benefits of PM+ to policymakers and providers were seen as crucial for achieving broad acceptance and long-term integration into the health system.

PM+

2025

Effectiveness of Group Problem Management Plus Among Individuals Experiencing Psychological Distress: A Systematic Review and Meta-Analysis: https://doi.org/10.3928/02793695–20250305-02

A systematic review and meta-analysis of nine RCTs (N = 1,913) found that Group PM+ significantly improved physical functioning and reduced negative emotions among people experiencing psychological distress. However, it showed no clear effects on social–interpersonal outcomes or posttraumatic disorders, underscoring the need for more robust trials to confirm its broader efficacy.

The effectiveness of Problem Management Plus (PM+) in treating psychological distress, depression, and anxiety: a meta-analysis approach: https://doi.org/10.1080/18387357.2025.2522435

A meta-analysis of 23 studies (N = 3,503) found that Problem Management Plus (PM+) significantly improved anxiety, depression, psychological distress, and PTSD across diverse settings. While results confirm PM+ as an effective scalable intervention, variability in effect sizes highlights the need for further long-term research on its consistency and sustainability.

World Health Organization's Scalable Psychological Interventions for Syrian Refugees: An Individual Participant Data Meta-Analysis of Problem Management Plus and Step-by-Step: https://dx.doi.org/10.2139/ssrn.5191106

A systematic review and IPD meta-analysis of 14 RCTs (N = 3,203) found that PM+ and Step-by-Step produced small overall effects in reducing psychological distress among Syrian refugees, with stronger benefits for individuals with probable depression, anxiety, or PTSD. Individual PM+ and SbS were more effective than group PM+, and effects were greater for participants with higher education, supporting scale-up particularly for those with clinically elevated symptoms of common mental disorders.

2024

Addressing challenges faced by young refugees in the Netherlands: Adapting problem management plus (PM+) with an emotional processing module: https://doi.org/10.1017/gmh.2024.93

This study adapted Problem Management Plus (PM+) for young refugees in the Netherlands by adding a new emotional processing module to address posttraumatic stress, a common gap in the

original program. Using extensive input from youth, professionals, policymakers, and community members, the adaptation introduced culturally and age-appropriate language, examples, and illustrations, aiming to create a feasible and sensitive intervention tailored to young refugees' needs.

The role of specific and non-specific factors in a brief group psychological intervention for psychological distress: a randomised clinical trial: https://doi.org/10.1101/2024.07.15.24310464

A randomized trial in India compared an adapted group PM+ intervention ("Coping with COVID") with non-directive supportive counselling among 183 distressed young adults. Results showed no significant differences between conditions on anxiety, depression, or secondary outcomes, suggesting that non-specific factors may play a central role in symptom reduction within scalable psychological interventions.

Effectiveness of group problem management plus in distressed Syrian refugees in Türkiye: a randomized controlled trial: https://doi.org/10.1017/S2045796024000453

A randomized trial with 368 Syrian refugees in Istanbul found that group PM+ did not significantly reduce depression, anxiety, PTSD, or self-identified problems compared to enhanced care as usual, though it did modestly improve functional impairment. Subgroup analyses suggested short-term benefits for those with probable baseline depression or anxiety, but these effects faded by 3 months, underscoring the need for more tailored interventions for highly distressed refugees in low-resource urban settings.

A scoping review of the literature on the application and usefulness of the Problem Management Plus (PM+) intervention around the world: https://doi.org/10.1192/bjo.2024.55

A scoping review of 42 studies found that Problem Management Plus (PM+) is feasible, acceptable, and effective in reducing common mental disorder symptoms, with moderate-to-large short-term effects across diverse settings. While adaptable and safe when delivered by trained helpers, further research is needed to assess long-term outcomes, cost-effectiveness, scalability, and moderators such as gender and delivery format.

The effectiveness of Problem Management Plus at 1-year follow-up for Syrian refugees in a high-income setting: https://doi.org/10.1017/S2045796024000519

A randomized trial with 206 Syrian refugees in the Netherlands found that PM+ plus care as usual significantly reduced psychological distress and anxiety at 12-month follow-up compared to care as usual alone. No long-term effects were observed for depression, PTSD, functioning, or self-identified problems, suggesting that booster sessions or trauma-focused modules may be needed to sustain and broaden benefits.

2023

The effect of a low-level psychological intervention (PM+) on post-migration living difficulties–Results from two studies in Switzerland and in the Netherlands: https://doi.org/10.1016/j.comppsych.2023.152421

A pooled analysis of two feasibility trials with Syrian refugees in Switzerland and the Netherlands found that Problem Management Plus (PM+) significantly reduced post-migration living difficulties at 3-month follow-up compared to enhanced care as usual. Improvements were especially noted in

interpersonal and family-related stressors, suggesting that brief psychological interventions may help alleviate post-migration stress and, in turn, reduce overall psychological distress.

Peer-provided psychological intervention for Syrian refugees: results of a randomised controlled trial on the effectiveness of Problem Management Plus: http://dx.doi.org/10.1136/bmjment-2022–300637

A randomized trial with 206 Syrian refugees in the Netherlands found that peer-delivered PM+ plus care as usual significantly reduced depression, anxiety, PTSD symptoms, and self-identified problems compared to care as usual alone, though not functional impairment. The findings support scaling up peer-provided psychological interventions to address the high mental health burden among refugees in high-income countries.

World Health Organization's low-intensity psychosocial interventions: a systematic review and meta-analysis of the effects of Problem Management Plus and Step-by-Step: https://doi.org/10.1002/wps.21129

A systematic review of 23 RCTs (N = 5,298) found that PM+ and Step-by-Step (SbS) produced small-to-medium reductions in distress and small improvements in positive mental health, with effects sustained at follow-up. Despite promising results, substantial heterogeneity and low certainty of evidence highlight the need for more high-quality studies, moderator analyses, and evaluations of cost-effectiveness and stepped-care integration.

2022

Residual posttraumatic stress disorder symptoms after provision of brief behavioral intervention in low- and middle-income countries: An individual-patient data meta-analysis: https://doi.org/10.1002/da.23221

A pooled analysis of three RCTs (N = 1,480) found that Problem Management Plus (PM+) produced greater reductions in PTSD symptoms than enhanced usual care, particularly for re-experiencing and avoidance. However, hyperarousal symptoms such as sleep disturbance, poor concentration, and anger often persisted, suggesting PM+ could be strengthened by adding strategies targeting these residual difficulties.

Twelve-month follow-up of a randomised clinical trial of a brief group psychological intervention for common mental disorders in Syrian refugees in Jordan: https://doi.org/10.1016/j.ssmmh.2022.100171

Interviews with 42 stakeholders in the Netherlands showed that scaling up PM+ for refugees is feasible but constrained by barriers such as stigma, attrition, fragmentation, and legal and financial challenges. Successful integration will require formalizing non-specialist roles through accreditation and supervision, and exploring institutional anchoring in asylum centers, formal health care, and community settings.

Effectiveness of a brief group behavioral intervention for common mental disorders in Syrian refugees in Jordan: A randomized controlled trial: https://doi.org/10.1371/journal.pmed.1003949

A randomized trial with 410 Syrian refugees in Azraq Camp, Jordan, found that group PM+ significantly reduced depressive symptoms, personally identified problems, and inconsistent parenting compared to enhanced usual care, with indirect benefits for children's attention and internalizing problems. However, it did not improve anxiety, PTSD, disability, grief, or children's mental health, highlighting both its potential and the need for more comprehensive interventions in camp settings.

Group problem management plus (PM+) to decrease psychological distress among Syrian refugees in Turkey: a pilot randomised controlled trial: https://doi.org/10.1186/s12888-021–03645-w

A pilot RCT with 46 Syrian refugees in Istanbul found that group PM+, delivered by non-specialist peers, was feasible, acceptable, safe, and well-received, with high retention and no adverse events. Although not powered to detect effects, the study supports the need for a larger trial to evaluate its clinical and economic impact.

Feasibility and acceptability of Problem Management Plus (PM+) among Syrian refugees and asylum seekers in Switzerland: a mixed-method pilot randomized controlled trial: https://doi.org/10.1080/20008198.2021.2002027

A pilot RCT with 59 Syrian refugees in Switzerland found that Problem Management Plus (PM+), delivered by trained non-specialists, was feasible, acceptable, safe, and had high attendance and retention. These findings support conducting a larger RCT and highlight both the potential and challenges of scaling up PM+ in high-income countries.

2021

Cultural Adaptation of a Low-Intensity Group Psychological Intervention for Syrian Refugees: https://doi.org/10.4103/INTV.INTV_38_20

A cultural adaptation of Group PM+ for Syrian refugees in Jordan and Turkey introduced 82 changes to manuals, training, and implementation protocols, ranging from minor terminology adjustments to major additions like a family engagement session and a male case study. These adaptations aimed to enhance cultural appropriateness, acceptability, and effectiveness before trial implementation in camp and urban refugee settings.

Feasibility trial of a scalable transdiagnostic group psychological intervention for Syrians residing in a refugee camp: https://doi.org/10.1080/20008198.2021.1932295

A feasibility RCT in Azraq refugee camp, Jordan, showed that Group PM+ was safe, culturally acceptable, and well-received, with high retention and no adverse events. Parents completing the intervention reported benefits that extended to their children, supporting readiness for a definitive RCT on its effectiveness and cost-effectiveness in camp settings.

Effectiveness of Group Problem Management Plus, a brief psychological intervention for adults affected by humanitarian disasters in Nepal: A cluster randomized controlled trial: https://doi.org/10.1371/journal.pmed.1003621

A cluster RCT in disaster-prone eastern Nepal (N = 611) found that Group PM+, delivered by trained nonspecialists, modestly reduced psychological distress and depression compared to enhanced usual care, with benefits partly explained by increased use of psychosocial skills. While no effects were found for PTSD or functional impairment, the findings support Group PM+ as a feasible, scalable intervention in humanitarian emergency settings, with future work needed to strengthen skill application and assess long-term and cost-effectiveness outcomes.

Effect of adding a psychological intervention to routine care of common mental disorders in a specialized mental healthcare facility in Pakistan: a randomized controlled trial: https://doi.org/10.1186/s13033-020–00434-y

An RCT in a psychiatric facility in Pakistan (N = 192) showed that adding Problem Management Plus (PM+) to treatment as usual significantly reduced anxiety and depression symptoms and improved functioning at 20 weeks compared to usual care alone. The findings suggest that specialized care facilities in low-resource settings could enhance outcomes by integrating brief, evidence-based psychological interventions like PM+ into routine services.

2020

Peer-provided Problem Management Plus (PM+) for adult Syrian refugees: a pilot randomised controlled trial on effectiveness and cost-effectiveness: https://doi.org/10.1017/S2045796020000724

A pilot RCT with 60 Syrian refugees in the Netherlands found that peer-delivered PM+ was feasible, acceptable, and safe, with significant improvements in depression, anxiety, functioning, PTSD symptoms, and self-identified problems compared to care as usual. While cost analyses showed no significant differences in service or productivity costs, PM+ appeared potentially cost-effective, supporting a larger definitive trial with extended follow-up.

Feasibility of Group Problem Management Plus (PM+) to improve mental health and functioning of adults in earthquake-affected communities in Nepal: https://doi.org/10.1017/S2045796020000414

A feasibility cluster RCT in rural Nepal found that Group PM+, delivered by trained local non-specialists, was acceptable, feasible, and well-received by participants, families, and communities, with high attendance and fidelity. Although not powered for effectiveness, preliminary results suggested greater improvements in depression and other outcomes compared to enhanced usual care, supporting the need for a fully powered trial.

2019

Evaluating feasibility and acceptability of a group WHO trans-diagnostic intervention for women with common mental disorders in rural Pakistan: a cluster randomised controlled feasibility trial: https://doi.org/10.1017/S2045796017000336

A feasibility cluster RCT in Swat, Pakistan, found that Group PM+, delivered by trained local non-specialist women, was acceptable, feasible, and well-received by participants, families, and helpers. Preliminary results suggested significant improvements in depression, anxiety, functioning, and overall psychological profile, supporting the need for larger-scale trials to confirm effectiveness and scalability.

2015

Problem Management Plus (PM+): a WHO transdiagnostic psychological intervention for common mental health problems:

The WHO and its partners have produced a low-intensity intervention aimed at reducing symptoms of common mental disorder in people living in communities affected by adversity, whether they are humanitarian settings or low-income urban settings exposed to community violence. Problem Management Plus (PM+) has been developed in response to the urgent need for affordable but evidence-based interventions that are amenable to low-income settings. Specifically and importantly, it is intended for delivery by lay helpers without formal mental health training, representing a feasible psychological intervention for settings with few specialists.

EQUIP

2025

Piloting competency assessments for an evidence-based brief psychological intervention with Arabic-speaking non-specialists in Switzerland: https://doi.org/10.1017/gmh.2025.10023

This study evaluated the EQUIP platform's assessment tools with 13 Arabic-speaking non-specialist PM+ helpers in Switzerland, using ENACT and the PM+ assessment tool. Findings suggest the tools are acceptable, identify strengths and gaps, and provide useful feedback for training, indicating strong potential to improve quality in non-specialist delivered mental health care.

Competency-based training and supervision: development of the WHO-UNICEF Ensuring Quality in Psychosocial and Mental Health Care (EQUIP) initiative: https://doi.org/10.1016/S2215-0366(24)00183–4

WHO and UNICEF developed EQUIP, a free digital platform for competency-based assessment, to ensure safe delivery of psychological interventions by non-specialists. Between 2022 and 2024, EQUIP was used in 794 training programmes across 36 countries, involving 3,760 trainees and generating over 10,000 competency assessments.

EASE

2023

Evaluation of the Early Adolescent Skills for Emotions (EASE) intervention in Lebanon: A randomized controlled trial: https://doi.org/10.1016/j.comppsych.2023.152424

A prematurely terminated RCT in Lebanon with 198 adolescents, mostly Syrian refugees, found that both the WHO's EASE intervention and a single-session family psychoeducation visit reduced psychological distress, with no significant differences between groups. Due to being underpowered from COVID-19 disruptions, no firm conclusions on EASE's comparative effectiveness can be drawn, highlighting the need for fully powered trials.

2019

Improving access to effective psychological interventions for young adolescents: Early Adolescent Skills for Emotions (EASE): https://doi.org/10.1002/wps.20594

The WHO has developed Early Adolescent Skills for Emotions (EASE), a brief, group-based psychological intervention designed for 10–14-year-olds with symptoms of depression and anxiety in low- and middle-income countries. EASE consists of seven adolescent sessions and three caregiver sessions, delivered by trained non-specialists, and incorporates strategies such as emotion recognition, slow breathing, behavioral activation, problem-solving, and relapse prevention, with caregiver sessions focusing on supportive parenting, active listening, and self-care. The intervention is currently being evaluated in randomized controlled trials in Lebanon, Jordan, Pakistan, and Tanzania to assess its effectiveness and scalability.

NEED FOR SCALEABLE INTERVENTIONS

2024

Health system responsiveness to the mental health needs of Syrian refugees: mixed-methods rapid appraisals in eight host countries in Europe and the Middle East: https://doi.org/10.12688/openreseurope.15293.2

A rapid appraisal across eight countries found that health systems face major constraints in meeting the mental health needs of Syrian refugees, including shortages of providers, cultural and language barriers, high costs, and long waiting times. Strengthening the workforce, investing in culturally

appropriate care, and improving financing and health information systems are critical to enhance responsiveness and refugee mental health outcomes.

2021

Problems after flight: understanding and comparing Syrians' perspectives in the Middle East and Europe: https://doi.org/10.1186/s12889-021–10498-1

A multi-country study with Syrian refugees and asylum seekers in Jordan, Turkey, and Switzerland found that self-reported problems varied by context, with camp conditions, finances, employment, and government regulations being most prominent, alongside psychological and social issues. The results underscore the need for mental health and support services to be tailored to local challenges in each host country.

2020

Barriers to access to outpatient mental health care for refugees and asylum seekers in Switzerland: the therapist's view: https://doi.org/10.1186/s12888-020–02783-x

A survey of 867 outpatient psychiatrists and psychotherapists in Switzerland found that many had treated refugees and asylum seekers, but interpreter and treatment funding were the main barriers to scaling up care. Since waiting times were short and few patients were rejected for capacity reasons, outpatient providers could help reduce pressure on specialized centers if financial and structural barriers were addressed.

Structural and socio-cultural barriers to accessing mental healthcare among Syrian refugees and asylum seekers in Switzerland: https://doi.org/10.1080/20008198.2020.1717825

A qualitative study in Switzerland found that Syrian refugees and asylum seekers face significant barriers to mental healthcare, with socio-cultural challenges such as language, stigma, and mismatched service models seen as more limiting than structural ones. Improving system agility and openness to innovative service models may help overcome these barriers more effectively than piecemeal adaptations.

Problems faced by Syrian refugees and asylum seekers in Switzerland: https://doi.org/10.4414/smw.2020.20381

A qualitative study with 30 Syrian refugees and asylum seekers in Switzerland found that they face a combination of practical challenges—such as residence permits, integration, language, education, employment, and housing—and psychological problems including distress, uncertainty, and symptoms of mental disorders. These findings highlight the need for tailored mental health services and stronger referral pathways, alongside systemic solutions addressing both practical and emotional difficulties.

Understanding and comparison of self-reported problems of Syrian refugees in three countries: https://doi.org/10.1093/eurpub/ckaa165.624

A multi-country study using PSYCHLOPS with Syrian refugees in Jordan, Turkey, and Switzerland found that most self-reported problems were linked to post-migration stressors, especially financial, employment, and regulatory difficulties, alongside psychological and physical health issues. Context-specific concerns varied by country, highlighting the need for mental health care and prevention strategies to address local displacement-related stressors alongside clinical symptoms.

2019

Current Situation and Admission Barriers in Outpatient Mental Health Care for Refugees and Asylum Seekers in Switzerland: The Therapists'
View: https://doi.org/https://doi.org/10.1186/s12888-020–02783-x

A nationwide survey of 867 outpatient psychiatrists and psychotherapists in Switzerland found that many already treat refugees and asylum seekers, but interpreter and treatment funding are major barriers to expanding care. Since waiting times are short and very few patients are turned away for capacity reasons, outpatient providers could help reduce pressure on specialized centers if financial and structural barriers—especially interpreter funding—are addressed.

Trauma, Flight, and Asylum: An Interdisciplinary Handbook for Counseling, Care, and Treatment: https://www.orellfuessli.ch/shop/home/artikeldetails/A1051194248

This book describes the global dimension of refugee movements and the specific challenges faced by host societies in Europe. Many refugees are severely traumatized and suffer from the psychological and physical consequences of violence. The book provides practical and up-to-date professional knowledge for work in the asylum and refugee sector: among other topics, it covers psychotherapy and other therapeutic approaches, medical care, early detection, interpreting, cultural mediation, and legal counseling. In addition, subjects such as assessments, secondary traumatization of helpers, effects on schooling, and working with traumatized children and adolescents are explored through expert contributions and case studies.

IMPLEMENTATION OF STEPPED-CARE / SCALEABLE INTERVENTIONS

2025

Embedding the World Health Organization's Problem Management Plus (PM+) within Health and Integration Sectors in Switzerland: https://doi.org/10.1101/2025.08.19.25334041

A qualitative study of 30 stakeholders in Switzerland found strong support for Problem Management Plus (PM+) but highlighted challenges around quality standards, formal recognition of non-specialists, and sustainable funding. Long-term integration of PM+ may be feasible through blended financing models, cantonal alignment of health and integration agendas, and endorsement by professional associations.

Ten Years Later: What Have We Learned from Implementing the WHO-Designed Problem Management Plus Globally? A Scoping Review of Barriers and Lessons Learned: https://doi.org/10.33790/jmhsb1100197

A scoping review of 82 studies on Problem Management Plus (PM+) highlights its global implementation, with evidence from 19 RCTs and multiple descriptive, mixed-methods, and feasibility studies supporting its effectiveness in reducing common mental health distress. Key barriers and lessons were identified at individual, community, and institutional levels, offering strategies to guide future scale-up and sustainable deployment of PM+ worldwide.

A stepped-care programme of brief psychological interventions for adults affected by adversity in Jordan: Lessons from a pilot randomised controlled trial in Jordan: https://doi.org/10.1101/2025.02.27.25323060

A pilot RCT in Jordan tested a stepped care model where distressed adults first received guided self-help (Doing What Matters) and, if still symptomatic, group PM+, compared to self-help alone. The model was feasible, acceptable, and showed preliminary evidence of greater reductions in depression symptoms, supporting a larger trial on clinical and cost-effectiveness.

Context, implementation and mechanisms of impact of a stepped-care WHO psychological intervention for migrants with psychological distress: https://doi.org/10.1017/gmh.2025.10024

A process evaluation of a stepped-care program combining DWM and PM+ for migrants in Italy found the interventions feasible, acceptable, and effective in reducing distress, with digital delivery improving accessibility but also posing challenges. Engagement was shaped by cultural stigma, practical barriers, and the trust fostered by community leaders and providers, highlighting the importance of cultural sensitivity, digital access, and community involvement.

2023

Scaling-up problem management plus for refugees in Switzerland-a qualitative study: https://doi.org/10.1186/s12913-023–09491-8

Interviews with refugees, helpers, health professionals, and decision-makers in Switzerland identified key factors for scaling up PM+, including sustainable funding, integration into a stepped care model, and strong quality control. Offering flexible delivery formats and clearly communicating the benefits of PM+ to policymakers and providers were seen as crucial for achieving broad acceptance and long-term integration into the health system.

Scaling up task-sharing psychological interventions for refugees in Jordan: a qualitative study on the potential barriers and facilitators: https://doi.org/10.1093/heapol/czad003

Interviews with stakeholders in Jordan highlighted both opportunities and barriers for scaling up Problem Management Plus (PM+) for Syrian refugees. While political momentum supports expansion, challenges such as reduced financial aid, stigma, gender norms, legal and organizational constraints, and limited resources must be addressed through sustainable funding, non-stigmatizing language, flexible delivery formats, and strong training and supervision systems.

2017

Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries: https://doi.org/10.1080/20008198.2017.1388102

The WHO has developed scalable psychological interventions like Problem Management Plus (PM+) to address the high rates of depression, anxiety, and PTSD among Syrian refugees, who often lack access to specialized care. The STRENGTHS programme was launched to adapt, test, and scale up PM+ in individual, group, and digital formats across neighbouring and European host countries, providing an evidence-based approach to improving refugee mental health.

Scalable psychological interventions for people in communities affected by adversity: a new area of mental health and psychosocial work at WHO. In Scalable psychological interventions for people in communities affected by adversity: a new area of mental health and psychosocial work at WHO. https://iris.who.int/handle/10665/254581