



# Guided self-help for refugees: opportunity for multi-sectoral, integrated support?

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Presentation NYU, Nov 12 2020

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# Overview presentation

1. Guided self-help intervention with female South Sudanese refugees in Uganda
2. Thoughts on multi-sectoral, integrated interventions
3. Q&A



# Acknowledgments

Collaboration between:

- **World Health Organization**
  - Mark van Ommeren
  - Kenneth Carswell
  - Claudia Garcia Moreno
  - Felicity Brown
- **HealthRight International**
  - Marx Ronald Leku
  - Alex Adaku
- **Johns Hopkins Bloomberg School of Public Health**
  - Jura Augustinavicius
  - Daniel Lakin
  - Rashelle Musci
- **Ministry of Health, Uganda**
  - Sheila Nyadabangi (RIP)
- **United Nations High Commissioner for Refugees**
  - Peter Ventevogel
- **University of Liverpool**
  - Ross White
- **University of New South Wales**
  - Richard Bryant
- **WarChild Holland/ Harvard University** (WHO consultant)
  - Felicity Brown

# Funding

Pilot study funded by **United Nations Fund for Action Against Sexual Violence in Conflict**

Cluster randomized controlled trial funded by **Elrha's Research for Health in Humanitarian Crises (R2HC) Programme**, which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises.

The R2HC programme is funded by the UK Government (DFID), the Wellcome Trust, and the UK National Institute for Health Research (NIHR).

Visit [www.elrha.org/r2hc](http://www.elrha.org/r2hc) for more information about Elrha's work to improve humanitarian outcomes through research, innovation, and partnership.



Research for health  
in humanitarian crises

elrha



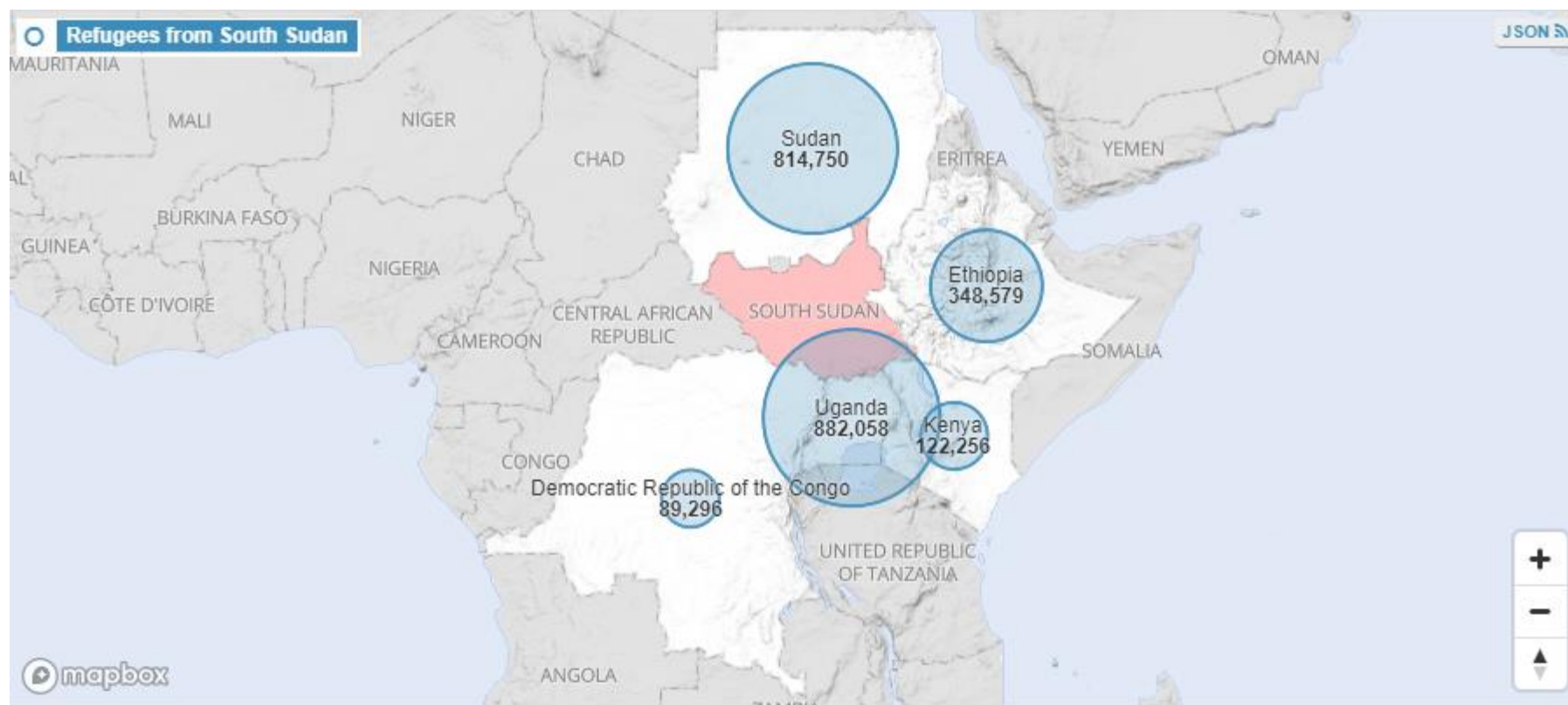
National Institute for  
Health Research

## Background

- Unprecedented levels of forced displacement globally
- Challenges with evidence-based psychotherapies in low- and middle income countries
  - Resource-intensive, also when task sharing
  - Reach few people
  - Focused on individual disorders, whereas generic distress and co-morbidity are common
- Systematic reviews find guided self-help as effective as therapist-led interventions<sup>2</sup>



# South Sudanese refugee crisis



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

## Refugees and asylum-seekers from South Sudan - Total

**2,256,939**

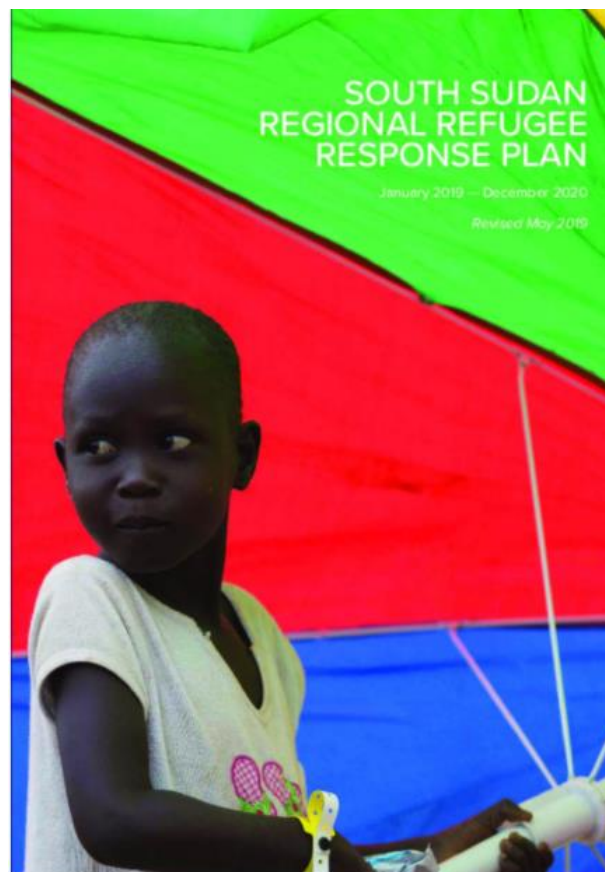
Last updated 31 Aug 2020

Source - UNHCR, Office of the Prime Minister, COR



# South Sudanese refugees in Uganda

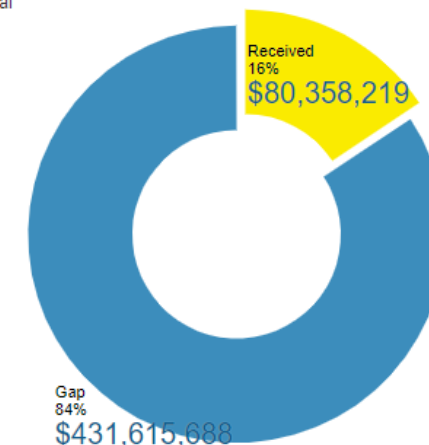
- Displacement since end of 2013, but long history of conflict in region
- Welcoming refugee policy
- Refugees in settlements (not camps)
- Ongoing challenges securing basic needs



## RRP Financial Information - Uganda (2020)

\$511,973,907

Total appeal



Date of Funding Data

2 September 2020 (29 days ago)

# Overview of study phases

Formative

- Qualitative needs assessment
- Translation and adaptation

Piloting

- Initial uncontrolled pilot
- Feasibility cluster randomized trial

Cluster  
randomized trial

- Fully powered cluster randomized trial



## What is Self Help Plus? (SH+)

- WHO developed<sup>1</sup>
- Brief, guided self-help
- Five workshops (n= 30; ≈120 minute sessions)
- A-diagnostic: Meaningful and safe for those with or without mental health conditions
- Audi-recorded and illustrated self-help book
- Based in ACT



<sup>1</sup> Epping-Jordan et al, 2016 World Psychiatry

# Qualitative needs assessment

- Using WHO-UNHCR toolkit
  - Desk review
  - Analysis UNHCR health information system
  - 4Ws
  - Semi-structured individual/ group interviews (n=86)
- Overthinking, ethnic conflict, child abuse the major MHPSS concerns
- Limited services

Adaku et al. *Conflict and Health* (2016) 10:18  
DOI 10.1186/s13031-016-0085-6

Conflict and Health

RESEARCH

Open Access


## Mental health and psychosocial support for South Sudanese refugees in northern Uganda: a needs and resource assessment



Alex Adaku<sup>1</sup>, James Okello<sup>2</sup>, Blakeley Lowry<sup>3</sup>, Jeremy C. Kane<sup>4</sup>, Stephen Alderman<sup>3</sup>, Seggane Musisi<sup>5,6</sup> and Wietse A. Tol<sup>3,4,5\*</sup>

# Translation & initial pilot

- Community consultations
- Cognitive interviewing
- Uncontrolled pilot (n=65)
  - One group with women
  - One group with men
- Adaptations required for more interactive, group format
- Changes in expected direction
- Further work on measures



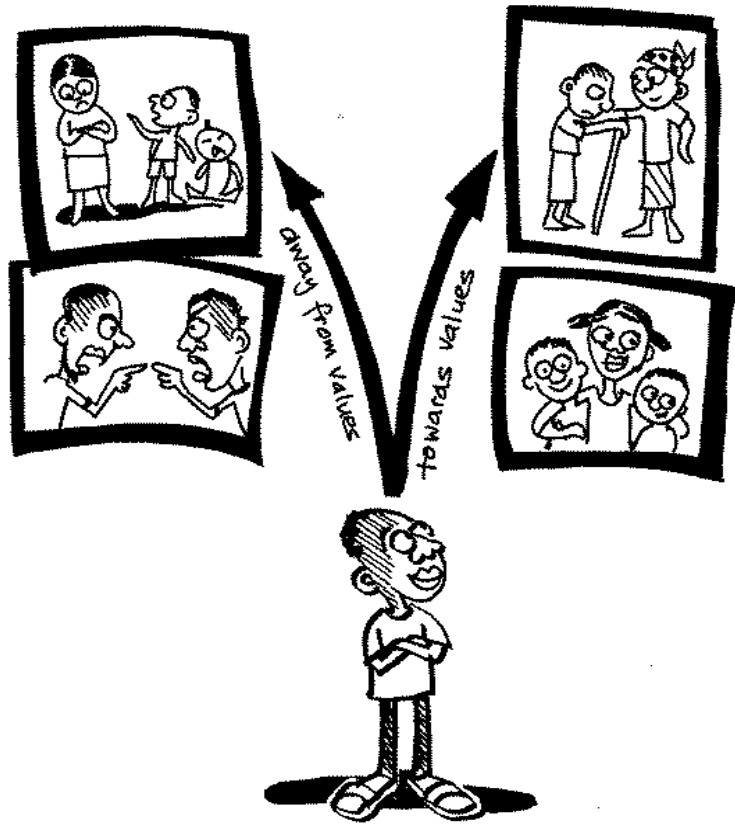
## global mental health

**INTERVENTIONS**

**ORIGINAL RESEARCH PAPER**

Translation, adaptation, and pilot of a guided self-help intervention to reduce psychological distress in South Sudanese refugees in Uganda

W. A. Tol<sup>1,2\*</sup>, J. Augustinavicius<sup>2</sup>, K. Carswell<sup>3</sup>, F. L. Brown<sup>4,5</sup>, A. Adaku<sup>1,6</sup>, M. R. Leku<sup>1</sup>, C. García-Moreno<sup>7</sup>, P. Ventevogel<sup>8</sup>, R. G. White<sup>9</sup> and M. van Ommeren<sup>3</sup>





# Feasibility cluster randomized trial

- Randomization of 2 villages, 50 women
- Research and intervention protocols were feasible, acceptable
- Large post-intervention changes on psychological distress and functional impairment

## Feasibility of a guided self-help intervention to reduce psychological distress in South Sudanese refugee women in Uganda

Wietse A. Tol<sup>1,2</sup>, Jura Augustinavicius<sup>2</sup>, Kenneth Carswell<sup>3</sup>,  
Marx R. Leku<sup>1</sup>, Alex Adaku<sup>1</sup>, Felicity L. Brown<sup>4,5</sup>,  
Claudia García-Moreno<sup>3</sup>, Peter Ventevogel<sup>6</sup>, Ross G. White<sup>7</sup>,  
Cary S. Kogan<sup>8</sup>, Richard Bryant<sup>9</sup>, Mark van Ommeren<sup>3</sup>

World Psychiatry 17:2 - June 2018

# Cluster randomized trial (Apr-Oct 2017)

- Women screened in on basis of K6 moderate distress (> 5), only 5 women excluded
- Women at imminent risk of suicide (n=7); severe mental illness excluded (n=1)

## Guided self-help to reduce psychological distress in South Sudanese female refugees in Uganda: a cluster randomised trial

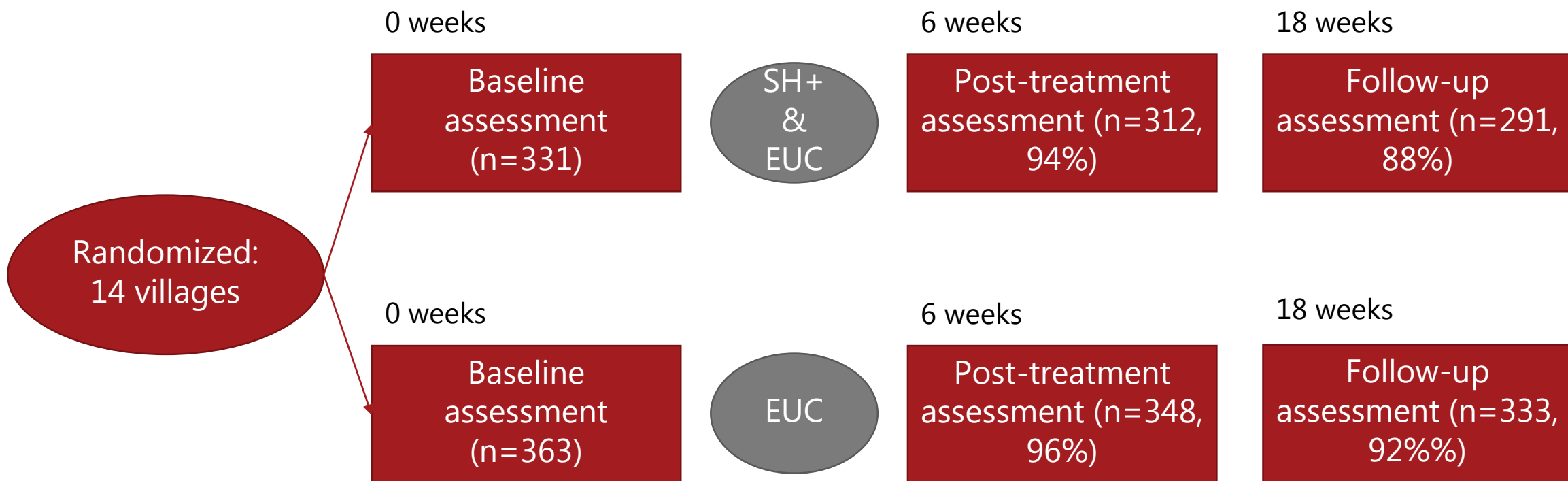
*Wietse A Tol, Marx R Leku, Daniel P Lakin, Kenneth Carswell, Jura Augustinavicius, Alex Adaku, Teresa M Au, Felicity L Brown, Richard A Bryant, Claudia Garcia-Moreno, Rasheda J Musci, Peter Ventevogel, Ross G White, Mark van Ommeren*

### Summary

**Background** Innovative solutions are required to provide mental health support at scale in low-resource humanitarian contexts. We aimed to assess the effectiveness of a facilitator-guided, group-based, self-help intervention (Self-Help Plus) to reduce psychological distress in female refugees.



*Lancet Glob Health* 2020;  
8: e254-63  
See [Comment](#) page e165



## Baseline characteristics

- Average 31 years (SD=11)
- 60.2% married
- 45.8% primary school highest received level of education
- 48.6% Kakwa ethnicity
- 45.8% homemakers; 35.3% unemployed
- No statistically significant differences on socio-demographics, except
  - Ethnicity (Dinka 20% SH+ vs 1% EUC, 'other' 25% SH+ vs 40% EUC)
  - Length of time in refugee camp (fewer <6 month in EUC)
    - Both included as covariates in effectiveness analyses.
- No statistically significant differences on outcome variables



# Participation

- Of the 331 individuals randomized to SH+, 293 participated in the first session (88.5%).
- Participation dropped slightly at the second session, but remained stable and high:
  - session 2, n=267 (80.7%)
  - session 3, n=272 (82.2%)
  - session 4, n=279 (84.3%)
  - session 5, n=265 (80.1%)

# Mixed model regression analyses

	Effect size Posttreatment	p	Effect size follow-up	
<b>Psychological distress (K6)</b>	-.72	<.0001	-.26	.04
<b>Self-defined concerns (PSYCHLOPS)</b>	-.58	<.0001	-.25	.06
<b>PTSD symptoms</b>	-.68	<.0001	-.30	.02
<b>Depression symptoms</b>	-.75	.0003	-.31	.03
<b>Explosive anger</b>	OR=.50	.002	OR=.63	.04
<b>Interethnic relationships</b>	-.06	.37	-.07	.30
<b>Psychological flexibility</b>	.42	.02	.09	.66
<b>Disability (functional impairment) (WHODAS 2.0)</b>	-.77	<.0001	-.30	.05
<b>Subjective wellbeing</b>	.51	.0006	.36	.0028

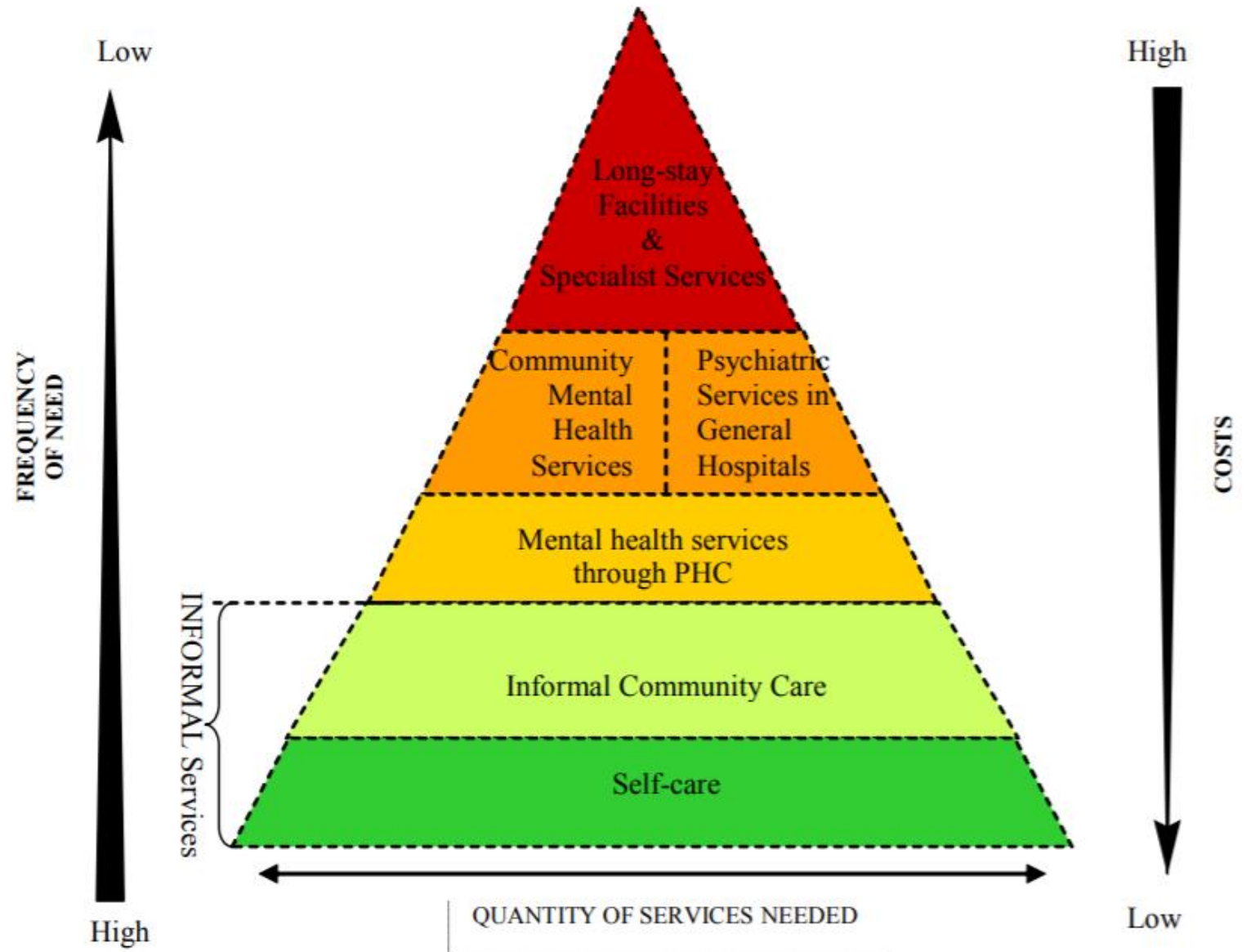
# Moderation analyses

- Overall, no moderation at posttreatment and follow-up by
  - # types of exposure events
  - # types of GBV exposures
  - Length of time in refugee camp
  - Severity of psychological distress at baseline (continuous/ binary)
- Exceptions:
  - Subjective wellbeing at post-treatment moderated by higher GBV exposure (stronger improvements) – no longer at follow-up
  - Psychological flexibility at post-treatment moderated by higher psychological distress (smaller improvements) – no longer at follow-up

# Implications

- Moderate effect sizes at immediate posttreatment assessment, small effect sizes at 3-month follow-up
  - 6/9 outcome measures
  - Similar to drop in effect sizes found in recent Cochrane Review<sup>1</sup>
- Replication necessary, but potentially promising as low-intensity psychosocial intervention

*WHO Optimal Mix of Mental Health Services (2007)*



<sup>1</sup> Purgato et al, 2018 Cochr Database Syst Rev



## Next steps

- Cost-effectiveness analyses
- Compared to existing interventions, more feasible to implement/ scale-up
- Intervention that can be integrated into work in other sectors?

