

A policy brief on WHO's Self Help Plus (SH+) intervention and its preventive effects

Refugee Emergency:

Defining and Implementing Novel Evidence-based Psychosocial Interventions (RE-DEFINE)



RE-DEFINE

Refugee mental health:
Defining and Implementing
Novel Evidence-based
psychosocial interventions





Executive summary

Around 1 % of the world's population, or 1 in 97 people, is forcibly displaced.¹ Refugees and asylum seekers are at a higher risk than the general population for developing mental health conditions because of their adverse life experiences. However, most refugees and asylum seekers with poor mental health do not get effective help. On average only 2% of countries' health budgets go to mental health. Most refugees do not have access to quality affordable mental health care in their community.² This brief provides details of a new psychological intervention: Self Help Plus (SH+), developed by the World Health Organization (WHO) to address this gap. In a recent study called RE-DEFINE (Refugee Emergency: Defining and Implementing Novel Evidence-based psychosocial interventions) with 1,101 refugees and asylum seekers in Turkey and in five countries in Western Europe, SH+ was shown to be effective in reducing psychological distress and preventing the development of mental disorders.

Self Help Plus (SH+)

- Is an evidence-based, low-resource intensity, likely scalable, psychological intervention.
- Can be delivered to large groups of people by briefly trained, supervised non-specialists.
- Is easy to adapt, translate, and use in various contexts.
- Facilitators need minimal training and supervision.
- Can be implemented as a single, stand-alone intervention or in combination with other interventions.

RE-DEFINE

- RE-DEFINE is a project financed by the European Union's Horizon 2020 Research and Innovation programme Societal Challenges under Grant Agreement No 779255.
- RE-DEFINE tested the effectiveness and cost-effectiveness of using SH+ to prevent the onset of mental disorders in refugees and asylum seekers with psychological distress living in middle-income and high-income countries.
- RE-DEFINE results showed that SH+ can help reduce distress and prevent the onset of mental disorders in distressed refugees and asylum seekers.

Key recommendations

The RE-DEFINE research has led to the following five key recommendations for populations affected by adversity, including refugees and asylum seekers:

- 1. Invest in evidence-based** mental health and psychosocial support interventions, such as SH+, along with interventions that support integration and contribute to wider economic benefits.
- 2. Implement SH+ as an intervention for populations exposed to adversity** to reduce psychological distress and prevent onset of mental health conditions.
- 3. Implement SH+ as part of a whole of society approach** that also addresses social and economic challenges.
- 4. Integrate SH+ within routine** health and community services.
- 5. Invest in implementation science** to understand pathways, barriers, and facilitating factors to scale up SH+ and other scalable interventions in different settings.





Background

Refugee and asylum seeker challenges

There are more than 75.9 million people forcibly displaced worldwide³. This includes:

- 26 million refugees
- 45.7 million internally displaced people
- 4.2 million asylum seekers

The largest group from one country are 6.6 million Syrian refugees hosted by 126 countries worldwide.⁴ Refugees and asylum seekers are often exposed to multiple stressors in their countries of origin, such as violence, persecution, poverty, loss of homes and loved ones, and fear of harm or death. They often continue to face hardships and stressors during migration⁵, and then again, after arrival in host countries.⁶ Examples of post-migration stressors include poverty, unemployment, uncertainty about asylum application, detention, separation from family members, discrimination and reduced social interaction and integration.⁷ All of these factors put refugees and asylum seekers at considerable risk for developing common mental disorders, such as anxiety and depressive disorders, post-traumatic stress disorder (PTSD).⁸

Mental health risks

Refugees and asylum seekers are generally at higher risk for psychological distress, even if this does not reach criteria for a mental disorder.⁹ These problems may severely impact integration and contribute to a range of negative impacts on the individual and family, including a lack of employment¹⁰, which may also have economic implications for the wider society. Compared to the general population, studies show that refugees and asylum seekers are at a higher risk of mental disorders¹¹ a finding consistent with recent WHO estimates of higher rates of mental disorders in conflict affected populations.¹² The increased prevalence of mental disorders appears to persist for many years after displacement.¹³ Poor socioeconomic conditions is one factor associated with higher rates of mental health conditions.¹⁴

Barriers to accessing mental health care

Within Europe, an estimated 80-90% of refugees with symptoms suggesting poor mental health do not visit mental health services.¹⁵

A number of barriers prevent access:

- Limited provider resources: lack of available, culturally competent mental health services.
- Social issues: lack of awareness, stigma, discrimination.¹⁶
- Structural issues: opening hours of services, lack of language interpretation services, or legal restrictions.¹⁷
- Financial issues: lack of means for transport to mental health services.¹⁸

While psychological interventions that focus on managing mental disorders are an essential part of a health and social care system, prevention interventions may provide an additional way of improving the mental well-being of refugees.¹⁹ Preventive interventions help to reduce the frequency of a condition, the time spent with symptoms and, likely, the impact on the person and family members. This in turn may reduce the burden on the health and social care systems that seek to address mental health care needs.



What is Self Help Plus? (SH+)

The World Health Organization (WHO) has developed a series of evidence-based, low resource intensity psychological interventions that aim to reduce psychological distress and improve functioning of people affected by any adversity. WHO developed SH+ as part of this series. SH+ is a guided self-help psychological intervention that can be delivered to up to 30 people at once by briefly trained non-specialist facilitators. It uses a pre-recorded audio, illustrated book and discussions to teach skills to help reduce stress. It is delivered in five group sessions of up to 2 hours in a space where a group can comfortably sit.

Who is SH+ for?





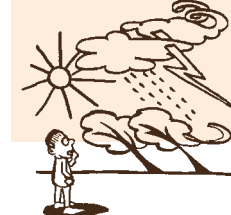
SH+ was developed by WHO for people

- experiencing any type of adversity, including humanitarian crises
- experiencing high levels of stress and psychological distress and who are therefore at risk of developing mental disorders.

SH+

- Overview
 - One or two facilitators depending on group size
 - Group size up to 30 participants at a time
 - Five 90 minute sessions
 - Multi-method approach involving pre-recorded audio files, an illustrated book and group discussions
- Current language versions
 - Arabic
 - Dari
 - English
 - Juba Arabic
 - Urdu

SH+ stress reduction tools

<p>GROUNDING</p> <p>Ground yourself during emotional storms by noticing your thoughts and feelings, slowing down and connecting with your body and then refocusing and engaging with the world-around you.</p> 	<p>UNHOOKING</p> <ol style="list-style-type: none"> 1. Notice that a difficult thought or feeling has hooked you. 2. Then silently name the difficult thought or feeling. 3. Then, refocus on what you are doing. 	<p>ACTING ON YOUR VALUES</p> <p>Choose the values that are most important to you. Then pick one small way that you can act according to these values in the next week. What will you do? What will you say? Even tiny actions-matter!</p> 	<p>BEING KIND</p> <p>Notice pain in yourself and others and respond with kindness. Unhook from unkind thoughts by noticing and naming them. If you are kind to yourself you will have more energy to help others and more motivation to be kind to others, so everyone benefits.</p> 	<p>MAKING ROOM</p> <p>Trying to push away difficult thoughts and feelings often does not work very well. So instead, make room for them:</p> <ol style="list-style-type: none"> 1. Notice the difficult thought or feeling with curiosity. 2. Name the difficult thought or feeling. 
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SH+ has been published by WHO and is available at: <https://www.who.int/publications/i/item/9789240035119>

RE-DEFINE

Refugee Emergency: DEFining and Implementing Novel Evidence-based psychosocial interventions

RE-DEFINE is a scientific project financed by the European Union’s Horizon 2020 Research and Innovation programme Societal Challenges under Grant Agreement No 779255 that has tested the effectiveness and cost-effectiveness of using SH+ to prevent the onset of mental disorders in refugees and asylum seekers with psychological distress in Western Europe and Turkey. Publications with full results will be forthcoming in 2021.

The research at a glance

1 Where?

Two prospective, multi-centred, randomised controlled trials took place in seven sites in five Western European countries and Turkey.



2 Who?

1,101 participants (Syrians, Afghans, Pakistanis, Iraqis, Nigerians) / 18+ years old / Asylum seekers and refugees / Able to speak Arabic, Dari, English or Urdu / Experiencing psychological distress but who did not criteria for diagnosis of a mental disorder.



3 Facilitated by peers

SH+ was delivered by briefly trained, non-specialist facilitators with refugee or other migrant backgrounds.



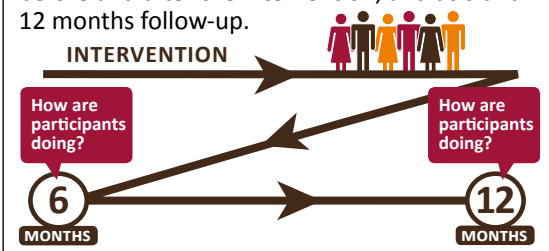
4 Aim

The trials compared the effectiveness and cost-effectiveness of SH+ as a preventive intervention with enhanced care as usual.

	SH+	TAU
	?	?
	?	?

5 How?

By measuring if those in the SH+ group were less likely to develop mental health problems than the comparison group, with assessments before and after the intervention, and at 6 and 12 months follow-up.



6 What?

The trials measured mental disorders, symptoms of mental disorder, functioning, mental well-being, intervention acceptability and economical outcomes.



Persons who had a diagnosis of a mental disorder at initial screening, who had a physical disease that could affect their participation, who were at risk of suicide, or people who had other challenges that impaired their decision-making, were not included in the study. They were all referred to suitable services.



Main results of REDEFINE research

- Both the Western European and Turkey studies have shown evidence of an impact of SH+ on preventing mental disorders and reducing stress, but differences were observed between the studies.
- In Turkey providing the SH+ intervention in addition to usual care was found to be highly cost-effective, while in Western European countries there were no differences found in cost-effectiveness.
- RE-DEFINE has shown that SH+ can be effectively delivered in a range of different settings, with groups of different sizes and to people from diverse cultures.
- RE-DEFINE has shown, for the first time, that it is possible to prevent the onset of mental disorders in distressed refugees and asylum seekers.
- RE-DEFINE has shown that it is possible to complete state-of-art randomized controlled trials on preventive mental health interventions. More than 1,000 asylum seekers and refugees were included in the two trials, making RE-DEFINE the largest intervention study ever on the mental health of refugees and asylum seekers.

Preventive value

Both the Western European and Turkey studies showed evidence of an impact of SH+ on preventing mental disorders and reducing stress. This effect was much more pronounced for the Turkey study where substantial effects were observed at 6 months follow up, compared to the Western European study where effects were only found immediate post-intervention and not at six months follow up. This difference may be explained by differences in context as the participants in Turkey faced many more stressors during the study than the participants in Western Europe.

Results indicate SH+ has potential as an intervention for large populations exposed to extreme stressors.

” While it is helpful to bring groups of refugees and asylum seekers together and equip them with tools and strategies to manage their problems, many of the obstacles and challenges they face are structural and institutional in nature and are not situated at the level of the individual. It is important to acknowledge the challenges they face in their wider context, including structural prejudice and discrimination. It is thus important to complement the provision of SH+ with advocacy and action to address structural issues.”

Dr Ross White, Co-investigator RE-DEFINE Project.





Benefits of Self Help Plus

Evidence based: WHO and partners have established evidence that SH+ can help to reduce psychological distress and help to prevent the onset of mental disorders. In addition to the RE-DEFINE research, SH+ was already evaluated with female South Sudanese refugees living in Uganda and showed significant reductions in psychological distress after three months.²⁰

Brief, scalable and low cost: SH+ is a brief five-session intervention delivered with minimal resources. It can be used in multiple settings and provided to up to 30 people at once, and therefore has the potential to increase service coverage at minimal additional costs.

Flexibility: SH+ can be delivered to smaller or larger groups, for example in a clinic or in a community setting. It is possible to implement as a single, stand-alone intervention, but also as an intervention combined with more intensive supports as required.

It is a transdiagnostic intervention, which means it can help people with different kinds of psychological distress and is not limited to, for example, people who are living with symptoms of depression.

Ease of use and adaptability: SH+ is easily adaptable to different cultures and languages and both meaningful and safe for people with and without mental disorders.²¹

Recommendations

The RE-DEFINE research has led to the following five key recommendations for populations affected by adversity, including refugees and asylum seekers:

- 1. Invest in evidence-based mental health and psychosocial support interventions**, such as SH+, along with interventions that support integration and contribute to wider economic benefits. Healthy and thriving individuals contribute more to a society and reduce the strain on health and social care systems.
- 2. Implement SH+ as an intervention for populations exposed to adversity** to reduce psychological distress and prevent onset of serious mental illness.
- 3. Implement SH+ as part of a whole of society approach** that also addresses social and economic challenges. While SH+ may help to reduce psychological distress, it is essential to also address the broader social, legal, and economic sources of distress. SH+ is part of the solution, but it cannot be the only solution. Addressing the social determinants of health is critical to improving mental health.
- 4. Integrate SH+ and the other low resource intensity interventions, within health and community services** to increase accessibility, scalability and sustainability. No single agency or program can provide all the inter-related mental health and psychosocial needs of refugees and asylum seekers. The best results are likely to be achieved if SH+ is part of an integrated approach with educational, financial legal and social supports.
- 5. Invest in implementation science** to understand the pathways, barriers and facilitating factors to scale up low resource-intensity psychological interventions. Although three trials have confirmed that SH+ can help to reduce psychological distress, there is much still to learn. Research is needed on implementation; combining SH+ with other key interventions; exploring different delivery approaches; identifying subgroups who will benefit from SH+; and delivering SH+ to groups of people from different cultures together at scale.





Further reading

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The Re-define project

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