



Symposium:  
Evaluating the  
implementation of the  
World Health Organisation's  
scalable psychological  
interventions for refugees in  
the Middle East

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## Symposium structure

### Four presentations:

- Mental health care utilization and access to health services among Syrian refugees in Turkey (Daniela Fuhr)
  - Cultural adaptation of the Early Adolescent Skills for Emotions programme for use in Lebanon (Felicity Brown)
  - Effectiveness of Group Problem Management Plus (PM+) in Reducing Symptoms of Depression and Anxiety Among Syrian Refugees in Turkey: Results of a Pilot Study (Ceren Akarturk)
  - Effectiveness of Group Problem Management Plus (gPM+) in Reducing Psychological Distress Among Syrian Refugees in Jordan: A Feasibility Study (TBD)
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# Background: Syrian Refugees Mental Health Care Systems (STRENGTHS)

## Syria crises

- Around 5 million refugees (and over 6 million IDPs)
- Estimated 15-20% of Syrian refugees may have a mental health problem
- Big challenge for health systems of recipient countries
- MHPSS care fragmented (e.g. Lebanon) or long wait lists (e.g. Germany)
- Low-intensity psychological care to facilitate access to care



## Aim of STRENGTHS

### Aim:

*To provide effective community-based health care implementation strategies to scale-up the delivery and uptake of “Programme Management +” (PM+) in different countries*



Informal tented settlement for Syria refugees in Bekaa Valley, Lebanon, © UNICEF/A. Romenzi

# Problem Management + (PM+)



## PROBLEM MANAGEMENT PLUS (PM+)

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

WHO generic field-trial version 1.0, 2016  
Series on Low-Intensity Psychological Interventions - 2



### PM+ Core features:

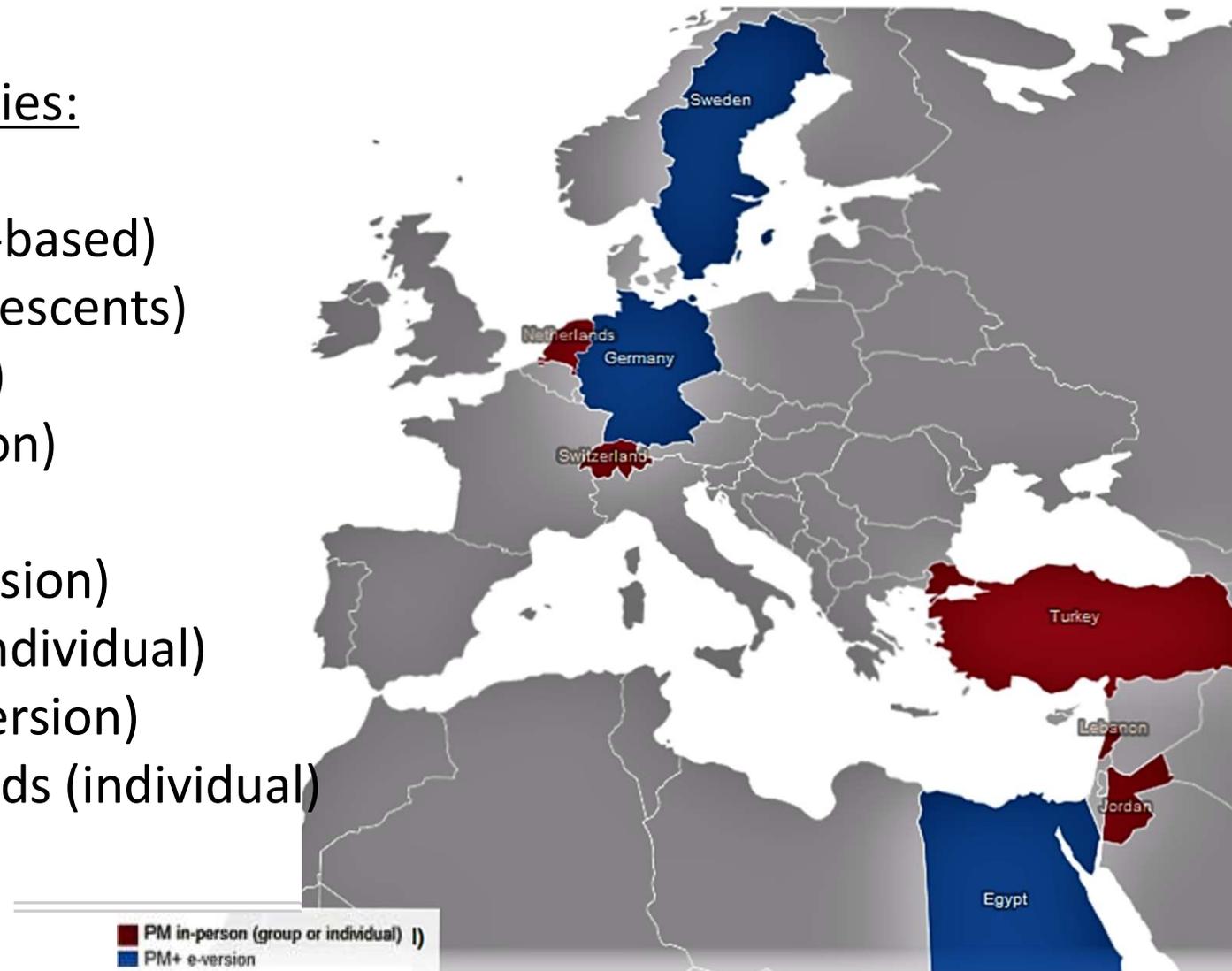
1. Brief – 5 sessions (stress management, problem solving, keeping busy/active, strengthening social support, staying well)
2. Delivered by non-specialist peer-refugee health workers with the same cultural background as the user
3. Transdiagnostic – addresses depression, anxiety, PTSD, stress and self-identified problems
4. Culturally sensitive/adaptable
5. Flexible - can be delivered in various formats (e.g. individual, group, children, internet)
6. Evidence-based.

# STRENGTHS study countries

8 study countries:

Turkey (group-based)  
Lebanon (adolescents)  
Jordan (group)  
Egypt (e-version)

Sweden (e-version)  
Switzerland (individual)  
Germany (e-version)  
The Netherlands (individual)





# **Mental health care utilisation and access to health services among Syrian refugees in Turkey**

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## Aim: To understand prevalence of CMD, treatment gap and access to care among Syrian refugees



Study design: Cross-sectional survey, N=1678 in Sultanbeyli, Istanbul

Random sampling to select respondents by using the Sultanbeyli Municipality's registration system

Face to face interviews in Arabic

Inclusion criteria: Adult Syrian refugees (18+ years)

Exclusion criteria: Participants under the influence of alcohol or drugs, non-native Arabic speakers, and those with severe intellectual impairments.

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## Survey questionnaire

- Demographic and socio-economic characteristics
  - Hopkins Symptoms Checklist (HSCL-25)
  - PTSD Checklist (PCL-5)
  - Utilization of mental health care services
  - Barriers of seeking and continuing care
  - Knowledge and attitudes towards people with mental health problems
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## Results: Prevalence of PTSD, depression and anxiety

Prevalence of PTSD (PCL-5), depression (HSCL-25), anxiety (HSCL-25) and self-reported emotional/behavioural problems (n=1,678)

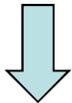
	Yes		No	
	n	%	n	%
PTSD*	328	19.6	1,318	78.6
Anxiety**	582	34.7	1,077	64.2
Depression**	606	36.1	1,049	62.5
Self-reported emotional/behavioural problems since arriving in <u>Sultanbeyli</u>	358	21.3	1,284	76.5
Symptoms of PTSD, anxiety or depression and self-reported problems	249	14.8	1,393	83.0

\*Calculated using the conventional cut-off score of greater than or equal to 33

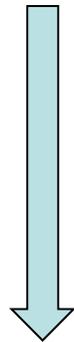
\*\* We defined "symptomatic depression" using a cut-off score of  $\geq 2.10$  and "symptomatic anxiety" using a cut-off score  $\geq 2.00$  (Mahfoud et al. 2013)

## Treatment gap

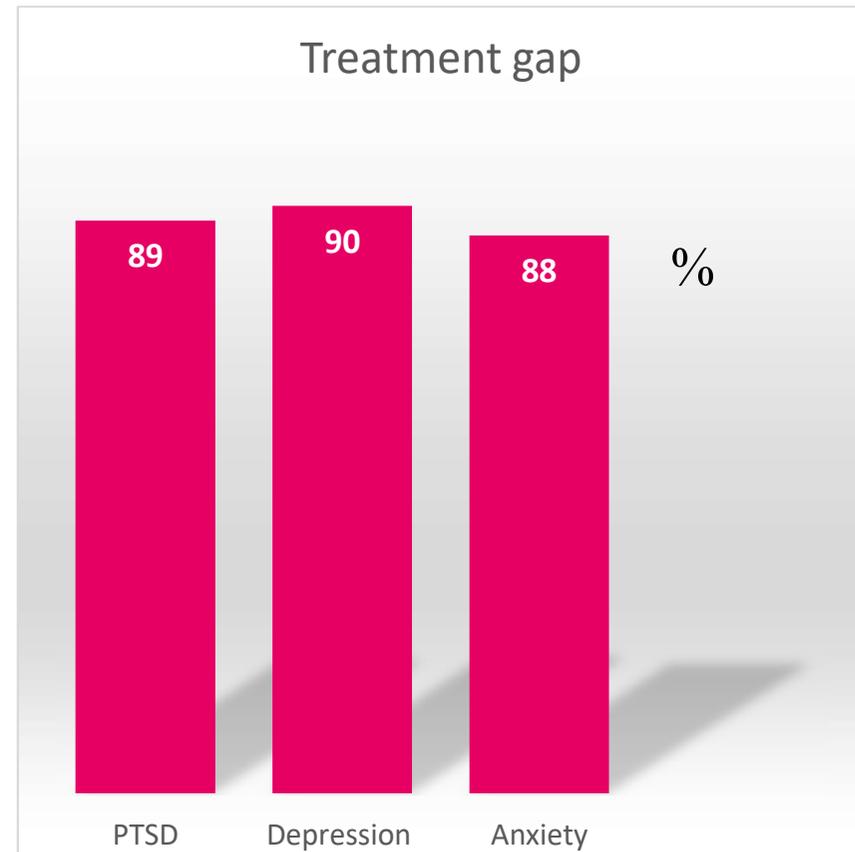
249 respondents screened positive for PTSD, depression or anxiety AND self-reported problems with mental health



22 respondents (9%) sought care



219 respondents (88%) did not



## Reasons for not seeking care (N=219)

Reason for not seeking care	%	N
Wanting to handle problem on his/her own	65%	142
Thought that problem would get better by itself	62%	136
Concerned about costs	52%	110
Didn't think treatment would work	27%	60
Thought treatment would take too much time/inconvenience	27%	59
Concerned about what other may think if they would find out about treatment	23%	51

## Places where Syrian refugees seek help for mental health problems (N=1678)

	Yes		No	
	n	%	n	%
Government hospitals	907	54.1	289	17.2
Family and friends	890	53.0	364	21.7
Refugee health centres	811	48.3	298	17.8
Religious leaders	735	43.8	443	26.4
Private hospitals	710	42.3	451	26.9
Local government clinic	700	41.7	408	24.3
NGOs/community organisations itself	526	31.4	485	28.9
The municipality	410	24.4	644	38.4
Nowhere: care is not available	138	8.2	1029	61.3
Other	98	5.8	813	48.5

\*multiple answers allowed

## Knowledge and attitudes towards mental health (N=1678)

People with mental health problems..	%	N
...tend to be violent	40%	667
...cannot live a good rewarding life	43%	723
...should not be given any responsibility in life	50%	836
... should not get married	34%	584
... can recover	72%	1205
A more tolerant attitude towards people with mental health problems is needed	80%	836
I am willing to continue a relationship with a friend who developed a mental health problem	70%	1229

## Conclusion and discussion points

- High levels of symptoms of PTSD, anxiety and depression
- Mental health services are free of charge for registered Syrian refugees in Istanbul, however, around 10% of Syrian refugees sought care only

### Reasons?

- Syrian refugees may struggle to understand the health system
  - Structural and attitudinal barriers of seeking care
  - Negative attitudes and beliefs about mental health
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## Conclusion and discussion points

- A need to improve the responsiveness of the mental health system, and to tailor it to the needs of the patient to facilitate access to care
    - Provision of treatment in the community
    - Culturally relevant treatment by a provider the patient can relate to
    - Delivered in mother tongue
  - STRENGTHS
  - Need to increase treatment demand: Community-based awareness programmes and public information campaigns to be delivered alongside PM+ during scale up
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**Thank you!**

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