DISSEMINATION PACKAGES

DELIVERABLE 8.4

SCALING UP PSYCHOLOGICAL INTERVENTIONS WITH SYRIAN REFUGEES

STRENGTHS

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About this document

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1. Introduction

The STRENGTHS project, which ran from January 1, 2017 to December 31, 2022, aimed to evaluate and scale up evidence-based and cost-effective mental health interventions for Syrian refugees. The project translated and adapted existing materials for scalable psychological interventions, and conducted several research trials across eight countries in Europe, the Middle East, and North Africa.

One of the objectives of STRENGTHS was **to disseminate the evidence base for scalable psychological interventions**, as well as **to share lessons learnt about implementation** strategies and about what it takes to maintain the sustainability of the interventions for further scaling up in new locations.

This practical document pulls together some of the implementation materials used during the project, and describes some of the lessons learnt. It aims to assist implementation of Problem Management Plus (PM+) interventions among Syrian or other refugee groups in new settings. The document will give concise information about PM+ and outline concrete steps on how to implement the interventions in practice.

1.1. Project summary

As a result of the war in Syria, over 6.8 million Syrians have fled Syria to other countries across the Middle East (including Egypt and Turkey) and to countries in Europe.[1] While not all refugees will experience serious mental health problems, many will face serious emotional distress. stemming from past and ongoing stressors, adversities and loss, Syrian refugees may experience symptoms of common mental health conditions, which could include symptoms of depression, anxiety, and posttraumatic stress disorder (PTSD). The high numbers of Syrians seeking refuge in Europe and Syria's bordering countries pose significant challenges to the responsiveness of health systems. Multiple barriers, such as the lack of trained specialists to deliver evidence-based mental health interventions across Middle Eastern countries and the lack of Arabic-speaking mental health care professionals in Europe limit access to mental health services.

The STRENGTHS project, funded by the European Commission's Horizon 2020 programme, aimed to provide effective community-based mental health care implementation strategies to scale up the delivery and uptake of effective mental health interventions for Syrian refugees in countries around Syria (Turkey, Lebanon, Jordan, Egypt), and Europe (Germany, the Netherlands, Switzerland, and Sweden).

[1] https://www.unhcr.org/refugee-statistics/ (accessed 19/12/2022)

1.2. Scalable psychological interventions

Scalable psychological interventions are sometimes also called “low-intensity interventions”. They are modified, evidence-based psychological treatments, such as:

- Brief, basic, paraprofessional-delivered versions of existing evidence-based psychological treatments (e.g., basic versions of cognitive-behavioural therapy, interpersonal therapy).
- Self-help materials drawing from evidence-based psychological treatment principles, in the form of self-help books; self-help audiobooks or videobooks; and online self-help programmes.
- Guided self-help in the form of individual or group programmes guiding clients in the use of the above-mentioned self-help materials.

Scalable psychological interventions consist of carefully designed packages of evidence-based techniques that have been modified so they require fewer resources and can be completed in less time compared to conventional psychological treatments by specialists. Scalable psychological interventions have the potential to be implemented and scaled up in settings where access to specialist care is insufficient. They can contribute to more accessible mental health care that reaches more people.

The World Health Organization (WHO) has developed a set of scalable psychological interventions, for use in humanitarian and low-resource settings. These programmes are brief and may be delivered by non-professional helpers or lay people after training. They are ‘transdiagnostic’: they do not target a single disorder, but a wider range of symptoms of common mental disorders and psychosocial distress. They are based on evidence-based cognitive behavioural and problem-solving techniques. Several formats and delivery modes of scalable psychological interventions are available or have been initiated:

- PM+ Individual (evaluated in Pakistan[2] and Kenya[3], and in STRENGTHS in the Netherlands in Switzerland)
- PM+ Group (gPM+; evaluated in Swat, Pakistan[4] and Nepal[5] and in STRENGTHS in Jordan and Türkiye)
- Step by Step, an e-mental health programme for adults[6] (evaluated in Lebanon[7] and in STRENGTHS in Germany, Egypt and Sweden).

[2] Rahman, A., Hamdani, S. U., Awan, N. R., Bryant, R. A., Dawson, K. S., Khan, M. F., . . . van Ommeren, M. (2016). Effect of a Multicomponent Behavioral Intervention in Adults Impaired by Psychological Distress in a Conflict-Affected Area of Pakistan: A Randomized Clinical Trial. *JAMA, 316*(24), 2609-2617. doi:10.1001/jama.2016.17165

[3] Sijbrandij, M., Bryant, R. A., Schafer, A., Dawson, K. S., Anjuri, D., Ndogoni, L., ... & Van Ommeren, M. (2016). Problem Management Plus (PM+) in the treatment of common mental disorders in women affected by gender-based violence and urban adversity in Kenya; study protocol for a randomized controlled trial. *International journal of mental health systems*, *10*(1), 1-8.

[4] Rahman, A., Khan, M. N., Hamdani, S. U., Chiumento, A., Akhtar, P., Nazir, H., ... & van Ommeren, M. (2019). Effectiveness of a brief group psychological intervention for women in a post-conflict setting in Pakistan: a single-blind, cluster, randomised controlled trial. *The Lancet*, *393*(10182), 1733-1744.

[5] Jordans, M. J., Kohrt, B. A., Sangraula, M., Turner, E. L., Wang, X., Shrestha, P., ... & van Ommeren, M. (2021). Effectiveness of Group Problem Management Plus, a brief psychological intervention for adults affected by humanitarian disasters in Nepal: A cluster randomized controlled trial. *PLoS medicine*, *18*(6), e1003621.

[6] Burchert, S., Alkneme, M. S., Bird, M., Carswell, K., Cuijpers, P., Hansen, P., ... & Knaevelsrud, C. (2019). User-centered app adaptation of a low-intensity e-mental health intervention for Syrian refugees. Frontiers in psychiatry, 9, 663.

[7] Cuijpers, P., Heim, E., Abi Ramia, J., Burchert, S., Carswell, K., Cornelisz, I., ... & El Chammay, R. (2022). Effects of a WHO-guided digital health intervention for depression in Syrian refugees in Lebanon: A randomized controlled trial. *PLoS Medicine*, *19*(6), e1004025.

- Early Adolescents Skills for Emotions[8] (evaluated in Jordan[9] and in STRENGTHS in Lebanon.

1.3 Problem Management Plus (PM+)

1.3.1 Evidence base

Evidence around scalable psychological interventions is rapidly accumulating. Initial evidence for the effectiveness of PM+ Individual in reducing common mental health problems and improving psychosocial functioning was obtained through two large studies in Pakistan[2] and Kenya[3]. A study in Nepal[5] showed also PM+ Group to be effective in reducing psychological distress. However, detailed knowledge comparing different delivery methods and exploring challenges and opportunities for implementation was lacking. Moreover, before the STRENGTHS project started, there were no studies on PM+ among refugees.

The STRENGTHS project explored the effectiveness of different PM+ variants adapted for use with Syrian refugees in Europe and the Middle East. The results indicate that PM+ is effective in improving common mental health symptoms in Syrian refugees. In the Netherlands and Switzerland, PM+ Individual was implemented in community settings. A study in the Netherlands showed that at one week and at three months after the intervention, Syrians who received PM+ had significantly lower levels of depression, anxiety, symptoms of posttraumatic stress disorder and person problems than care-as-usual controls[10]. The results of a smaller trial in Switzerland echoed these positive results in terms of reducing symptoms of psychological distress. Group PM+ was also effective in improving symptoms of depression, personal problems, and inconsistent disciplinary parenting in a refugee camp setting in Jordan[11] and had benefits in terms of improving functioning in Türkiye. Overall, STRENGTHS showed a successful and effective delivery of PM+ Individual and PM+ Group across several delivery settings, and can therefore be recommended as an effective tool to increase access to mental health care for Syrian refugees.

1.3.2 The intervention

Problem Management Plus (PM+) is a scalable psychological intervention delivered in person to adults. It can be delivered by paraprofessionals or lay people after a training of eight days. It is a transdiagnostic intervention, in that it does not target a single disorder, but a set of symptoms of common mental disorders such as anxiety, depression, and posttraumatic stress disorder. It is based on well-tested cognitive behavioural and problem-solving techniques. PM+ can be delivered as an individual intervention and as a group intervention.

[8] Brown, F. L., Steen, F., Taha, K., Aoun, M., Bryant, R. A., Jordans, M. J., ... & Akhtar, A. (2019). Early adolescent skills for emotions (EASE) intervention for the treatment of psychological distress in adolescents: study protocol for randomised controlled trials in Lebanon and Jordan. Trials, 20(1), 1-11.
[9] Bryant, R. A., Malik, A., Aqel, I. S., Ghatasheh, M., Habashneh, R., Dawson, K. S., ... & Akhtar, A. (2022). Effectiveness of a brief group behavioural intervention on psychological distress in young adolescent Syrian refugees: A randomised controlled trial. *Plos Medicine*, *19*(8), e1004046.
[10] de Graaff, A. M., Cuijpers, P., McDaid, D., Park, A., Woodward, A., Bryant, R. A., ... & Sijbrandij, M. (2020). Peer-provided Problem Management Plus (PM+) for adult Syrian refugees: a pilot randomised controlled trial on effectiveness and cost- effectiveness. Epidemiology and Psychiatric Sciences, 29, E162. doi:10.1017/S2045796020000724
[11] Bryant, R. A., Bawaneh, A., Awwad, M., Al-Hayek, H., Giardinelli, L., Whitney, C., ... & STRENGTHS Consortium. (2022). Effectiveness of a brief group behavioral intervention for common mental disorders in Syrian refugees in Jordan: A randomized controlled trial. PLoS Medicine, 19(3), e1003949. doi:10.1371/journal.pmed.1003949

Who is involved in delivering PM+ interventions?

Problem Management Plus is designed to be delivered by people who do not have prior professional training in psychotherapy. Essential is that the PM+ providers participate in a brief competency-oriented training and receive consistent supportive supervision by people with more advanced professional experience in the field of mental health. In summary, the following functions are required for effective PM+ programming:

- PM+ providers: People who deliver the intervention. They can be Syrian refugees and asylum seekers, or people from surrounding host communities, particularly if they speak Arabic. Non-specialist PM+ providers can be called 'helpers', 'lay counsellors', or 'facilitators'. his document uses the terms 'helper' and 'PM+ provider' interchangeably.
- PM+ supervisors: People with more advanced competencies in psychological interventions who can support the PM+ providers in regular (usually weekly) supervision sessions. The supervisors typically have a background in mental health care, for example as clinical psychologist, counselling psychologist, or social worker. In some settings, people who were previously trained as PM+ providers can become PM+ supervisors.
- PM+ trainers: Providing a PM+ training requires a thorough knowledge of the intervention techniques used in PM+, paired with a competency in training others. Usually, PM+ trainers have followed a Training of Trainers, such as developed within the STRENGTHS project.
- Project management and logistic staff: see more in section 2.5.

Problem Management Plus Individual (PM+ Individual)

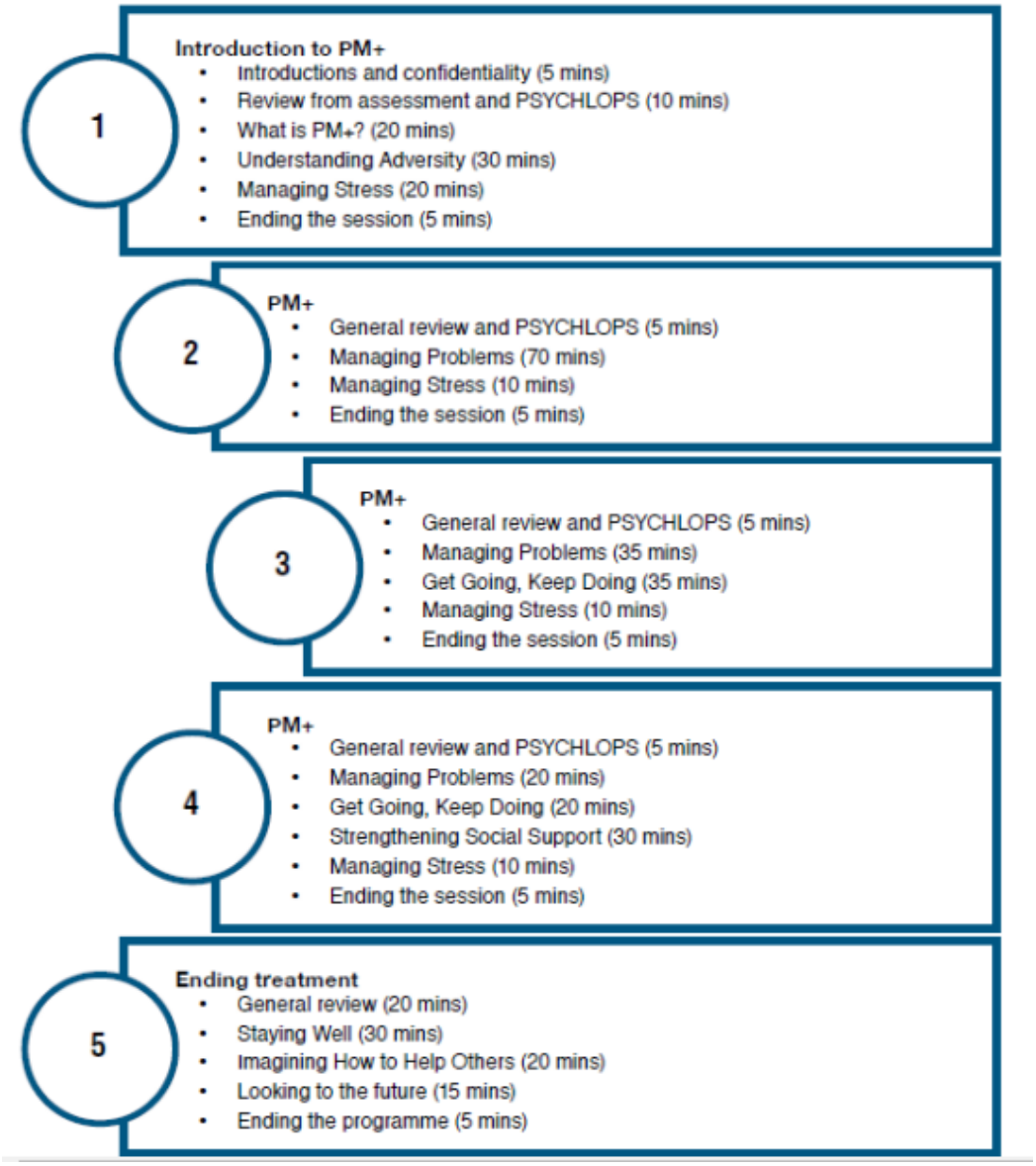
Problem Management Plus Individual is a brief, evidence-based psychological intervention to help adults impaired by distress in communities exposed to adversity and is delivered in a one-to-one format. Following screening and assessment sessions, intervention sessions (90 minutes each) take place once a week for five weeks. All sessions are individual, though the intervention allows family or friends to be included at the clients' discretion. The approach involves problem management (PM) (also known as problem-solving counselling or problem-solving therapy) plus (+) selected behavioural strategies. In combining these strategies, this programme aims to address both psychological problems (e.g. stress, fear, feelings of helplessness) and, where possible, practical problems (e.g. livelihood problems, conflict in the family etc.). PM+ aims to help clients reduce problems that they have self-identified as being of concern to them.
PM+ is useful for a range of common mental health problems, such as anxiety, depression, and posttraumatic stress disorder. It does not involve diagnosing mental disorders, but can be delivered after a brief screening with a self-report instrument. Although a formal diagnosis is not required, it is effective in helping people with diagnosable mood and anxiety disorders. Following assessment sessions, the five main sessions are structured as shown in Figure 1.

Problem Management Plus Group (PM+ Group)

Problem Management Plus Group is delivered in five group sessions of around two hours, with eight to ten people per group. The session structure for the PM+ Group intervention is similar to that of PM+ Individual, but with some adaptations to make use of group teaching, joint activities, group discussions, and group rituals, while also incorporating individual discussions. The main

difference with the individual variant of PM+ is that the group sessions are structured around case examples brought in by the helper. The group members are invited to reflect on how the strategies discussed during the session may apply to their own lives. Bringing the lived experiences into the discussion and reflection is something the helper can facilitate.

Figure 1. The five sessions of PM+



1.4 Implementation Support Package

By now, there is solid evidence around the effectiveness of PM+ Individual and PM+ Group and the findings of STRENGTHS significantly contributed to this evidence base. PM+ Individual and PM+ Group can be recommended for routine implementation. The STRENGTHS project also collected data on EASE and Step-by-Step. The World Health Organization is expected to soon release these two interventions for routine use. However, because the data on Step by Step and EASE within STRENGTHS have not yet been fully analysed, our implementation package focusses solely on PM+.

The current document provides practical guidance for planning and implementing the PM+ interventions, with a focus on key topics to consider before and during the implementation process. Throughout the guide, we will give examples of how various parts of the implementation cycle were carried out within the STRENGTHS project. Further examples of PM+ implementation from other contexts and with other target groups are also given to illustrate some of the challenges and their potential practical solutions.

1.4.1 Purpose of the Implementation Support Package

The purpose of this document is to share implementation lessons learnt during STRENGTHS, and provide practical guidance for carrying out PM+ interventions in new contexts. It aims to support people and organizations in implementing psychological interventions, providing insights on how to plan and manage such interventions, including training and supervision of service providers. The implementation insights are relevant for those working with Syrian refugees and similar groups in both lower-resource and higher-resource settings.

1.4.2 Scope of the Implementation support package

This document will include information and relevant manuals for the PM+ interventions for Syrian refugees, as developed within the STRENGTHS project. Consequently, adaptations of PM+ in other settings, and adaptations of other scalable psychological interventions fall outside the scope of this document but will be briefly referenced.
For a concise overview of the main results of STRENGTHS related policy implication, see the Policy Brief on WHO's Problem Management Plus, EASE, and Step-by-Step Interventions in Addressing Mental Health Concerns Among Syrian Refugees
For generic information on integrating psychological interventions into services, we refer to the forthcoming *WHO Psychological Interventions Operational Manual about Integrating Psychological Interventions in Existing Services*.

1.4.3 Materials developed in STRENGTHS project

During the STRENGTHS project, the following materials were developed or adapted:

- The STRENGTHS adapted PM+ reference manuals for PM+ Individual and PM+ Group for adult Syrian refugees
- The STRENGTHS adapted PM+ training of helpers manual
- The EASE intervention manual
- The EASE training materials
- The Step-by-Step digital intervention
- Contact-on-demand protocols for Step-by-step
- Webinars and movie clips for the STRENGTHS Community of Practice

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On the STRENGTHS[12] website the following materials are available

- The STRENGTHS Adapted PM+ reference manuals for PM+ Individual and PM+ Group
- The STRENGTHS Adapted PM+ training of helpers manual

[12] https://strengths-project.eu/en/documents/

2 Topics

2.1 Suitability of PM+

2.1.1 For whom are PM+ interventions?

For a comprehensive overview of psychological and how to evaluate their suitability, we refer the reader to the upcoming *WHO Psychological Interventions Operational Manual about Integrating Psychological Interventions in Existing Services*. The following issues are important when considering implementing PM+ in a specific setting:

- Age of participants
  - PM+ is designed for adults.
- Type of mental health problems that eligible participants have
  - PM+ is meant to support people with common mental health conditions who typically have symptoms related to depression and anxiety.
  - PM+ is not specifically focussed on symptoms of posttraumatic stress disorder, but in some trials a significant reduction of symptoms related to posttraumatic stress disorder was observed.
  - PM+ is not designed to support people with increased suicide risk
  - PM+ is not designed for people with severe mental health conditions such as psychosis or mania/ bipolar disorders.
- Availability of other services and specialists
  - PM+ can be delivered as a stand-alone intervention, particularly in settings with limited access to specialized services. It can however best be embedded within a system of care with options for referrals to social services and more mental health specialized services for those with severe or complex conditions.
  - PM+ can increase coverage of psychological interventions by using specialists as trainers and supervisors. This implies a change in the role of specialists.

2.1.2 Factors to improve success in implementing PM+

When implementing any new psychological intervention, especially for refugees, various potential barriers or facilitators influence implementation and further scaling up in a specific setting. Within STRENGTHS, some the factors found to influence implementation included:

Including the target community:

- It was of crucial importance to involve the Syrian community from the very beginning of the implementation. By engaging stakeholders, key persons, NGOs, or other parties closely working with the target group, it was possible to access the group through already trusted parties.

Working together with local existing service providers:

- Embedding the interventions into existing systems and structures from the Ministry of Health or Social Affairs or other key actors within these systems was considered particularly useful.

- Integrating the PM+ interventions into other services available to the target community was also seen as crucial. Many people from the target community may require assistance in other areas of their lives related to work, housing, navigating bureaucracy, legal assistance, or livelihood. It is recommended to have a solid referral system or connection to other existing services, as opposed to offering these interventions as a stand-alone solution to supporting individuals' mental health and wellbeing.

Contextual factors:

- Contextual factors and existing infrastructure can aid implementation or complicate it. In the STRENGTHS trials, contextual factors in some locations made implementation particularly difficult. For example, in Lebanon where the EASE trials were happening, the implementation had to be prematurely stopped due to the worsening socio-economic and political situation in the country.

2.2 Selecting participants

2.2.1 General selection and exclusion criteria

PM+ Individual and PM+ Group are suitable interventions for adults with psychological distress, such as mild to moderate forms of depression or anxiety. It is important to consider how best to screen potential participants, as well as to plan who to exclude from the intervention.

- Screen participants for psychological distress before enrolling them in the intervention. Possible reasons to exclude participants may include: suicidal ideation, active psychosis, problematic substance use. These mental health problems are beyond the scope of what the intervention can address, and what the helpers are trained to deal with.
- Identify alternative sources of support for individuals for whom PM+ is not suitable and prepare comprehensive referral pathways.

2.2.2 Cultural considerations

Cultural considerations can influence the way PM+ is best delivered. When selecting participants for PM+ keep the following factors in mind:

- Is matching the helpers' gender and/or age to the age of participants important?
- In the case of group PM+: Are single-gender or mixed groups more appropriate?
- Does the age of participants in a group matter due to considerations around respect between different age groups?
- Trust and social cohesion. Some refugees, particularly those who belong to religious, ethnic, or other minorities, may find it hard to build up trust in a group with people from potentially different backgrounds. When such factors negatively impact group dynamics and outweigh the advantages of group delivery, individual delivery may be more appropriate.

2.3 Adapting PM+ to the local context

2.3.1 Cultural adaptation of PM+ for STRENGTHS

The original PM+ interventions by WHO, were culturally and contextually adapted within the STRENGTHS project, tailored to the specific needs of the various implementation sites. These adaptations can be used with Syrian refugees in other geographic locations with limited or no further tailoring. For implementation with other Arabic-speaking populations, the STRENGTHS materials will be useful, but some adaptation (for example with regards to dialects) may be required.

Cultural adaptation is the process of systematic modification of an evidence-based treatment or intervention protocol to consider language, culture, and context in such a way that it is compatible with the client's cultural patterns, meanings and values. The adaptations of PM+ Individual and PM+ Group were carried out following theoretical underpinnings and tools described in the *WHO Adaptation Protocol for Adapting Psychological Interventions for Common Mental Health Problems to the Local Context*, which has been developed to guide systematic cultural adaptation of scalable psychological interventions, including those included in the STRENGTHS project.

The cultural adaptation process consisted of the following main steps:

- Literature review: compiled information on the socio-cultural perceptions of Syrian refugees; information on the general context of Syrian refugees living in Europe or in neighbouring countries, and how these aspects influence their mental health and psychosocial wellbeing; expressions and idioms used to describe distress.
- Stakeholder engagement: carried out community engagement sessions in the form of public meetings to inform about the study, and to stimulate engagement and interest in participation.
- Rapid qualitative assessment: confirmed salience of conducting an intervention focusing on psychological distress, with sensitivity towards local relevant events; explored health and social systems aspects related to implementation; identified problems that community members face from their perspective; explored key function tasks in the community; sought insight into how symptoms of psychological distress are experienced and expressed, and how people in the community typically seek assistance for these
- Literal translation: relatively bare or plain translations, as free as possible from the translator's interpretation, linguistic preferences, and cultural background. Allows for identification of sections that require more in-depth adaptation
- Cognitive interviews: members from the target community were asked to reflect on extracts of the literal translation as well as the visual illustration materials, giving their input for the most appropriate words, phrases, or figures of speech that are relevant and acceptable
- Adaptation workshops: all findings from the previous steps were reviewed and recommendations for cultural adaptations were formulated.

The final Syrian Arabic manuals used during STRENGTHS are available on the STRENGTHS website. The original PM+ manual and training materials are under the copyright of the WHO and requests for translations and adaptions need to be addressed through the WHO website (http://www.who.int/about/licensing).

2.3.2 Adapting PM+ to new settings

Currently, there are over 15 adaptations of the original manual, ranging from Arabic to Urdu. These are all accessible from the WHO website[13]. For information about adaptations of an existing manual to a new context, consult we would like to refer the reader to the WHO Adaptation Protocol for Adapting Psychological Interventions for Common Mental Health Problems to the Local Context for the protocol.

2.4 Training & Supervision

2.4.1 Who needs to be trained to implement PM+?

For the purposes of STRENGTHS, a Master Trainers model was used. A limited number of experienced *Master trainers* - individuals with a professional background in mental health services, experience in training PM+ Individual and PM+ Group, and experience in working with culturally-relevant interventions and in delivering interventions to refugee and/or migrant populations – in turn trained a pool of *Trainers* through a Training of Trainers (ToT). These trainers could then go on to train non-specialists to become *helper*s who deliver the PM+ interventions. The Master trainers or other identified mental health professionals were then used for the supervision of helpers during training and project implementation.

These trainings created an international network of Master trainers and trainers. New implementers may reach out to this existing pool of trainers for support, thereby reducing overall time and training costs. The training network will be maintained through the VU, and will be expanded with Ukrainian trainers as part of the recently funded EU4 U-RISE project (101101495).

2.4.2 Suggested qualifications for trainers

The STRENGTHS project partners identified trainers with the following criteria for qualifications, skills, and experience:

- University degree in psychology or related field
- Good knowledge and understanding of the PM+ interventions
- Experience in training others, such as professionals, lay staff, and/or volunteers, in mental health and psychosocial interventions for people facing adversities
- Experience in working with culturally sensitive mental health and psychosocial support interventions
- Experience in delivering psychological interventions to refugee and/or migrant populations.

[13] https://www.who.int/publications/i/item/WHO-MSD-MER-16.2

2.4.3 Suggested qualifications for helpers and group facilitators

PM+ helpers and group facilitators can be persons with or without professional training in mental health care. The following requirements were employed with STRENGTHS to guide selection of lay persons who can become PM+ helpers for PM+ Individual or group facilitators for PM+ Group.

Persons could become helpers or group facilitators if they:

- Have preferably at least completed high school education
- Work in an organization that offers help to people affected by adversity
- Have a genuine motivation to help others and are based in a work setting that allows them to spend the time with participants
- Have completed training in how to use PM+
- Work well within a team
- Receive continuing support and supervision from a trained supervisor

Please note: some of these considerations will depend on the location of implementation.

Furthermore, based on the findings from the cultural adaptation process, within STRENGTHS it was decided that PM+ helpers and group facilitators should also:

- Be fluent in written and spoken Arabic
- Be gender- and age-matched as much as possible with the participants
- Have a solid understanding and knowledge of Syrian culture and of the war and its impacts
- Have personal experience and cultural background that allows them to understand and empathize the participants
- Be trustworthy, discrete, and reliable
- Be able to interact with all participants on an equal level
- Be diplomatic/able to deal with everyone
- Be capable of building and gaining trust
- Be non-judgmental and neutral
- Accept others and be aware that they may have different values, beliefs, and/or opinions than those they are helping
- Have good communication skills and a good reputation among people in the community
- Present themselves in culturally appropriate ways, such as wearing clothing that is acceptable to the target group
- Be willing to receive personal support and/or counselling if needed
- For PM+ Group facilitators only: have energy and the experience to manage groups of people, be able to ensure all participants in a group feel included

While some of the above considerations are specific to STRENGTHS, they can be reasonably adapted to the needs required for working with a different specific target population.

2.4.4 Training package overview

The training packages for PM+ Individual and PM+ Group consist of:

1. **The training manual** (Training of Helpers) for each intervention
2. **The reference manual** for each intervention. Please note that for PM+ Group, there are two versions of the manual, one with a male case example and one with a female case example.

The 'Training of Helpers' manual provides guidance for delivering a minimum of eight-day training to non-specialist helpers without any mental health experience. It can be delivered in six days for mental health professionals without training in cognitive behavioural therapy. The training manual includes appendices with training aides and handouts for the trainees.

The training uses varied training methods such as presentations, active discussions, demonstration and practice role-plays, group and individual reflective activities. Trainers are encouraged to adapt the training to suit their contexts and trainees' learning styles. They can modify the training methods used in the different activities (the 'how') and the training schedule (the 'when'). However, within STRENGTHS as a research project, it was essential that the content (the 'what') remained the same to strengthen reliability and fidelity to the multi-country research design. In routine implementation settings, more profound adaptations may be needed, but content adaptations (e.g. addition of modules to address specific themes, such as substance abuse) must be carefully reviewed and evaluated before wider implementation.

Overview of materials needed to conduct training

Each trainer requires printed copies of the Training for Helpers manual. The manual appendices should also all be printed separately; some for trainers only, some for each participant. Each helper should receive a copy of the reference manual for the intervention.

Additional materials needed include:

- Pens or pencils
- Whiteboard or flip chart paper with a stand
- Markers
- Sticky notes

2.4.5 Further considerations for training

Beyond the official training requirements and necessities, based on experiences from STRENGTHS, it is recommended to consider the following points:

- Addressing the (potential) mental health stigma amongst the helpers or group facilitators is important. They may find it difficult to talk or ask about more stigmatized/taboo topics, like suicide, sexual life, or substance abuse – even in assessments.
- Consider building the confidence of helpers or group facilitators in talking about difficult topics and in reflecting on their process by including "reflection moments" at the end of training days.

Creating a safe atmosphere for sharing may help them in getting used to sharing about their challenges and successes during group supervision later on during implementation.
- Emphasizing that helpers need to build a good rapport and establish trust between helper and participant as the experiences of the war and life as refugees have strongly affected Syrian refugees' trust in others. Ensuring that all case examples used in trainings are culturally relevant to the specific context, and encouraging trainees to adapt these examples as needed.

2.5 Monitoring & Evaluation

Establishing a suitable monitoring and evaluation framework is important to capture, among other things:

- Recruitment and retention of clients
- Mental health and wellbeing of clients
    - Screening of mental health symptoms at the beginning, before intervention (PM+ pre-assessment)
    - Continued monitoring of mental health symptoms during each session (During PM+ assessment)
    - Final comprehensive assessment after completion of the intervention (PM+ post-assessment)
    - Electronic forms of questionnaires can be used instead of paper versions, allowing people to complete them on a tablet or a mobile phone
- Mental health and wellbeing of the PM+ providers
    - Are the PM+ helpers or group facilitators getting adequate supervision?
    - It is important to also pay attention to the wellbeing of the prodivers

Besides the above-mentioned topics, it is important to also consider *quality assurance,* the consistency and quality of the service provided.

- Part of quality assurance can be included within supervision: is the content of the intervention being followed as it ought to?
- Another part is ‘administrative supervision’: is client data registered, is data stored according to local applicable privacy laws, and are the rooms being used private enough
- It is important to set up a feedback mechanism for the clients, allowing them to evaluate how they perceive the intervention, and soliciting suggestions for improvements of the sessions or with regard to facilitators.

A joint WHO/Unicef project called *EQUIP: Ensuring Quality in Psychological Support* aims to improve the competency of helpers and the consistency and quality of service delivery. Their free EQUIP platform[14] provides several free assessment tools and e-learning courses to support implementers in quality assurance of their mental health programming.

[14] https://equipcompetency.org/en-gb

2.6 Financial & legislative

2.6.1 What costs should be considered?

When planning to implement PM+ Individual or PM+ Group in a new setting, it is important to consider various financial costs. Some cost categories are relevant to all implementation locations, whereas others may be context-specific and differ between low-income and high-income country settings. The below overview intends to provide a global view of some of the expected costs, but is not exhaustive.

Basic cost categories

Training of Trainers:
- Typical length of training: 5 days
- Fees or compensation for trainer(s) including preparation time
- Reimbursements for attendees including travel and lodging costs
- Preparation/ renting of training venue, including break-out space for small group work

Training of Helpers:
- Typical length of training: eight days
- Could be shortened to six days if helpers have a background in mental health and psychosocial support
- Compensation for trainer(s) including preparation time
- Potential reimbursements for the attendees, including travel and lodging costs
- Preparation / renting of training venue, including break-out space for small group work

Supervision costs:
- Can take place in group format, eight to ten helpers per group.
- Recommended weekly, in a two-hour session.
- Costs will vary according to if carried out remotely or in-person

Helpers' compensation:
- Helpers may be volunteers or paid staff, depending on local circumstances, legal frameworks (e.g. permit to work; accreditation of staff seen as healthcare) and regulations around paid work for refugees and asylum seekers.
- Compensation options can range accordingly from merely covering expenses for volunteers to full time monthly salaries.
- Account for three to four compensated hours per session to allow for preparation and follow-up activities.
- Each helper can cover maximum two to three clients/group sessions per day. Group sessions are facilitated by two helpers.

Location of trainings and PM+ sessions:

- Cost of location hire plus any necessary catering
- Travel costs compensations for trainers/helpers
- Consider whether travel for clients can be subsidized or compensated; many clients may already be economically in a difficult situation

Context-specific cost categories and considerations

Translation and adaptation costs:

- This is typically a one-off investment that requires time and resources. It may be tempting to skip this step, but experience within STRENGTHS demonstrated how a thorough adaptation process results in materials that are contextually relevant, with language that is easily understood by participants, and with illustrations that are appropriate to the target group. This enhances the utility and acceptability of the intervention.
- Costs depend on the magnitude of adaptations to the intervention manual and training manuals. When using PM+ for Syrians, the manuals and training materials developed within STRENGTHS form a solid basis, but for other groups including Arabic-speaking groups who do not speak the Syrian variant of Arabic (Levantine Arabic), linguistic and cultural adaptation is important. For use with non-Arabic speaking populations, a full adaptation process is recommended, if possible using the translation and adaptation on the WHO website[15] as a starting point.

Logistics costs:

- Staffing costs related to setting up and maintaining the infrastructure required for implementing PM+. For example: all project management and coordination costs arising from engaging the local stakeholders, raising awareness about the intervention and setting up recruitment and referral systems, as well as scheduling clients.
- Building other relevant infrastructure/systems, e.g. for monitoring and evaluation.
- Individual and group PM+ vary in terms of flexibility of scheduling and how many clients can potentially be seen.
- Consider how the local context affects scheduling (e.g. difficulty scheduling during the day if most people are at work), which may affect salaries if these are higher in evening/ weekends.
- If implementing with a new target population in a setting where the intervention is already used with another population, the starting up costs may be considerably lower when existing infrastructure can be adapted and used .

Recruitment costs:

- What channels will be used for raising awareness among the target population, as well as among (mental) health professionals? Consider both staffing costs and material costs, e.g. for flyers, graphics, videos, (online) advertisements.

[15] https://www.who.int/publications/i/item/WHO-MSD-MER-16.2

2.6.2 Cost-effectiveness

The dearth of economic evaluations for mental health interventions can make it challenging to advocate effectively for increased investments in mental health interventions. To address this gap, the STRENGTHS consortium included cost-effectiveness studies including estimating resource use, cost of implementation, impacts on health service utilisation, and productivity losses for participants and their families. Impact on quality of life was also measured, to estimate cost per quality-adjusted life year gained.

Findings from STRENGTHS

The initial cost-effectiveness findings from STRENGTHS are promising. While the results thus far did not show an immediate impact on health service utilization and costs, a potential for increased cost-effectiveness over longer periods of time was evident in both high-income settings and in a refugee camp in Jordan. The potential cost-effectiveness greatly depends on the context within which the intervention is delivered.

Economics-related considerations include the following:

- Are persons taking part in the intervention legally allowed to work? PM+ may increase daily functioning and make it easier for individuals to remain in employment or gain employment, but this will only lead to economic benefits in contexts where the individual has the right to work.
- Are the individuals confined to a specific location without mobility or employment opportunities, such as in some refugee camps?
- What other aspects in the context may affect the target population's quality of life? Early access to healthcare, or acceptance and support within the host country may be important factors playing a role.

How to improve cost-effectiveness

Cost-effectiveness of implementation of PM+ Interventions can be greatly enhanced by reducing implementation costs and reducing dependency of specialist outside report. Furthermore, if we can show longer additional gains in quality of life, this would also positively impact cost-effectiveness.

Some of the issues that may impact the potential cost-effectiveness of implementing PM+ Individual or PM+ Group include but are not limited to:

Training costs:

- By organizing trainings locally instead of far away, overall costs can be reduced. Furthermore, if some of the helpers recruited have a background in mental health and psychosocial support, it may be possible to slightly shorten the training duration.

Utilisation of the intervention: Key things to consider:

- What can be done enhance compliance?
- Is the intervention provided at a suitable time and in a suitable location?
- What can be done to reduce stigma around help seeking and to make the intervention appealing to the target group?
- Is the group setting making people hesitant to attend, because they are concerned about who may be in the same group?

Sustainability of funding:

- In the Middle East, national governments often do not have sufficient funding to provide mental health services to their populations and to refugees. Additional humanitarian and development funding is essential to promote investment in mental health care. Incorporating scalable psychological interventions into investment plans for mental health care development can be an attractive option to rapidly scale up coverage of essential mental health services. This requires concerted advocacy, including attention to the inclusion of refugees within such services.
- In high-income countries, it may be important to embed scalable psychological interventions within national systems for health and social services. They may require advocacy to adopt scalable psychological interventions for refugees within health insurance schemes.
- When PM+ services can be used by local populations in addition to refugees, they are more likely to receive long-term and sustainable funding.

2.6.3 Legislative issues

When planning to implement PM+ interventions in a new context, it is important to consider legislative issues that may make implementation more challenging. Some of these issues are:

- Are there legal barriers to training non-professionals in providing psychological interventions?
- How do professional general and mental healthcare service providers perceive the use of non-specialists as providers of psychological interventions?
- Can PM+ be embedded within existing systems for health care or social services? When refugees face access barriers to utilizing such services, it may be necessary for non-governmental organizations to provide such services.
- Can non-specialist helpers receive monetary compensation for their work? This might be challenging if such positions did not previously exist.
- Are refugees and asylum seekers allowed to do paid work? Regulations vary drastically from context to context.