Scalable psychological interventions for people in communities affected by adversity

A new area of mental health and psychosocial work at WHO

World Health Organization

Which communities are affected by adversity?

Communities affected by adversity exist in all corners of the world. In these communities, most people have experienced severe losses, traumatic events or other extreme stressors and have limited access to essential resources.

In some cases, the community's experience of adversity is a single event, e.g. a natural disaster, an industrial accident, or an act of terrorism. However, in most situations adversity is sustained, e.g. chronic poverty, endemic community and gender-based violence, long-term civil conflict or displacement. As a result, new generations are often born into difficult circumstances involving prolonged adversity. Although each community is different and will have helpful resources, most people in such communities do not have access to effective mental health and psychosocial support.

WHO / Anna Kari

What is the impact of adversity?

The impact of adversity on a person's life can be far reaching. It can affect people's long-term quality of life and functioning and can significantly increase an individual's chance of developing disabling distress. For example, it is estimated that after a humanitarian emergency, rates of severe mental disorders increase from 2-3% to 3-4%. Additionally, mild to moderate mental disorders are estimated to increase from 10% to as much as 15-20% in the same population.

Although these estimates show how significantly adversity can influence rates of mental disorders, they do not capture the large numbers of other people who experience general psychological suffering after adversity. In light of this reality, it is evident that developing accessible mental health and psychosocial interventions for populations affected by adversity is a priority.

Irin News / Kate Holt

What interventions are potentially scalable?

Psychological interventions that are potentially scalable include modified, evidence-based psychological treatments, such as:

- Brief, basic, non-specialist-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 audiovisual materials
  - Online self-help interventions.
- Guided self-help in the form of individual or group programs, providing people with guidance in using the above mentioned self-help materials.

Scalability is not an all-or-nothing concept. Some interventions have features that make them more scalable than others. Interventions become more scalable when they rely less on specialist human resources.

To make interventions potentially scalable, aspects about the intervention are changed so they become feasible in communities that do not have adequate access to specialists. Such modifications can create more accessible care that reaches a larger number of people. These modifications could include using non-specialists to deliver the intervention, or innovative delivery strategies such as self-help books or using mobile devices.

Some of these interventions, implemented at scale, may prove to be somewhat less effective than conventional models of psychological treatment. This, however, may be acceptable in exchange for the increased coverage and accessibility gained in return. This compromise can be assessed using cost-effectiveness research methods from the field of health economics.

Why use scalable interventions?

Global access to care for people with mental health and psychosocial problems could be significantly improved by developing, implementing, and evaluating scalable interventions. As highlighted within WHO's mental health Gap Action Program (mhGAP), there is a large gap between prevalence of mental health problems and evidence-based service availability and use in the vast majority of communities of the world. Therefore, in communities affected by adversity, where this gap is often even more pronounced, the case for scalable psychological interventions is especially strong.

Communities facing adversity also tend to have the least developed mental health care systems and the greatest number of barriers preventing people from accessing available services. Potential barriers to care include under-resourced health and social services, limited availability of professionals and poverty.

In recent years, a range of scalable interventions have been found to be effective for people suffering disabling stress, depression and anxiety. Although most of this work has been done in high-income countries, our work in this area will add to substantial path-breaking research over last 15 years by prominent academics in low- and middle-income countries.

UNHCR / R. Gangale

What is our strategy to develop these interventions?

Informed by WHO's evidence-based mhGAP guidelines, WHO began designing and rigorously testing scalable psychological interventions in 2012. The objective is to develop scalable interventions for multiple age groups across various delivery models to reach diverse populations.

As part of the mhGAP program, WHO formally reviewed available evidence and convened expert Guideline Development Groups (GDGs) to advise on psychological interventions for depression, post-traumatic stress disorder, medically unexplained somatic complaints, suicide and sub-threshold depression and anxiety, among other conditions. On the basis of this process, WHO now recommends a range of psychological interventions, including cognitive-behavioural therapy, interpersonal therapy and stress management.

Since finalizing the guidelines, WHO has been moving forward in developing and researching scalable intervention models. For example, with strong support from academic partners, WHO has developed and published **Problem Management Plus (PM+)**. PM+ is a brief, individual, multi-component behavioural intervention which can be delivered by specialists or non-specialists for adults in communities affected by adversity. It is designed to address psychological and social problems through problem-solving counselling plus behavioral interventions. PM+ for individuals has been formally tested in violence-affected communities in Kenya and Pakistan and was shown to be effective in reducing depression and anxiety and improving functioning. WHO is currently testing a group version (Group PM+) in Pakistan and Nepal. Also, WHO has meanwhile published **Thinking Healthy**, involving cognitive-behavioural therapy for perinatal depression, and **Group Interpersonal Therapy (IPT) for Depression**, which can be delivered by non-specialists.