

Stepped care improves mental health for refugees

A stepped care approach combining two World Health Organization (WHO) mental health interventions proved effective in a randomised trial in Jordan, with implications for mental health provision in low-and middle-income countries (LMICs).

Tiered intervention model delivers improved outcomes

Millions of refugees and displaced people, many of whom are in LMICs, remain untreated for common mental health conditions. While low-intensity programs are scalable, they often fail to address persistent distress. The stepped care model, where individuals unresponsive to basic interventions receive more intensive support, significantly reduced anxiety and depression at 3-month follow-up compared to a single low-intensity intervention.



A refugee carrying a tray in Idlib, Syria. Credit: [Ahmed Akacha/ Pexels](#).

Background

Many LMICs have high rates of untreated mental illness, due to shortages in trained professionals and systemic barriers to accessing services, particularly for refugees and displaced people. Low-intensity interventions, such as WHO's Doing What Matters in Times of Stress (DWM), are designed to increase access. Yet not all individuals respond adequately, highlighting the need for scalable, tiered solutions like stepped care.

How the research was conducted

A single-blind, parallel, randomised controlled trial was conducted in Jordan with adults (half of whom were refugees) reporting psychological distress. They were randomly assigned to either Stepped Care (400 people) or Enhanced Usual Care (EUC) (401 people). All participants received the DWM self-help program. Participants who still had psychological distress following DWM then received either EUC, or the more intensive WHO Problem Management Plus (PM+).

Key findings

- At three months post-intervention, participants in the stepped care model- who received both DWM and, if needed, PM+- reported significantly greater reductions in anxiety and depression than those receiving EUC.
- Clinically meaningful improvements were seen in more stepped care participants for anxiety and depression compared to the single-intervention group.
- The 12-month follow-up indicated that Stepped Care had lasting benefits, with these participants having less anxiety than those in Single Intervention.
- Stepped Care was cost-effective in the Jordan context, despite the additional resources needed. This was determined by factoring in the overall benefits gained from implementing stepped care: improvements in quality of life and productivity for Stepped Care clients.
- Process evaluations, including interviews with 90 stakeholders, indicated policy makers should strengthen partnerships and prioritise sustainable funding for Stepped Care.

Implications for humanitarian practitioners and policymakers

This trial is the first of its kind in a LMIC setting to empirically validate the effectiveness of a stepped care mental health framework over a single intervention.

Stepped care models can enhance the impact of existing mental health services by reserving intensive interventions for those who need them most. Intensive process evaluations with government and non-government stakeholders indicated that displaced populations in Jordan, as well as disadvantaged Jordanians, could benefit from Stepped Care but requires substantive prioritising of mental health in current organisational systems (including budgets, programmatic integration, staff training, and partnerships) to enable this.

Humanitarian organisations and LMIC health systems can implement stepped approaches using existing WHO tools such as DWM and PM+ (which is delivered by trained lay providers) to deliver targeted, cost-effective care, reducing long-term burden from untreated anxiety and depression.

Recommendations for future research

Further trials are needed with displaced populations, as well as other disadvantaged populations, to validate the current finding and demonstrate the Stepped Care can be effective and cost-effective in settings other than Jordan. Implementation trials are also needed to test how embedding Stepped Care in health systems can be scaled up for large-scale displaced populations.

About the study team

This research was conducted by a multidisciplinary team of global mental health researchers, clinicians, and implementation scientists, in partnership with Jordanian partners. The Principal Investigator was Professor Richard Bryant from the University of New South Wales, working with Dr Ibrahim Aqel at Jordan's Institute for Family Health.

Keywords

Stepped care, mental health, MHPSS, refugees, displaced persons, Jordan

Articles and further reading

The project page on the Elrha website can be found here:

<https://www.elrha.org/projects/stepped-care-for-better-mental-health-in-refugees>



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<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>