

Improving the mental health of male refugees

This study found that delivery of a novel combination of two scalable interventions for reducing substance misuse and psychological distress in male refugees, a serious concern worldwide, was feasible and acceptable. Further rigorous evaluations, building on lessons learned in this feasibility trial, are now needed.

More research needed on mental health interventions for male refugees

Substance use amongst refugees is a major global health concern. This feasibility study, which took place with South Sudanese men in Northern Uganda, combined and adapted two WHO interventions: Self-Help Plus (SH+) for reducing psychological distress and the Alcohol, Smoking, Substance Involvement Screening Test Brief Intervention (ASSIST-BI) for reducing risk associated with the use of psychoactive substances. Results and lessons learned can inform rigorous evaluations needed to improve humanitarian programming.



Rhino Camp, in Uganda, where the study took place. Credit: Geoffrey Akudrabo.

Background

Armed conflicts and resulting displacement increase risks for a range of poor mental health outcomes, including psychological distress and use of psychoactive substances (alcohol and drugs). Nevertheless, there are few evidence-based interventions tailored to the needs of diverse refugee populations, particularly men, that are feasible to implement and can be sustained in the long term. Additionally, refugee men are thought to be difficult to engage in mental health care.

How the research was conducted

The combined intervention and the outcome measures underwent a rigorous translation and adaptation process prior to pilot testing. A feasibility cluster randomized controlled trial and detailed qualitative process evaluation were conducted to determine the relevance, safety, acceptability, and feasibility of the combined intervention and research protocols. A validation study of the adapted outcome measures was also carried out.

Key findings

- The combined intervention was relevant, acceptable, and feasible to implement. The pilot feasibility trial showed that running a trial with male refugees in northern Uganda was feasible.
- Valuable lessons were learned in preparation for a full-scale randomized controlled trial. For example, recruitment and retention rates were good, suggesting that male refugees were interested in receiving support and they were engaged in the intervention.
- Cluster randomization resulted in an unbalanced sample meaning that the demographics of participants varied per village. This is important to consider and address when designing a large-scale trial.
- The adapted outcome measures of psychological distress and risk for psychoactive substance misuse were appropriate and showed good psychometric properties overall, suggesting they measure what they intend to measure and are appropriate for this population.

Implications for humanitarian practitioners and policymakers

High rates of psychoactive substance misuse, particularly alcohol misuse, were found among this sample of Sudanese male refugees in northern Uganda, highlighting the need for culturally appropriate and acceptable interventions to address substance misuse.

The outcomes from this trial suggest that the adapted intervention (SH+ combined with ASSIST-BI) was relevant and acceptable to this population, which is promising.

The next step is to determine if the intervention is effective in reducing psychological distress and alcohol misuse by conducting a fully powered cluster randomized controlled trial.

Recommendations for future research

More research is needed to evaluate scalable mental health interventions for male refugees. Specifically, fully powered cluster randomized controlled trials are needed, which can determine the effectiveness of interventions for psychoactive substance misuse in this population and context.

Critical adaptations are necessary before such a trial and the outcomes and lessons learned in this feasibility trial will be an important basis for informing optimal procedures for a fully powered trial. The study team hopes to undertake further such trials with South Sudanese refugees in this northern Uganda setting.

About the study team

This research is a collaboration between HealthRight International Uganda, University of Copenhagen, Makerere University, Ministry of Health Uganda, Arua Regional Referral Hospital, Johns Hopkins University, Queens University Belfast, Columbia University, UNHCR and the World Health Organization (WHO).

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Keywords

Psychoactive substance misuse, psychological distress, humanitarian, refugee men, Uganda, Self-Help Plus (SH+), WHO-ASSIST Brief Intervention

Articles and further reading

<https://www.elrha.org/project/improving-the-mental-health-of-refugee-men-through-guided-self-help-a-scalable-intervention-for-a-critical-link-in-humanitarian-programming/>



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