

Effectiveness of a group-based stress management self-help programme for humanitarian settings

In humanitarian settings people experiencing mental health and psychosocial problems largely go without the support they need. Few interventions are available to support people in these settings.

This study, 'Addressing the "access" and "scale" challenge: effectiveness of a new WHO guided psychosocial self-help programme (SH+)' – running from 2015 to 2018 and led by the World Health Organization (WHO) – aimed to understand the effectiveness of Self Help Plus (SH+), an innovative intervention designed for delivery to large groups. The study involved women refugees in Uganda with at least moderate levels of psychological distress.

SH+ is based on a form of cognitive behavioural therapy and provides training in stress management to reduce psychosocial distress and improve coping. It is now published in three languages and used in crisis settings including Ukraine and Uganda. The study also informed the SH+ book *Doing What Matters in Times of Stress*, which was released by WHO as a stress management guide. Available in 30 languages, it is one of WHO's most downloaded publication. Additional funds were awarded in 2023 from R2HC's Uptake and Impact Small Grants programme for further activities to enhance the impact of this project'.

Title: Addressing the "Access" and "Scale" Challenge: Effectiveness of a New WHO Guided Psychosocial Self-Help Programme (SH+)

Location: Uganda

Study type: Cluster randomised controlled trial

IMPACTS

- SH+ now being implemented and trialled in wide range of settings, including the Ukraine response
- Led to further scale-up in Uganda (SH+ 360 project).
- Improved capacity and influenced programmes at HealthRight International

RESEARCH IMPACT LEARNING

- Ongoing engagement with local stakeholders in research uptake strengthens impact
- Impact takes time and effort from multiple stakeholders at different levels across policy, programmes and practice

BACKGROUND



Mental health and psychosocial problems are commonly reported by people living in humanitarian contexts, including those in refugee camps. Sadly, most such people do not receive the care they need, due to high levels of need and a scarcity of mental health providers. While the psychosocial wellbeing of people experiencing humanitarian crises is increasingly seen as a priority, there are limited suitable interventions.

Uganda hosts a large number of refugees from multiple countries and is itself recovering from a long conflict that has displaced many of its own people. The Ugandan government places great emphasis on supporting migrant populations, and diverse interventions across health and other sectors are already underway to support such individuals. Against this backdrop, Uganda provided a welcoming and supportive context to study a new intervention to support refugee communities with mental health and psychosocial needs. Based on prior research and their existing recommendations for stress management, WHO had already developed the SH+ package and established demand from the mental health and psychosocial support (MHPSS) community.

THE STUDY



The study's objective was to improve the evidence base and availability of psychosocial interventions that are scalable and accessible in humanitarian settings with limited resources. Two pilot studies were conducted as part of this project to refine SH+ and the design and implementation of the fully powered study.

This study was implemented as a cluster randomised controlled trial (RCT), designed to evaluate the effectiveness of the innovative, guided self-help SH+ package. The study population was a group of 694 South Sudanese women with at least moderate levels of psychological distress living in the rural Rhino Camp Refugee Settlement in northern Uganda. Fourteen villages ('clusters') were randomly assigned for participants to either receive SH+ or 'enhanced usual care' as a control condition.

SH+ is based on a form of cognitive behavioural therapy called acceptance and commitment therapy. It was designed to reduce psychosocial distress, functional disability and self-identified problems. A self-help book and pre-recorded audio content provided evidence-based stress management techniques to groups of 20–30 people in five two-hour sessions. These were supported by trained non-specialist facilitators who had completed secondary education but had no previous clinical training or experience in providing mental health care. The intervention is 'transdiagnostic', meaning it addresses a range of psychosocial problems. The primary outcome was level of psychological distress three months after the intervention. Secondary outcomes included personally identified problems and subjective wellbeing. Cost-benefit indicators were also assessed.

FINDINGS



The study found SH+ to be an effective and feasible intervention to support the mental health of women refugees with at least moderate levels of psychological distress in Uganda, with minimal supervision. It met its primary outcome, with clinically significant reductions in general psychosocial distress at three months after the intervention compared with enhanced usual care, assessed using the Kessler 6 Scale. It also met five out of eight secondary outcomes, namely reducing post-traumatic stress, depression symptoms, feelings of anger, functional impairment, and subjective wellbeing at three months compared with enhanced usual care.

The study also demonstrated that the SH+ package could be delivered effectively by a non-governmental organisation (NGO), suggesting that it can be implemented within existing health and community services. For example, SH+ could be provided at local health centres by community health workers or similar personnel. The study also noted a high rate of engagement (83% on average across all sessions), which suggests that SH+ might be attractive and meaningful to participants.



Safina Yusuf (Intervention Team Leader and SH+ Trainer) and Amama Faiza (Intervention Facilitator) catch up. Credit: HealthRight International

COMMUNICATIONS AND ENGAGEMENT



Engagement with well known, respected local partners before, during and after the study was crucial to recruit local health workers to the study and ensure the methodological approaches used were aligned with local practices. Local teams of junior researchers were upskilled, empowered and supported to develop the study protocol, perform language translations and liaise with the local research ethics boards. Engagement with community leaders facilitated interactions with the study community from project inception for seamless implementation of the study, which was instrumental in the project's success. A Community Advisory Board, including refugee leaders, religious groups and elders, informed the study team of community procedures and gathered feedback. Diverse and influential partnerships across policy, practice and academia brought different strengths and perspectives on board.

"[Refugee leaders and local leaders] became assets and like a mouthpiece [for the] project in the community. So by the time we reached the beneficiaries or the participants, they were aware of the people coming to their home to speak to them."

– Marx Leku, Project Coordinator, HealthRight International (HRI)

The study findings were published in the journal *Lancet Global Health*, a peer-reviewed and internationally trusted source of global health knowledge. A study protocol paper was also published in the journal *Global Mental Health*.

National and regional workshops to disseminate the findings were held in Uganda in April 2018. A range of stakeholders attended, including the Ugandan government (Ministry of Health, Office of the Prime Minister), United Nations High Commissioner for Refugees (UNHCR) and implementing agencies (eg, War Child). Presentations were made at various international conferences, such as those hosted by the Sexual Violence Research Initiative, International Society for Traumatic Stress Studies, and the Association for Contextual Behavioral Science. The SH+ package has been published and is available on the WHO website.

All partners played a key role in the external dissemination of the study findings, helping to secure buy-in.

"We developed an all-involving approach to win the participation of everyone. [...] we periodically presented findings to the Technical Cluster Committee [...] and the Community Advisory Board and even made media engagements. This engagement strategy enabled us to get feedback, buy-in and more publicity."

– Key informant interview, Ministry of Health, Uganda

UPTAKE AND IMPACT



The study led to improved mental health outcomes for women living in humanitarian contexts in rural Uganda and made an important contribution to the humanitarian health evidence base. It also demonstrated the feasibility of delivering SH+ at local health centres by community health workers or NGO personnel. An ongoing network of community stakeholders exists, supportive of the intervention, and this has led to further scale-up in Uganda as shown by the SH+ 360 project.

“It [the intervention] built trust and we saw our community become stronger. Depression and isolation went down as people came together...”

– Key informant interview, Community Advisory Board, Uganda

The study is regarded as a critical stepping stone towards better mental and psychosocial health of people and communities affected by humanitarian crises. As a result of the study, SH+ has been recognised by external experts as significant and influential, having “taken global mental health to a new and hopeful place”.

These results were the first in a series of trials that paved the way for it to be scaled up to meet the needs of different populations (such as male refugees) and to address other programming areas. A later study demonstrated that SH+ may not only reduce stress but also prevent mental disorders in Syrian refugees. During COVID-19, a book based on the SH+ intervention was released by WHO as a stand-alone stress management guide (*Doing What Matters in Times of Stress*), which is available in 30 languages and as a web app, and has generated new research and innovation on its utility as a guided self-help intervention, including a completed RCT focused on health care workers in crisis settings. SH+ is now being implemented as part of the ongoing Ukrainian response across health, social protection, defence, education and security sectors, and in an increasing number of settings including in Türkiye as well as Uganda.

Having WHO as the lead for this study ensured that the project was designed from the outset to support WHO’s aims to release evidence-based psychological interventions as open access. WHO has had many requests for SH+ to be adapted for different settings and languages with numerous translations currently underway.

HRI reported stronger organisational and local programming capacity as a result of the study. The locally trained facilitators and data collectors have increased HRI’s ability to deliver and disseminate the intervention locally. Study team members increased skills and raised their academic profiles, strengthening evidence-use capacity and ongoing research projects.

“The study has totally changed my professional life for the better [...] after training and mentorship, I participated personally in the study design and securing ethical clearance. I feel very confident, can conduct a rigorous RCT and have co-authored about eight papers from this study.” – Marx Leku, Project Coordinator, HRI

Additional funds were awarded in 2023 from R2HC’s Uptake and Impact Small Grants programme for further activities to enhance the impact of this project, focused on scaling the SH+ intervention in Uganda, and generating new research on the utility of combining SH+ with a WHO-designed intervention for alcohol and drug misuse.

RESEARCH IMPACT LEARNING



ONGOING COMMUNITY ENGAGEMENT IN RESEARCH UPTAKE

Participation of the community advisory board was instrumental in sustaining study impact in Uganda and informing the research outputs, analysis and recommendations. Their support, and the inclusion in the study activities of key individuals leading and coordinating the research at the local NGO, led to ongoing programme adaptations and sustained research momentum to ensure the intervention was suitable and relevant for different populations.

LONG PATHWAY TO IMPACT

R2HC funding came at a point in the lifetime of SH+ when a significant amount of work had already been done in Syria and Uganda and the partnership between key actors on this study was pre-existing. R2HC funding allowed WHO to refine and develop SH+, not only building evidence but also making it more attractive and engaging. The funding laid the groundwork for additional grants from other funders to further build the evidence base. Through this work, existing demand from the MHPSS community for the SH+ package and interest in the study outcomes were amplified.

PARTNERS

World Health Organization; Johns Hopkins University; Peter C. Alderman Foundation/HealthRight International; Makerere University

ABOUT ELRHA

Elrha is a global organisation that finds solutions to complex humanitarian problems through research and innovation. This study was funded by Elrha's Research for Health in Humanitarian Crises (R2HC) Programme which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises.

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R2HC captures detailed case studies through a process that triangulates and validates evidence on uptake and impact. The case study methodology and full version of this summary case study including references are available on request.



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