

Community Mental Health Intervention with War-Affected Persons in Ukraine

Проект із впровадження інтервенцій з психічного здоров'я в громаді для осіб, які зазнали впливу військових дій в Україні

NaUKMA – Johns Hopkins University - USAID

MHPSS Sub-Cluster Meeting, Kyiv

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Overview of the Project



- Supported by: USAID Victims of Torture Fund
- **Timeline: 3 years**
- **Implementing a trauma treatment training program to mental health professionals and clinical services to IDPs from the Donbass and demobilized soldiers (“veterans”) from the ATO**
- **“CETA” Cognitive Behavioral Therapy (CBT) clinical counseling**
- **Assessed in a Randomized Control Trial (RCT) setting**

Огляд дослідження

- Фонд жертв тортур АМР США
- Графік часу проекту: 3 роки
- Робота з постраждалими від конфлікту особами: Вимушеними переселенцями та демобілізованими військовослужбовцями (ветеранами) з зони АТО

Trauma Treatment in Ukraine

- USAID Victims of Torture Fund, Johns Hopkins University, (Paul Bolton), National University of Kyiv – Mohyla Academy (Sergey Bogdanov)
- **Objective:** Deliver evidence based community mental health services for conflict affected/ trauma exposed populations in east Ukraine (Zaporizhia and Kharkiv) and Kyiv
- **Aims:**
 - Train mental health providers in EBTs/ Common Elements Treatment Approach (CBT-based approach)
 - Evaluate treatment effectiveness and implementation
 - Build service and research capacity
 - Increase access to acceptable community based mental health services
- **Impact:** Improved mental health outcomes. Contribute to mental health systems reforms.

Огляд дослідження

- Об'єкти проекту: Київ, Запоріжжя, Харків
- Тренування та контролювання місцевих організацій з питань психічного здоров'я
- Науково-дослідницька діяльність та створення потенціалу
- Оцінка ефективності втручання і можливість практичної реалізації
 - Досвід з довільним розподілом об'єктів по контрольним групам
- Розвиток системи психічного здоров'я суспільства і навчання клінічної психології

Phases of the Project

QUALITATIVE

- Community members and key informants

VALIDATION

- Adapt instrument
- Assess validity and reliability
- Community members and professionals

CLINICAL TRAINING & RCT

- Training
- Treatment effects
- Factors affecting implementation

Етапи дослідження

Кваліфікаційні випробування

- Члени суспільства і організації

Область дії

- Застосовувані інструменти
- Члени суспільства і організації

Клінічне навчання і RCT

- Ефекти лікування
- Фактори реалізації дослідження

Formative Qualitative Research

- First step is to understand what is happening in the given context and with the target population
- **July - October 2015:** Stakeholder consultations and workshop
- **February – March 2015:** Rapid qualitative studies/ community assessment in Zaporizhia and Kharkiv
- Sample included *youth* and *adult* IDPs, veterans/ veterans' wives, and community key informants & mental health professionals
- Approximately 60 free-list interviews, 30 key informant interviews, 5 FGDs in each site
- “Formative” means that it shapes the development of an intervention

Preliminary Qualitative Results: Demographic Data

	ZAPORIZHIA	KHARKIV
FREE-LIST INTERVIEWS		
Sample size	n = 60	n = 63
Age range	8-77 yrs	9-58 yrs
KEY INFORMANT INTERVIEWS		
Sample size	n = 28	n = 29
Included positions	Psychologist, Social worker, Volunteer, Lawyer, Manager, Administrator, Head Officer, Priest	Psychologist, Social worker, Volunteer, Manager, Administrator, Lawyer, Sportclub director
FOCUS GROUP DISCUSSIONS		
Sample size	n = 20	n = 26
Types of groups	Female IDPs Male IDPs Veterans	Providers working with IDPs Providers working with veterans
TOTAL SAMPLE SIZE: N = 226		

Major Questions Examined During Qualitative Studies

- What are perceived problems in the community among IDPs and veterans?
- How do individuals take care of themselves and their families?
- Experiences in the community with accessing mental health services
- What are the experiences and perspectives of key informants and mental health professionals?
 - How do key informants understand mental health and psychosocial problems of IDPs and veterans?
 - Mental health professionals' experiences of service provision

Preliminary
Qualitative
Results: Major
MHPSS
Problems in
Zaporizhia

IDPs

1. Не принимают местные
The community doesn't accept us
2. Конфликты в семье
Conflicts within the family
3. Трудности в адаптации
Difficulties in adapting
4. Скучают по дому
Missing home
5. Психика нарушена
Damaged psyche

Veterans

1. Конфликты с семьей
Conflict with family
2. Люди не понимают ветеранов
и/или настроены против них
**People don't understand veterans
and/or people are against them**
3. Проблемы с алкоголем
Problems with alcohol
4. Поменялась психика
ветеранов
**The psyche of veterans has
changed**

Preliminary
Qualitative
Results: Major
MHPSS
Problems in
Kharkiv

IDPs

1. Плохое отношение
Харьковчан

**Bad relationship with Kharkiv
residents**

2. Страх

Fear

3. Конфликты в школе у детей

Conflicts in school among children

4. Трудности в адаптации на
новом месте

**Difficulties adapting to a new
place**

Veterans

1. Отношения в семье: с женой и с
детьми

**Relationships in the family: with
wives and with children**

2. Агрессия

Aggression

3. Алкоголь и наркотики

Alcohol and drugs

4. Нервная система нарушена

Nervous system is damaged

5. Непонимание окружающих

Lack of understanding in community

Preliminary
Qualitative
Results:
Examples of
themes
expressed by
Veterans

- *Feeling of **being betrayed by the government**. Politicians promised them things but did not follow through. There are no solutions and the situation isn't better. What was the point of what they did in combat? There is no understanding between the government and demobilized soldiers. They are only remembered during elections.*
- *Veterans **lose motivation and desire** to do anything because they feel forgotten or cheated.*
- *Feel like they had a special role as fighting for their country but don't feel like they get the right recognition from the government or the community for this role. **Treated as persecutors instead of protectors.***
- *Have not received the housing, land, or subsidies that were promised/ that they expected and feel a **sense of injustice.***
- ***Problems when using public transportation.** There is **no respect for their sacrifice**, and they don't get the subsidies they are supposed to have/ it's not recognized on public transport and they are treated rudely.*

Preliminary Qualitative Results: Examples of themes expressed by Veterans

- *People, even **friends and family**, don't understand what they went through. **It's hard to find a common language**. Some wives don't understand why they went voluntarily – wives may leave their husbands/ veterans or tell them, if you go again I will divorce you.*
- *Wives feel that their husbands (veterans) abandoned them and don't understand what they went through. They feel their husbands have changed and men perceive this as distrust. Some veterans beat their wives. **The relationship has changed. Wives don't accept that their husbands returned as different men and a new approach is needed for interacting from them.** Wives need to understand that people change.*
- *They feel different, they are **obsessed with thinking about the war**.*
- ***Need help with re-integrating into the community**, to explain to veterans that civilian life is different and has to be re-built, that military status is not going to make it easier necessarily.*

Questions of Measurement

- One of the first areas targeted by the Global Mental Health research agenda was cross-cultural/ international psychiatric epidemiology
- How do we conceptualize mental illness and mental health?
- Are our definitions and constructs relevant and applicable?
- Are our measurement tools valid?
- Much has been done; much is left to be done
- Helpful approach is to consider symptom levels plus functioning

Loss of Functioning

- This is the key to diagnosing most mental illnesses
- The presence of symptoms is not enough; they must disrupt an individual's ability to 'function' physically and socially
- Activities of Daily Living (ADLs): e.g. climbing stairs, using a computer, driving, washing dishes, taking a bath, getting dressed
- Social tasks: e.g. successfully work, attend school, and carry out social roles such as looking after children
- These need to be adapted for other contexts, e.g. in an IDP settlement

Preliminary Qualitative Results: Functioning Activities

VETERANS

- Earn money is the top activity
- Be socially active, talk and spend time with people like them (other veterans)
- Establishing everyday life
- Communication with children in community
- Communication with family
- More willing to talk about mental health issues when approached from a function perspective

IDPs

- Earn money is the top activity
- Improving their life and living conditions
- Learning to live in a new place
- Communication
- Caring for, providing support to others
- Receiving education and attending trainings

Ukraine Project: Validation Studies

- **Testing the Reliability, Validity, and Acceptability** of measurement instruments for problems, including depression and post-traumatic stress, among adults affected by armed conflict in Ukraine
- **Consumer Validity Study**
 - IDPs and Veterans in Zaporizhia and Kyiv
 - Mental health & function measures
 - Dissemination & Implementation measures
- **Provider Validity Study**
 - Mental health professionals throughout Ukraine
 - Dissemination & Implementation measures
- Mobile data collection using tablets and the Magpi platform
 - E.g. Send an SMS if the participant indicates suicide ideation

Dissemination and Implementation Research

- Implementation science – intervention delivery systems and how feasible they are – is the new focus of the Global Mental Health research agenda
- Understanding access through the lens of experiences with providing and receiving our services
- Part of evaluation research

D&I Domains

Acceptability/
Прийнятність

How available and satisfactory is the program?

Appropriateness/
Доречність

How well does the program fit your needs in terms of solving your problem and being compatible with your lifestyle?

Reach/ Access,
Досяжність/
Доступність

How well is the program reaching people who need services?

Feasibility/
Здійсненність

How realistic is it to implement and participate in this program in this context?

Adoption/
Прийняття

How likely is it that the program is something people are willing to try and continue to participate in?

Online Survey Recruitment

- In July, we will administer an online survey to mental health professionals throughout all areas of Ukraine
- Assessing perceptions of mental health services across different dimensions
- Want to represent all of your experiences and perspectives
- Very easy to complete: emailed a link and will take around 30 minutes

Please Sign Up For Online Survey!

- Please sign up to add your name, email address, and organization to the list
- Email with other suggestions of names from your organization

Тема: “Опросник Онлайн”

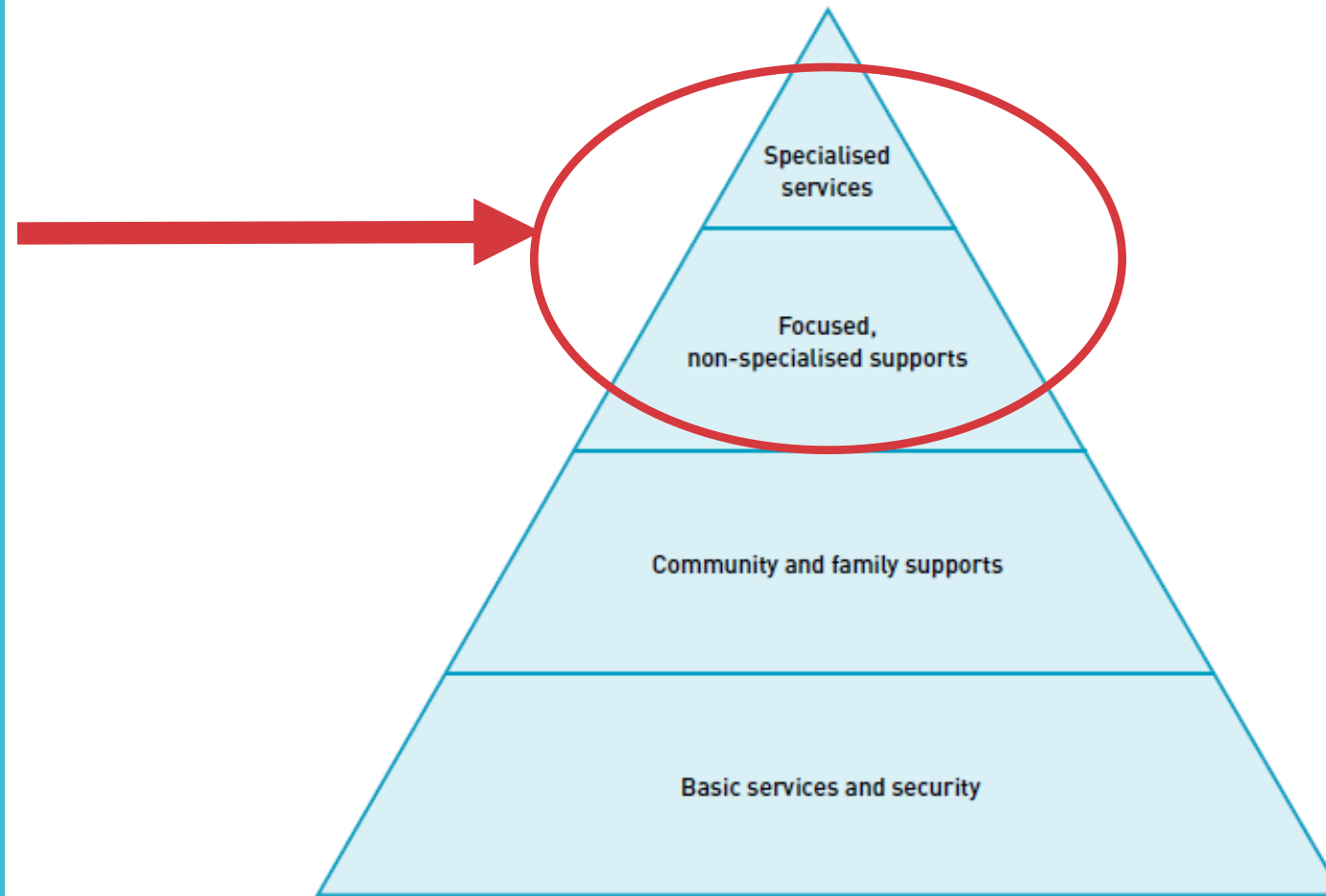
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Treatment Selection

Ukraine Project: Intervention Selection

- Clinical training and treatment program, based on counseling and an evidence-based cognitive-behavioral approach, in order to provide clinical mental health services and treat trauma



Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)

CETA Treatment Program

- “Common Elements Treatment Approach” (Murray et al. 2013)
- Transdiagnostic approach
- Most evidence-based mental health treatments (EBTs) consist of similar components
- CETA is a way of providing CBT and associated psychotherapeutic approaches through one modality
- Training and Mentorship program called the Apprenticeship Model (Murray et al. 2011)

Intervention Modality: Clinical Training Program



RCT Design

- Evaluating intervention effectiveness through a randomized control trial (RCT)
- Comparing Treatment (FULL: ~ 8-10 sessions, BRIEF: 4-5 sessions) to No Treatment (Wait-control)
- IDPs and Veterans in Kyiv, Zaporizhia, and Kharkiv
- Validated measurement tools will be used in trial, for both community and providers
- Anticipated to begin in September, 2016



Thank You

Q&A

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- Murray et al. (2011). Building capacity in mental health interventions in low resource countries: an apprenticeship model for training local providers. *International Journal of Mental Health Systems*, 5(30).