Opportunities and challenges for the traumatic stress community to assist those affected by the war in Ukraine

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This presentation:
Mental health symptoms among refugees and migrants
Evidence-based psychosocial interventions in crisis-affected populations
Trauma and stressors

- War-related trauma
- Lack of shelter and food
- Risky flight
- Leaving family behind
- Exposure to other traumatic events during the trip


Mental disorders in refugees and migrants (40 studies, 11053 participants)

Refugees and migrants:
- 27% Major depression
- 24% Posttraumatic Stress Disorder
- 6% Bipolar disorder
- 0.6% Psychotic disorder

General population:
- 4.4% Major depression
- 1.1% Posttraumatic Stress Disorder
- 0.6% Bipolar disorder
- 0.28% Psychotic disorder

Overcrowding of reception facilities
Social isolation
Unemployment / Loss of role
Failure of migration expectations
Uncertainties regarding residence permits
Worries about situation in country of origin

Uncertainties regarding residence
Leaving family behind
Exposure to other traumatic events during the trip
Impaired functioning
Related somatic health conditions

Aragoné et al (submitted)

*WHO (2017); †Karam et al (2014); "Charson et al (2018)*
Pre- and postdisplacement predictors for better mental health among refugees

Meta-analysis of 56 studies:

Predisplacement:
- Younger age
- Male gender
- Lower education
- Lower pre-displacement economic status
- Displaced from urban areas

Postdisplacement moderators:
- Private accommodation
- Economic opportunity (access to employment)
- Externally displaced (vs. internally / repatriated)
- Resolved conflicts (vs. ongoing)

Porter & Haslam 2005, JAMA, 294, 602-612

Intervention pyramid

Basic services and security
Community and family supports
Focused (person-to-person) non-specialised supports
Specialised services

1IASC Reference Group MHPSS, 2010
**Psychological First Aid**

“Psychological First Aid”:

- Practical care and support to address basic needs
- Protecting from further harm
- Linking to information, services and social supports
- Listening without pressuring, comforting

Trained in humanitarian settings worldwide

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**Psychological First Aid**

Results from Sierra Leone:

PFA training improves knowledge of adequate psychosocial responses to acute adverse events

Effect remained up to 6 months after training\(^1\)


Effect study on PFA among US assault victims showed no effect of PFA on mental health symptoms, but faster recovery general functioning\(^2\)

Self-Help Plus

5 sessions group stress management course developed by WHO

Groups up to 30 people guided by non-specialist facilitators with minimal training

Relaxation exercises, mindfulness, compassion

Illustrated book and pre-recorded audio exercises [https://www.who.int/publications/i/item/9789240035119](https://www.who.int/publications/i/item/9789240035119)

Effective in preventing mental disorders in refugees in Turkey and Europe (Acarturk et al 2022, Purgato et al 2021), and reducing distress and improving wellbeing in refugees in Uganda (Tol et al 2020)

Problem Management Plus (PM+)

Developed by WHO

Task sharing

Scalable

Effective

Transdiagnostic

Short (5 sessions of 90 minutes)

Versions: individual and group

For people with increased distress and reduced functioning (K-10 and WHODAS 2.0)

Cultural adaptation to target population essential

See: [https://apps.who.int/iris/handle/10665/206417](https://apps.who.int/iris/handle/10665/206417)

Ukrainian version available
Aims of PM+

To provide participants/clients with skills to manage emotional problems (related to depression, anxiety and stress) as well as daily practical problems.
To reduce problems that clients identify as being of concern to them

Content: problem solving, stress management, behavioural activation, and accessing social support

Evidence for PM+

Individual PM+ effective in RCTs Pakistan (346 people) and Kenya (421 women)

Group PM+ effective in RCTs in Pakistan (612 people) and Nepal (611 people) and Jordan (410 refugees)


Individual PM+ in Syrian refugees in the Netherlands

Significant effects at 1 week and 3 months in for PM+ vs. control:
• Reducing anxiety, depression, PTSD symptoms
• Reducing self-identified problems
• Improving functioning

De Graaff et al (2020). Epidemiology and Psychiatric Sciences, 29

Group PM+ among Syrian refugees in Jordan

410 adult Syrian refugees randomized into group PM+ or care-as-usual

Significant reductions in depression and self-identified problems, but no reductions in anxiety, PTSD, grief, disability, child mental health

Controlling for trauma and ongoing stressors: Impact on depression increased from $d' = 0.40$ to $d' = 1.00$

Indicated prevention strategies

- Stepped or collaborative care strategies
- Brief cognitive behavioural therapies (4-6 sessions)
- Eye Movement Desensitization and Reprocessing


Concluding

- Evidence for scalable interventions in war and crisis-affected populations has mounted during past 5 years
- Cultural adaptation of interventions to target population needed
- Multi-sectoral interventions, addressing multiple levels in the community
- New research venues: digital innovations, ongoing trauma
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