

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

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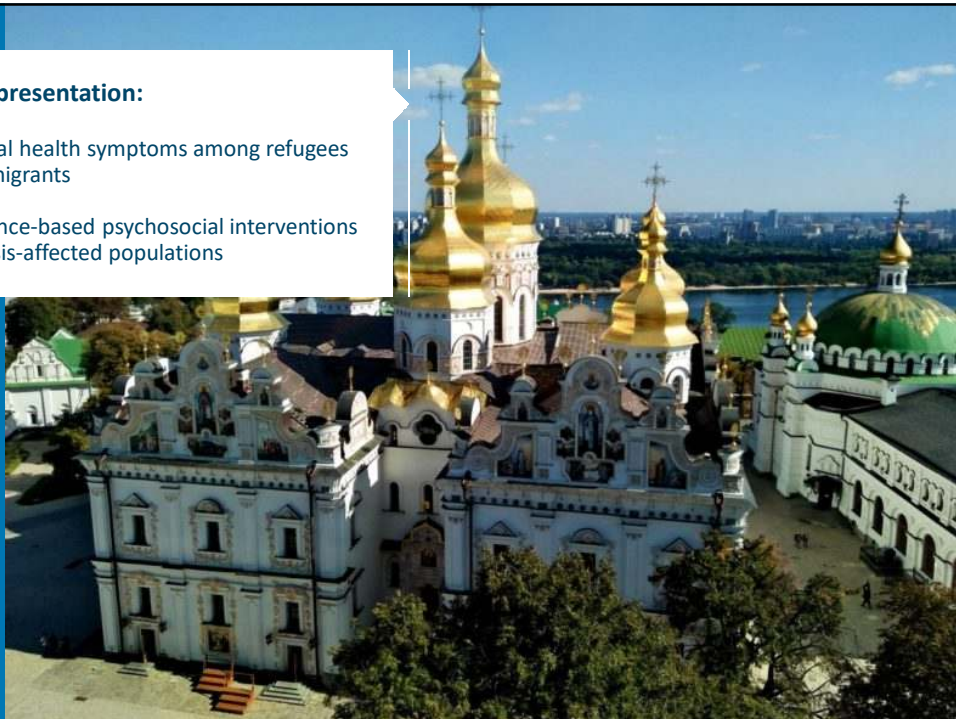


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This presentation:

Mental health symptoms among refugees and migrants

Evidence-based psychosocial interventions in crisis-affected populations



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Trauma and stressors



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



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



Aragona et al 2012, Priebe et al 2016, Mazzetti 2008

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

Refugees and migrants¹

27% Major depression
24% Posttraumatic Stress Disorder
6% Bipolar disorder
1% Psychotic disorder

Impaired functioning
Related somatic health conditions

¹Paganè et al (submitted)

General population

4.4% Major depression²
1.1% Posttraumatic Stress Disorder³
0.6% Bipolar disorder²
0.28% Psychotic disorder⁴

²WHO (2017); ³Karam et al (2014); ⁴Charlson et al (2018)

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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

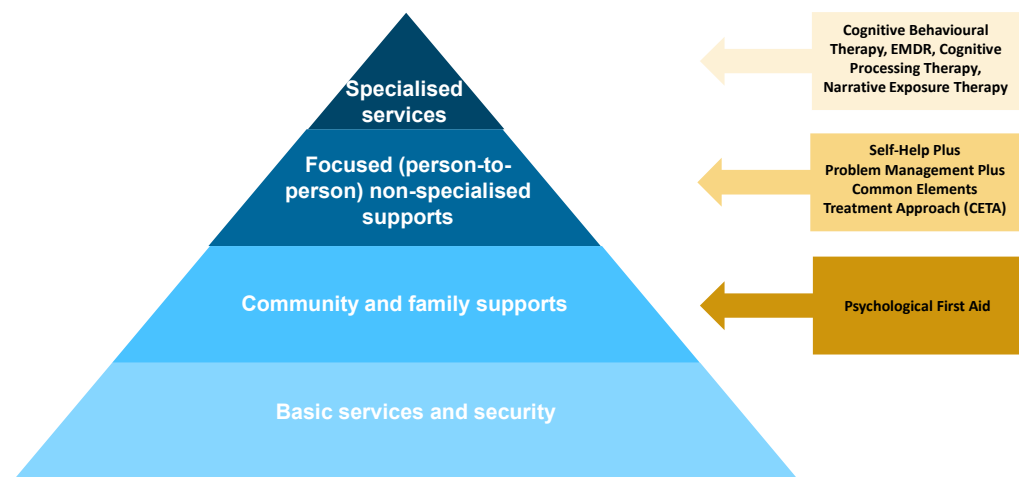
Postdisplacement moderators:

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

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

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Intervention pyramid¹



¹IASC Reference Group MHPSS, 2010

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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
training¹

¹Sijbrandij et al (2020). *International journal of
environmental research and public health*, 17(2), 484.

Effect study on PFA among US assault victims
showed no effect of PFA on mental health
symptoms, but faster recovery general
functioning²

²McCart et al (2020). *J Consult Clin Psychol*, 88(8), 681-695.

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Self-Help Plus

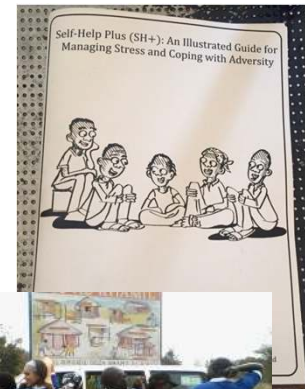
5 sessions group stress management course developed by WHO

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>

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)



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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

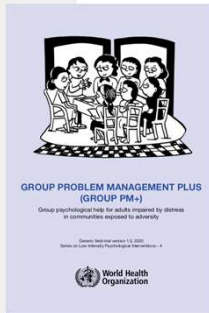
See: <https://apps.who.int/iris/handle/10665/206417>

Ukrainian version available

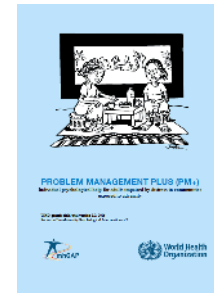
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Aims of PM+

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



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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)

Rahman, A., Hamdani, S.U., Riaz Awan, N., Bryant, R.A., Dawson, K.S., Firaz Khan, M., Mukhtar-ul-Haq Azeemi, M., Akhtar, P., Nazir, H., Chimento, A., Sijbrandij, M., Wang, D., Farooq, S., van Ommeren, M. (2016), *JAMA*, 27;316(24):2609-2617.

Bryant, R.A., Schafer, A., Dawson, K.S., Anjuri, D., Mulili, C., Lincoln Ndogoni, L., Koyiet, P., Sijbrandij, M., Ulate, J., Harper, M., van Ommeren, M., 2017, *PloS Medicine*.

Jordans MJD, Kohrt BA, Sangraula M, Turner EL, Wang X, et al. (2021) Effectiveness of Group Problem Management Plus, a brief psychological intervention for adults affected by humanitarian disasters in Nepal: A cluster randomized controlled trial. *PLOS Medicine* 18(6): e1003621

Bryant, R.A., Bawaneh, A., Awwad, M., Al-Hayek, H., Giardinelli, L., Whitney, C., Jordans, M.J.D., Cuijpers, P., Sijbrandij, M., Ventevogel, P., Dawson, K., & Akhtar, A. on behalf of the STRENGTHS Consortium (under review). Effectiveness of a brief group behavioural intervention on common mental disorders in Syrian refugees and the secondary effect on their children: A randomised clinical trial

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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



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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 but no reductions in anxiety, PTSD, grief, disability, child mental health

Controlling for trauma and ongoing stressors: Impact on depression increased from $d' = 0.46$ to $d' = 0.90$

Bryant et al (2022). *PLoS Medicine* 19(3): e1003949



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Indicated prevention strategies

Stepped or collaborative care strategies

Brief cognitive behavioural therapies (4-6 sessions)

Eye Movement Desensitization and Reprocessing

Bisson et al (2021). *Clin Psychol Rev*, 86, 102004



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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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