

Mental Health – Refugees and IDPs in Low and Middle Income Countries

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Outline



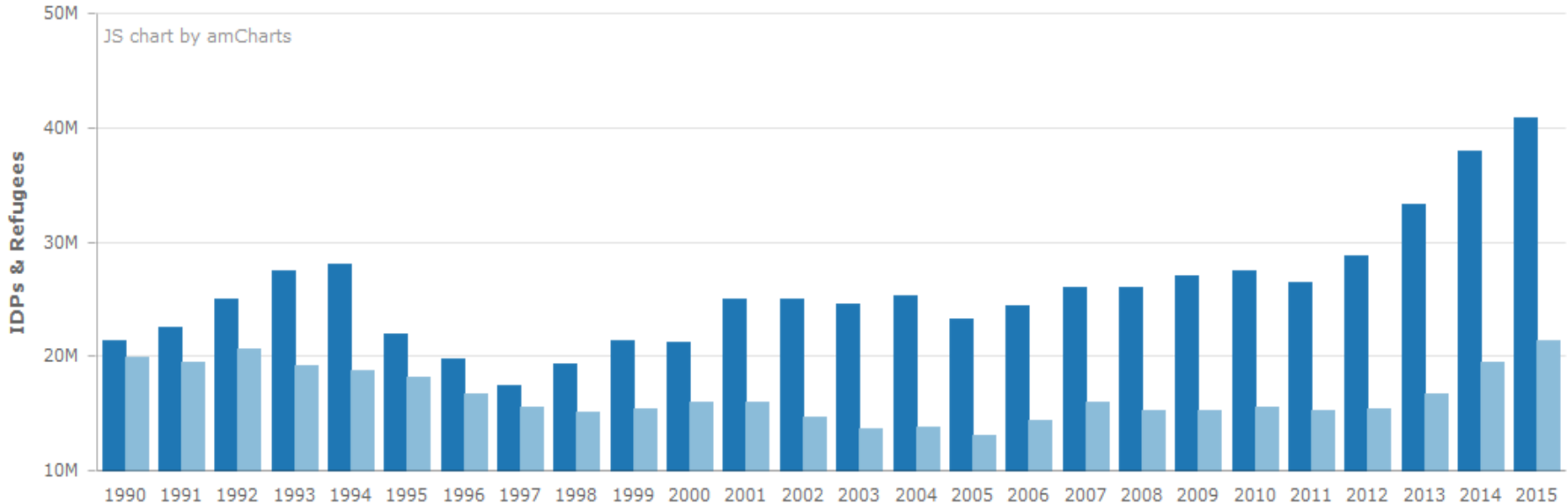
1. Displacement & crises contexts

3. Effectiveness & evidence

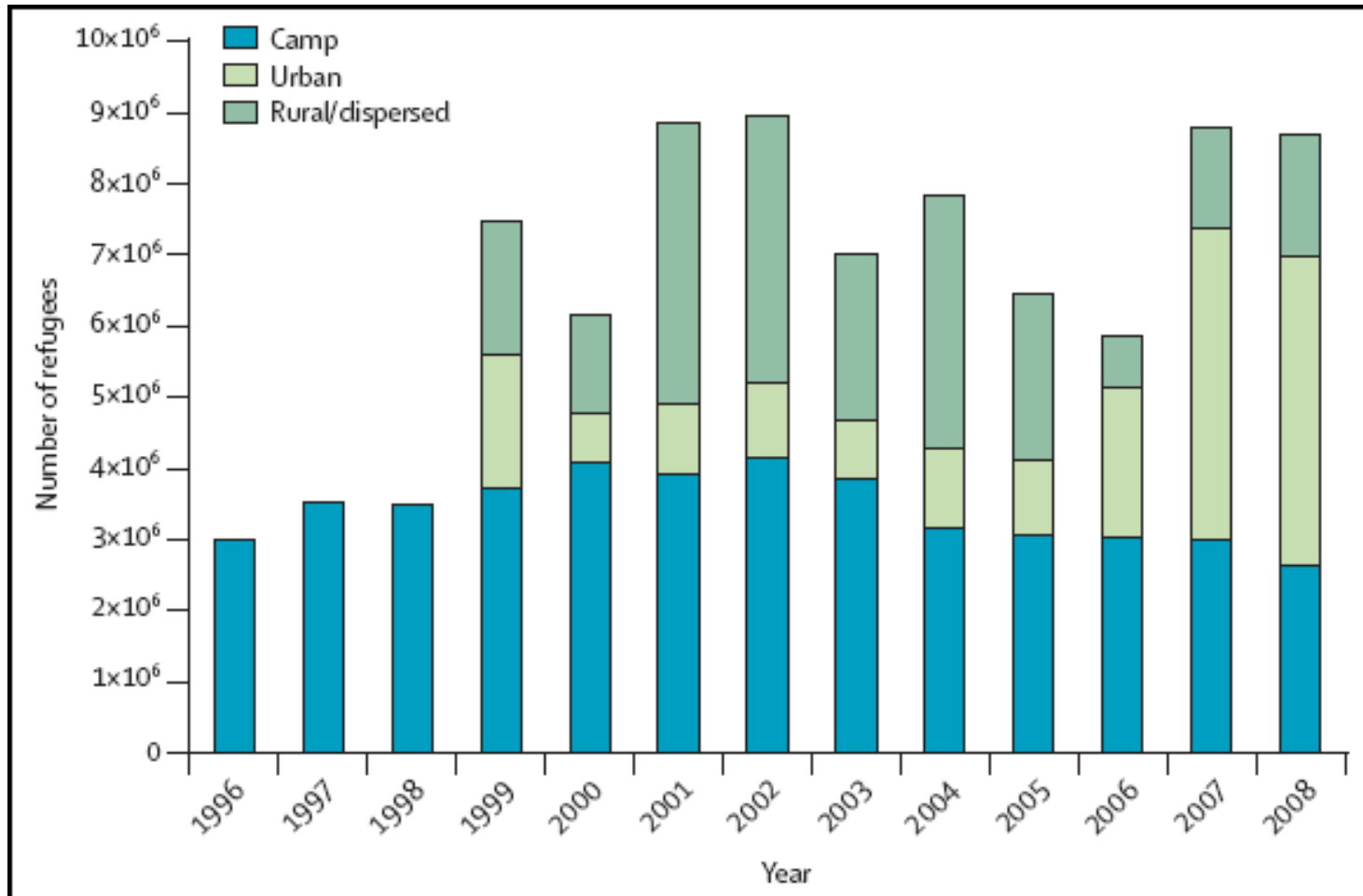
2. MHPSS service utilisation

1. Forced displacement & MHPSS

Refugees and IDPs 1990-2015



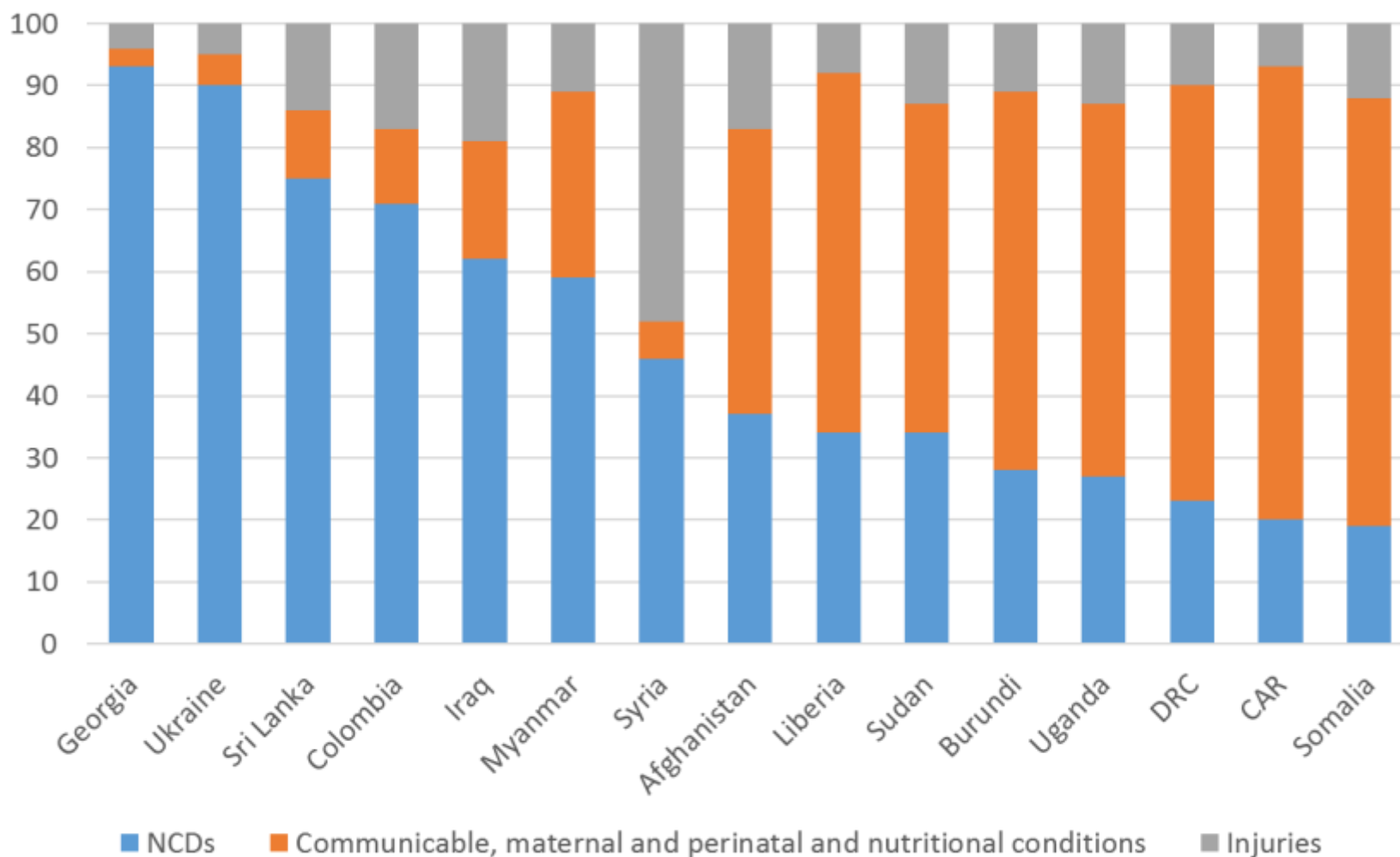
Urbanisation of conflict-affected populations



Source: Spiegel, Checchi et al. The Lancet. Vol.375. January 23 2010.

Changing disease profiles

Proportion of mortality (total deaths, all ages, both sexes)



Emergency-induced factors

- Exposure to traumatic events
- Forced displacement
- Ongoing insecurity
- Poor living conditions
- Loss of livelihoods, employment, assets and income
- Uncertainty/loss of control
- Disruption of social/cultural networks and coping mechanisms

Humanitarian aid-induced social factors

e.g. undermining community coping systems, aid distribution

Pre-existing social, cultural and psychological factors

Effect of humanitarian crises on mental health



	Before the emergency: 12-month prevalence (median across countries and across level of exposure to adversity) ⁱⁱ	After the emergency: 12-month prevalence (median across countries and across level of exposure to adversity)
Severe disorder (for example, psychosis, severe depression, severely disabling form of anxiety disorder)	2% to 3%	3% to 4% ⁱⁱⁱ
Mild or moderate mental disorder (for example, mild and moderate forms of depression and anxiety disorders, including mild and moderate PTSD)	10%	15% to 20% ^{iv}
Normal distress / other psychological reactions (no disorder)	No estimate	Large percentage

2. MHPSS service utilisation

Demand-side barriers:

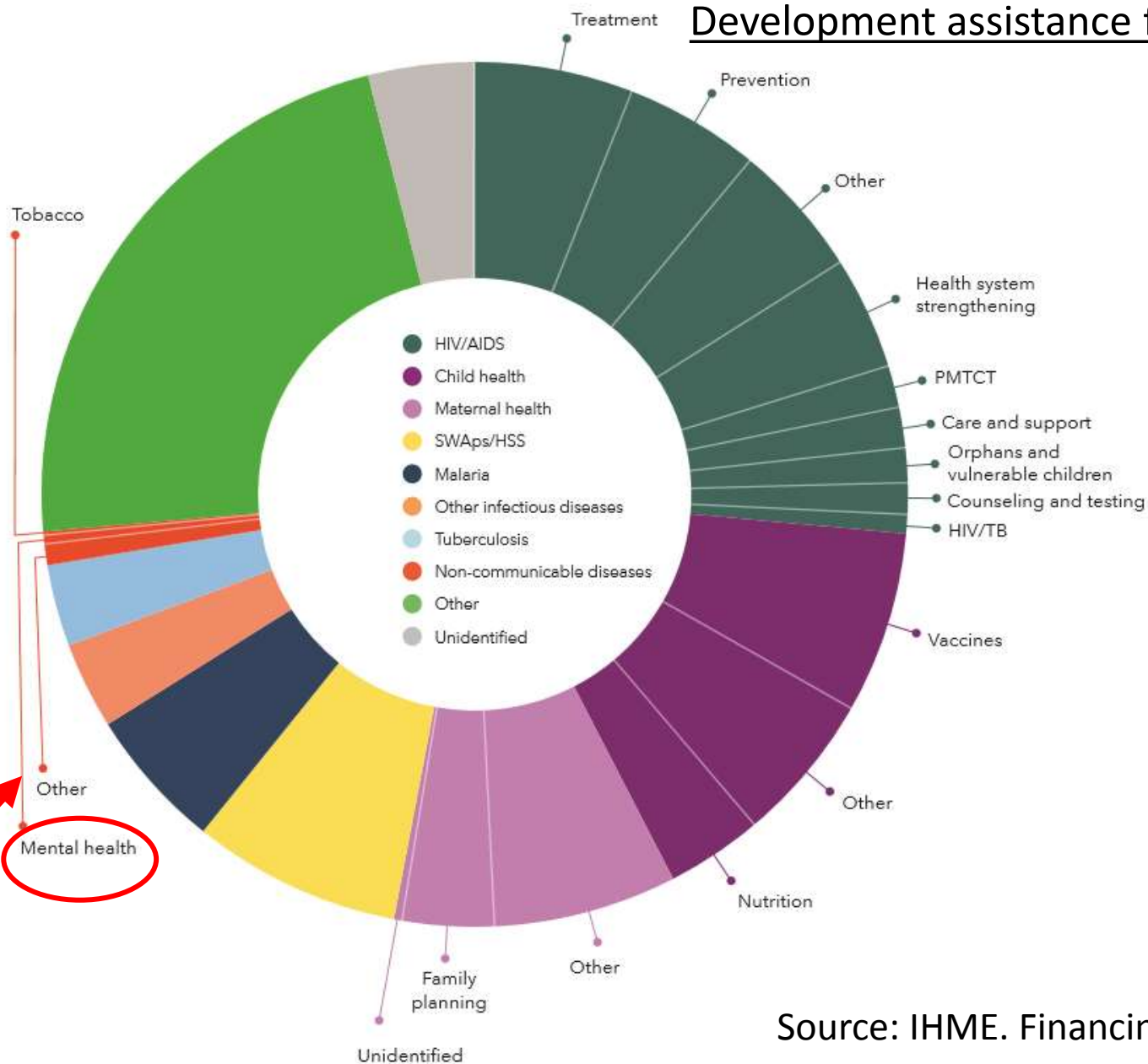
- Poverty
- Limited awareness of symptoms, disorders, services
- Stigma, fear and discrimination – particularly for refugees and IDPs
- Geographic

Supply-side barriers:

- Limited capacity
- Complexity of specialized treatments (>unaffordable, long-wait times)
- Poor quality services (including being culturally inappropriate)
- Weak health systems
- Weak evidence on service utilisation, access, quality, appropriateness
- Definitional debates
- Limited commitment and resources

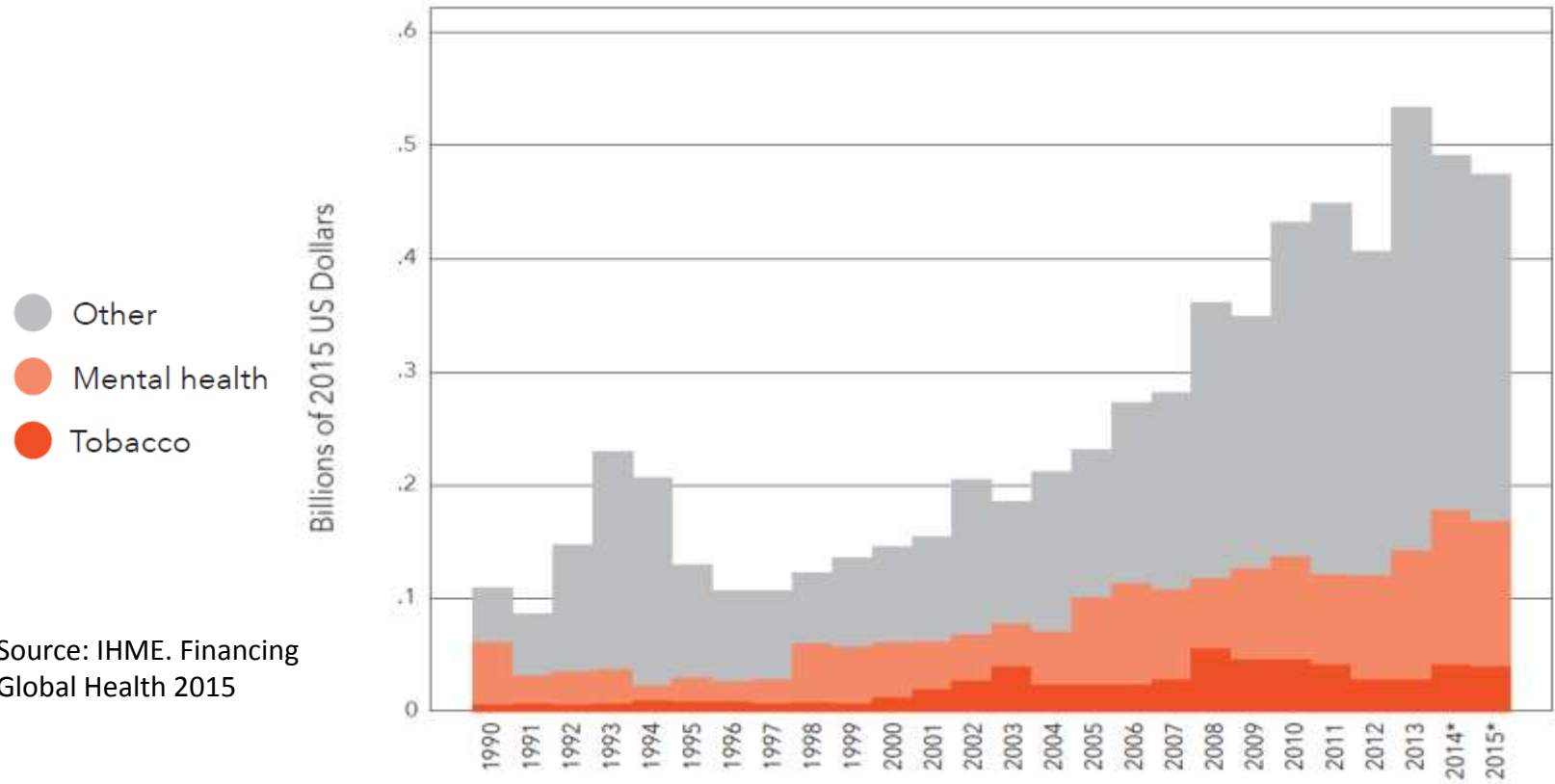
Macro level challenges: Financing

Development assistance for health 2000–2015



Source: IHME. Financing Global Health 2015

Development assistance for NCDs 2000–2015

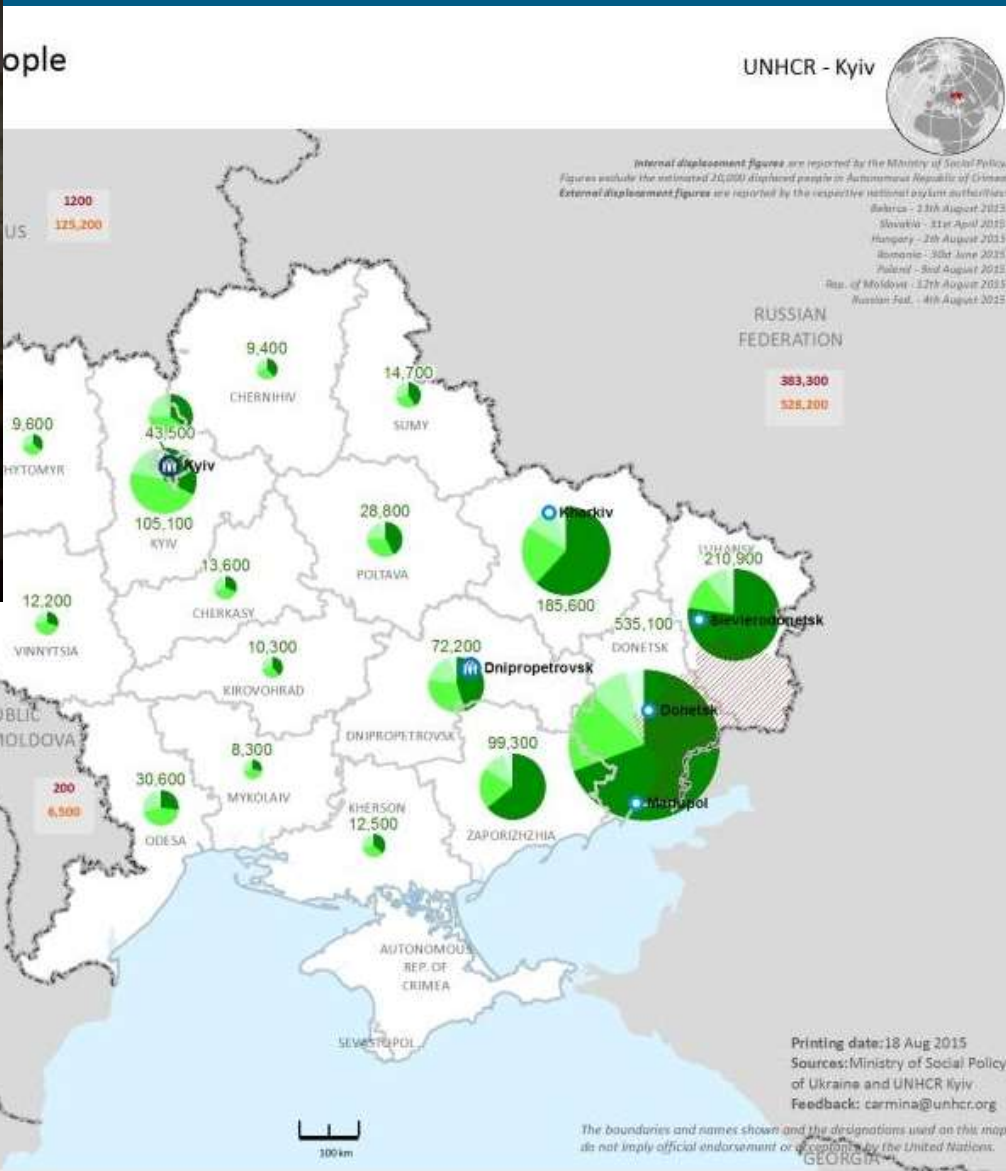


Source: IHME. Financing Global Health 2015

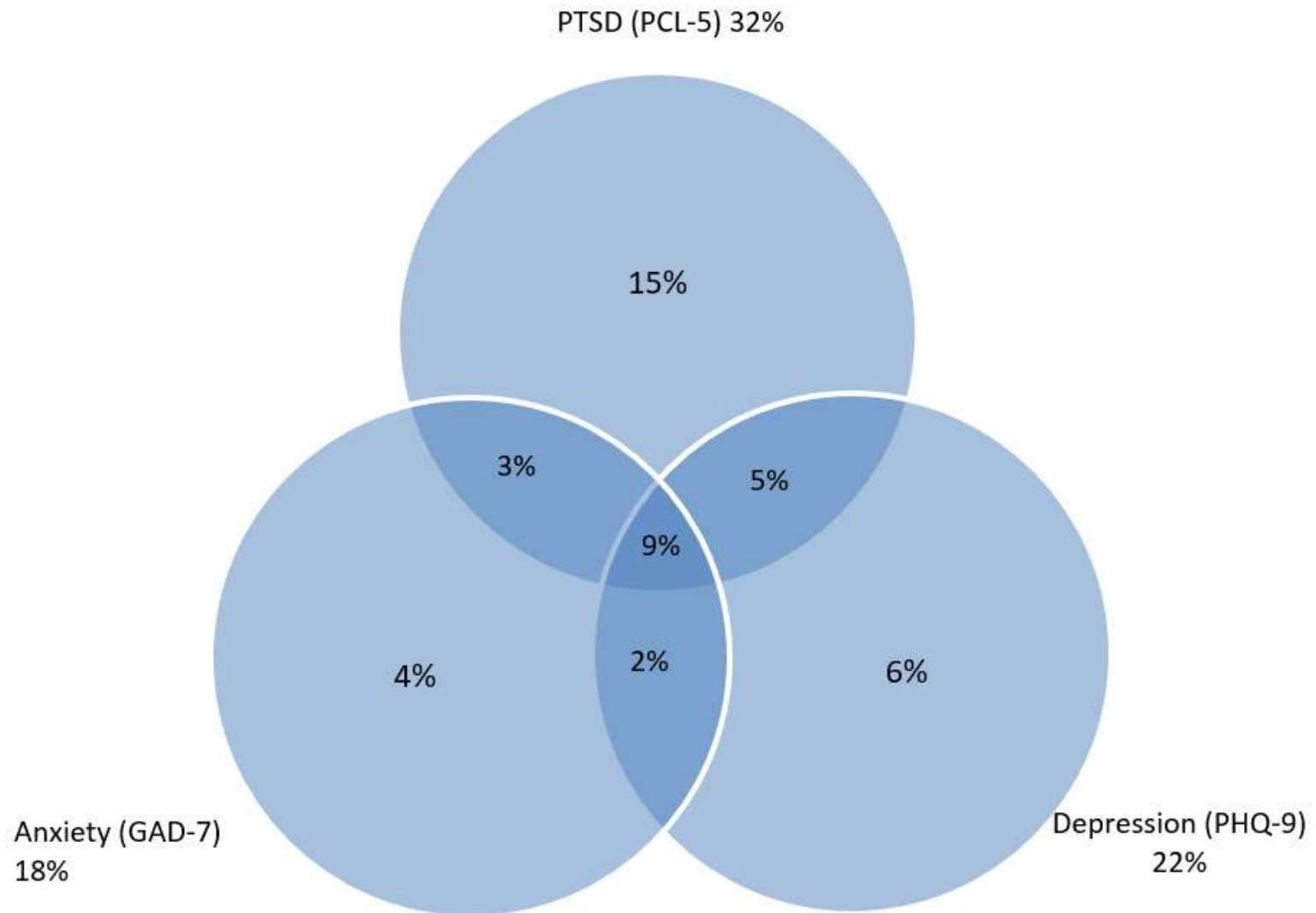
\$226 million in aid for MHPSS to crises-affected countries between 2007-2009*

Source: Tol et al. Lancet. 2011 Oct 29; 378(9802): 1581–1591.

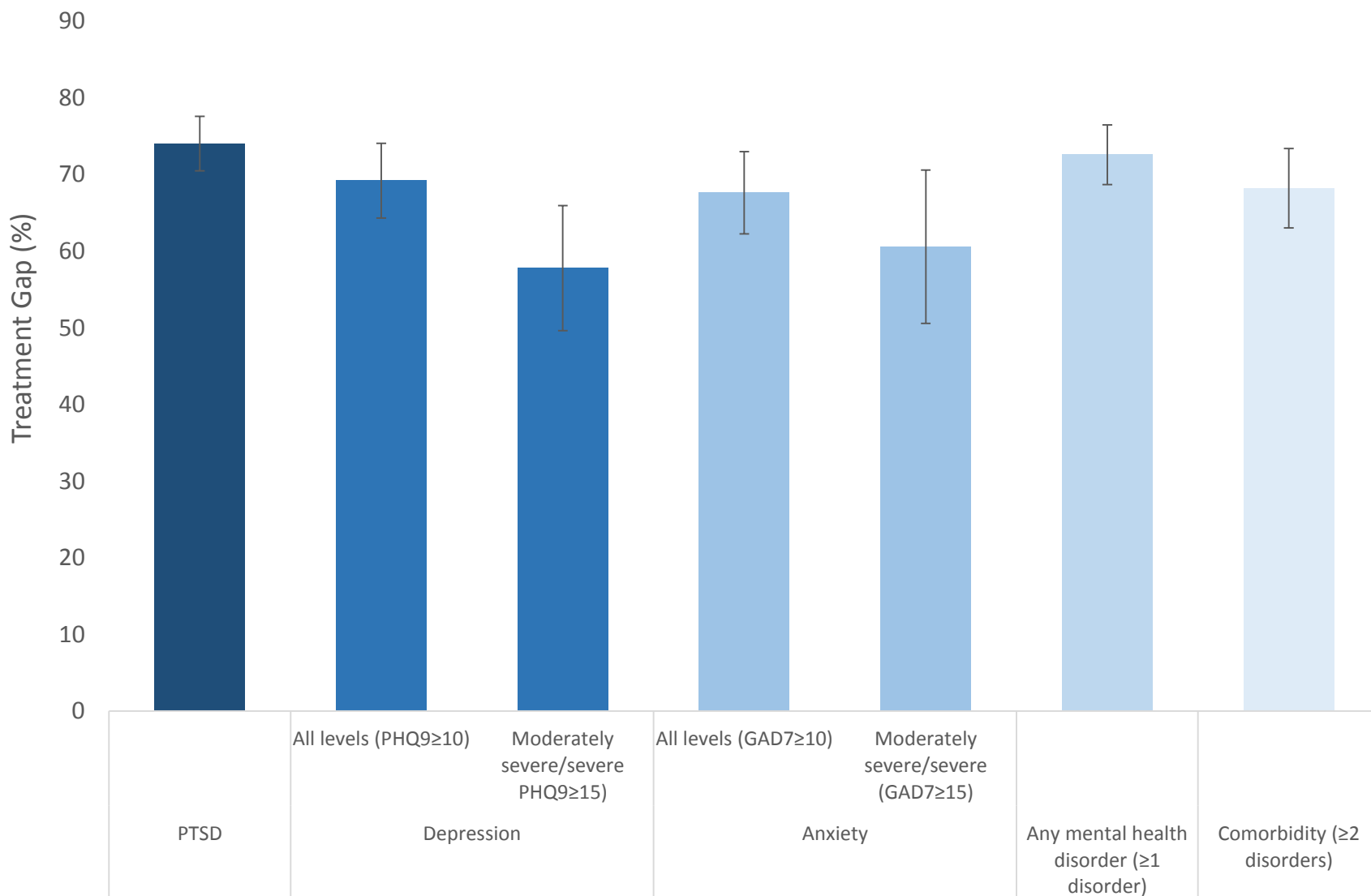
Case study: Ukraine IDP case-study on MHPSS service use



Ukraine: Prevalence of mental disorder symptoms (N=2203)

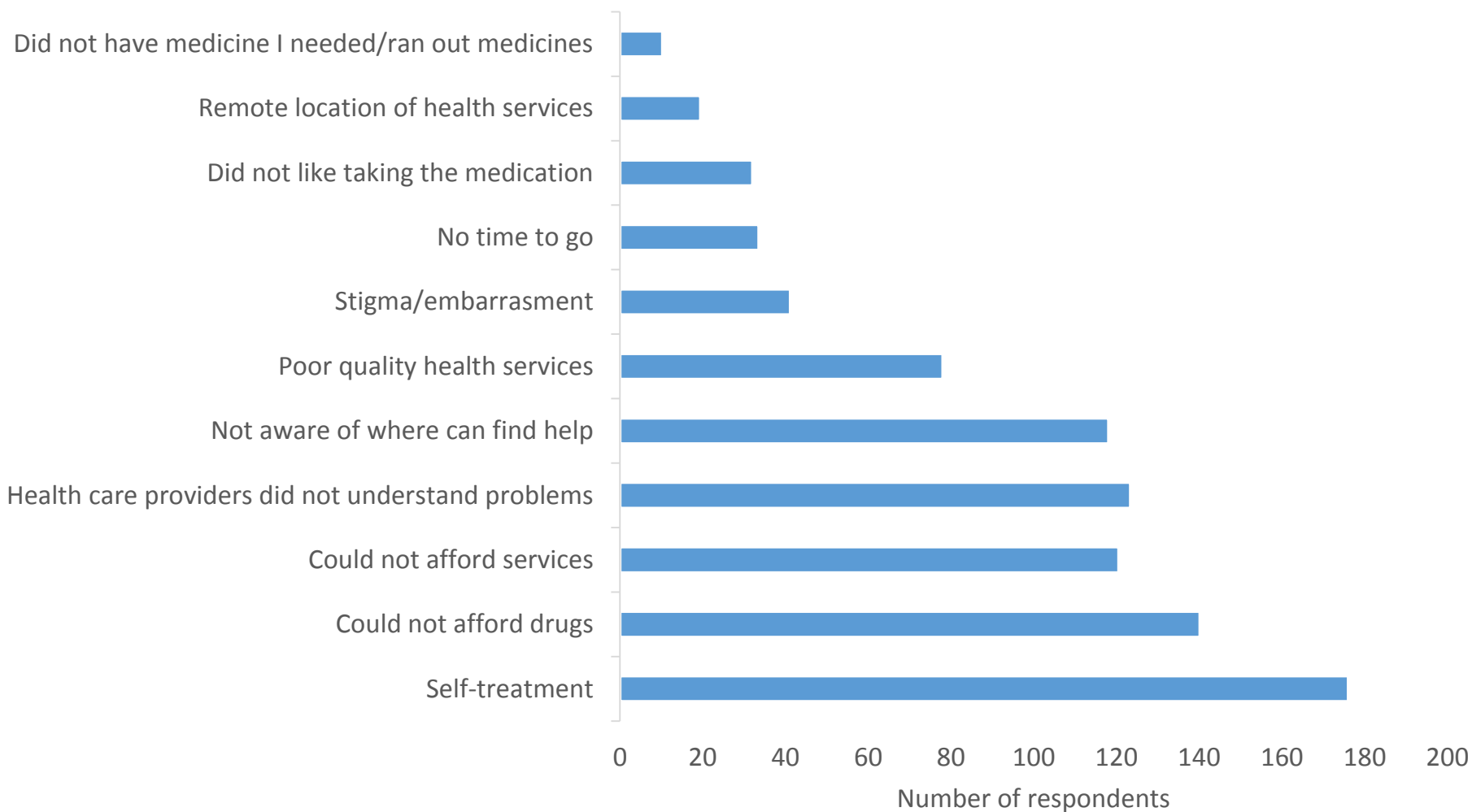


Proportion of respondents reporting mental health problems in the previous 12 months and also screened with mental disorder symptoms but who did not access care, by disorder (N=703)





Reasons for not utilising care (N=520, multiple answers permitted)



For that that did seek care

Types of care utilised: Heavy reliance on pharmacies

Costs of care:

- Of the 180 respondents who did seek care (past 12 months), 163 could recall whether they had to pay for their care.
- Of these 163 respondents, 72 (44%) recalled paying for their care.
- The average cost paid by them was \$107.

Medicines:

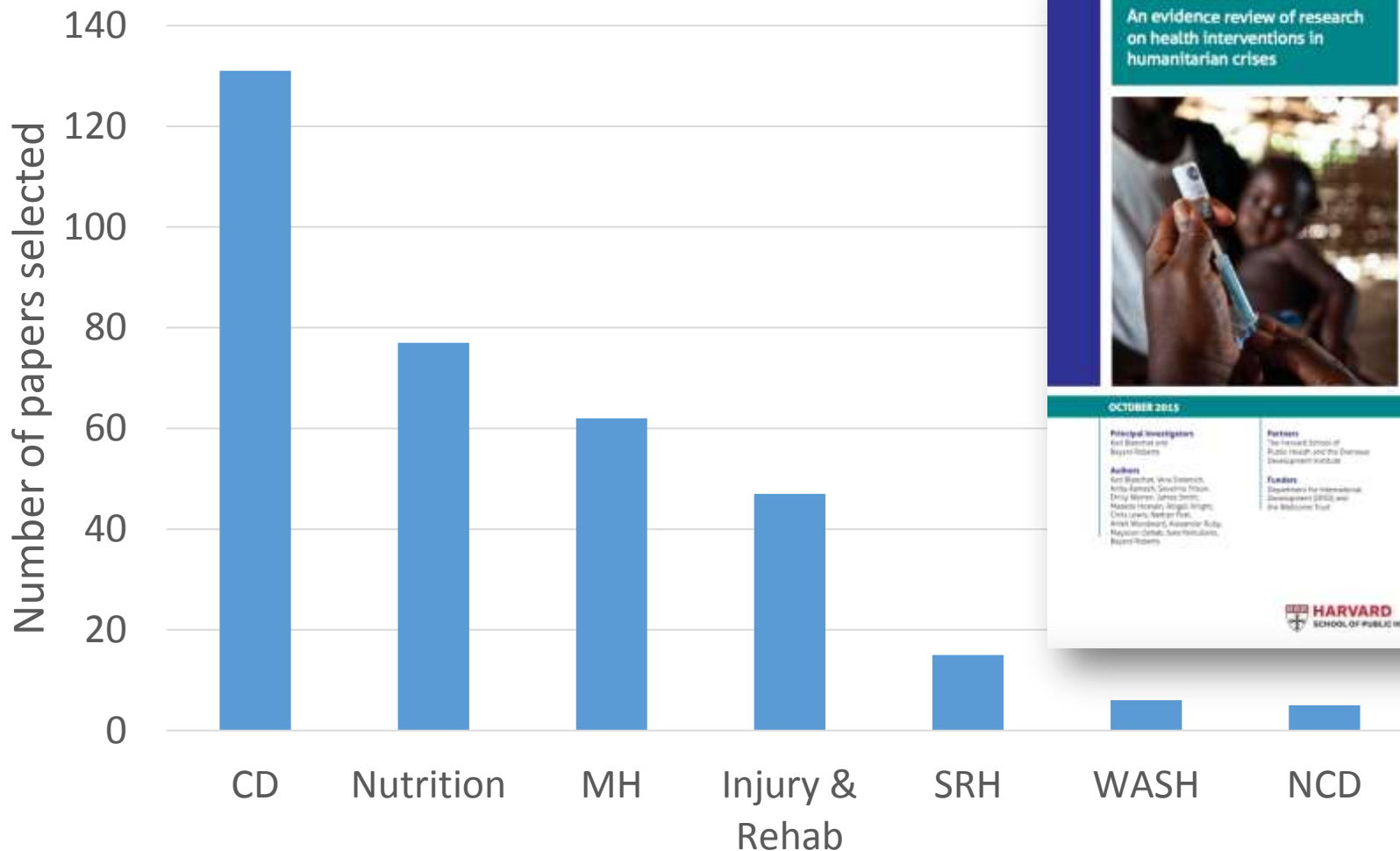
- All 180 respondents reported having to pay for medicines (past 12 months).
- The average costs paid by them was \$109.

Sub-group analysis:

- *PTSD only*: \$171 for care (N=31) and \$154 for medicines (N=57).
- *Depression only*: \$42 for care (N=17) and \$80 for medicines (N=36).
- *Anxiety only*: \$40 for care (N=11) and \$98 for medicines (N=21).

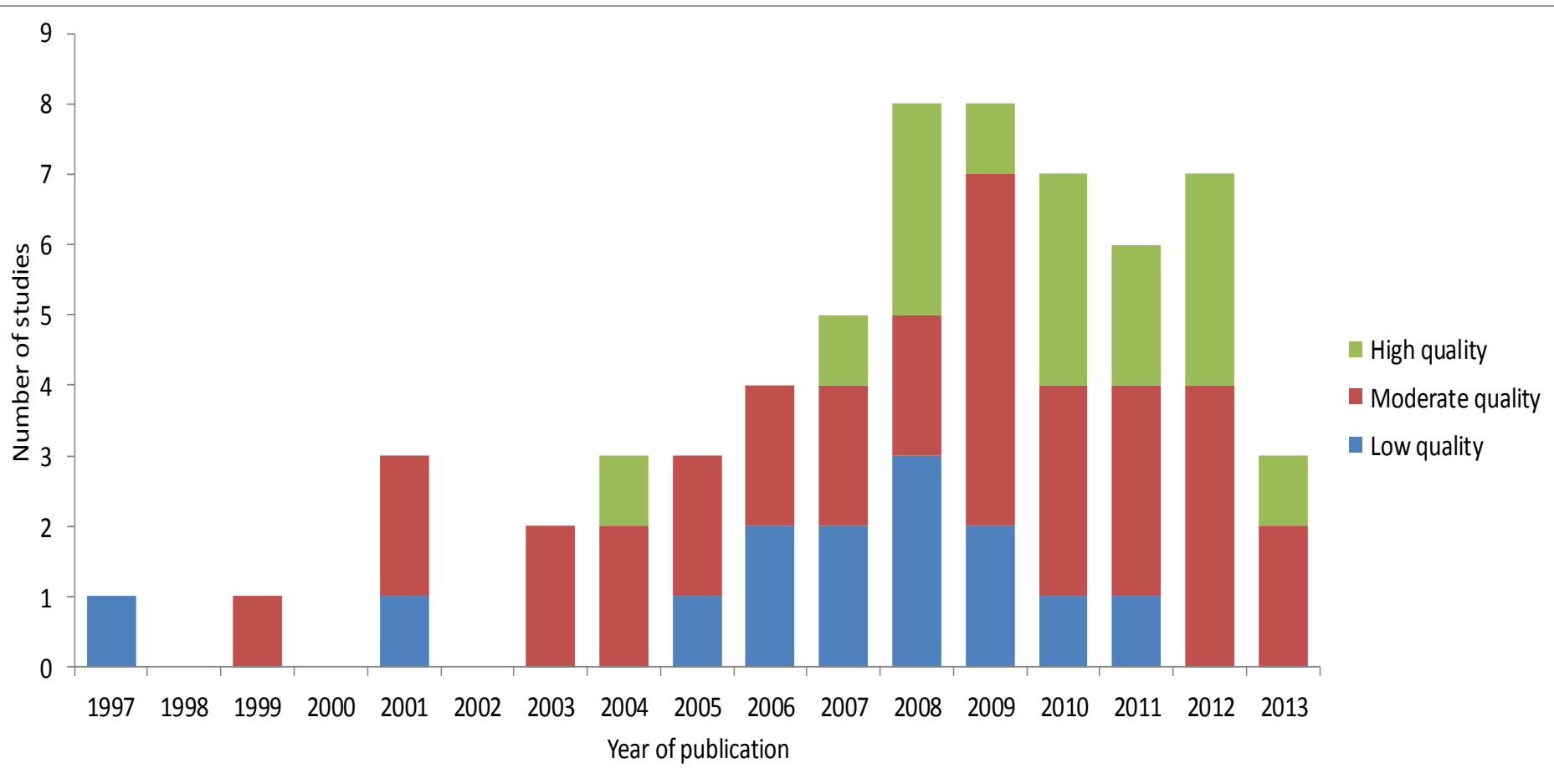
3. Evidence & effectiveness?

Number of papers on effectiveness meeting inclusion criteria, 1980-2014

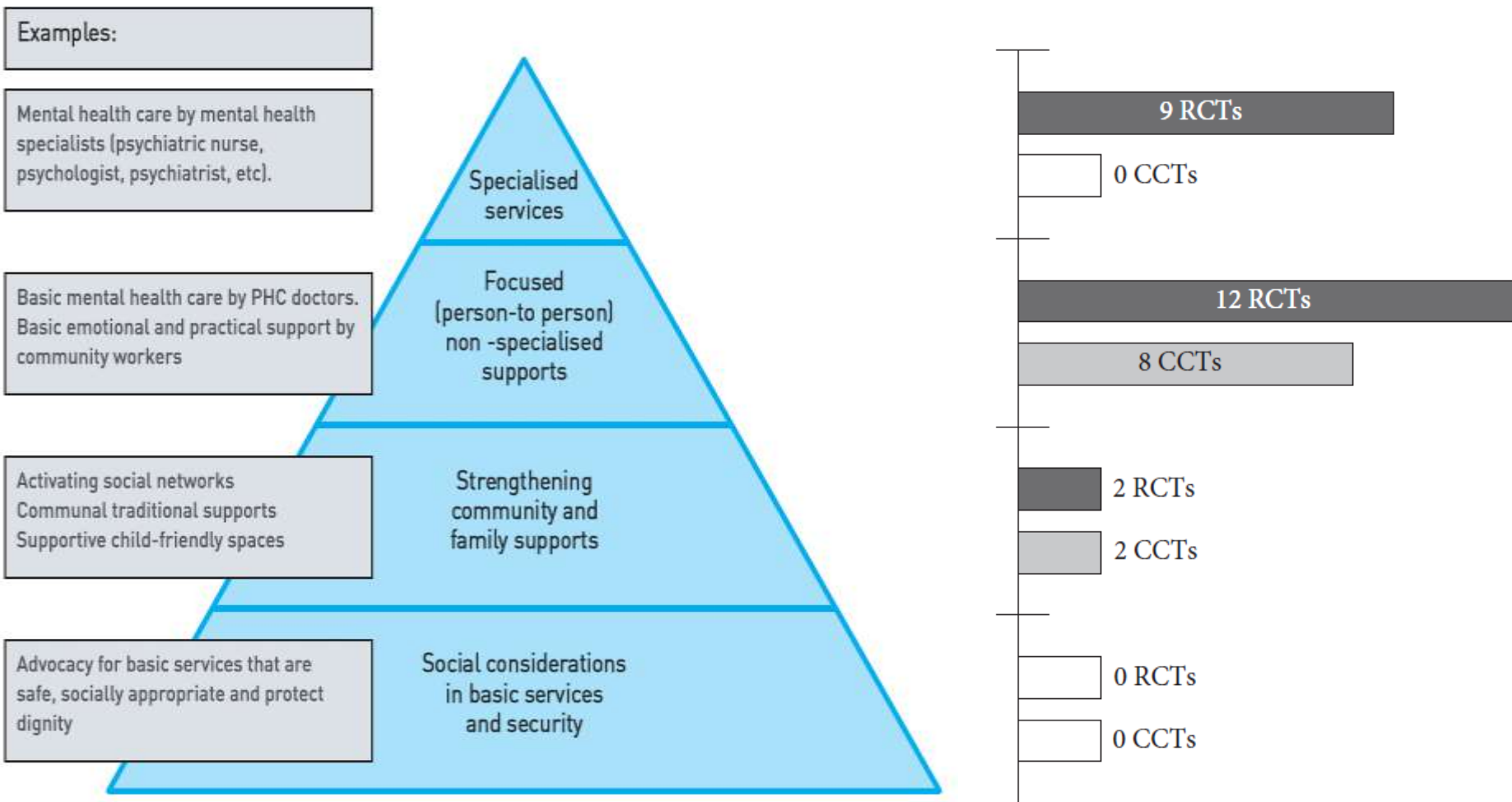


Things are getting better...

Quantity and quality of mental health and psychosocial support intervention studies



and...evidence lopsided



Source: Tol et al. Mental Health and Psychosocial Support in Humanitarian Settings, in Global Mental Health - Principles and Practice, Patel V, et al (2013)



1. Displacement & crises contexts:
Urban displacement
Longevity of displacement
Rise in chronic conditions
Limited resources

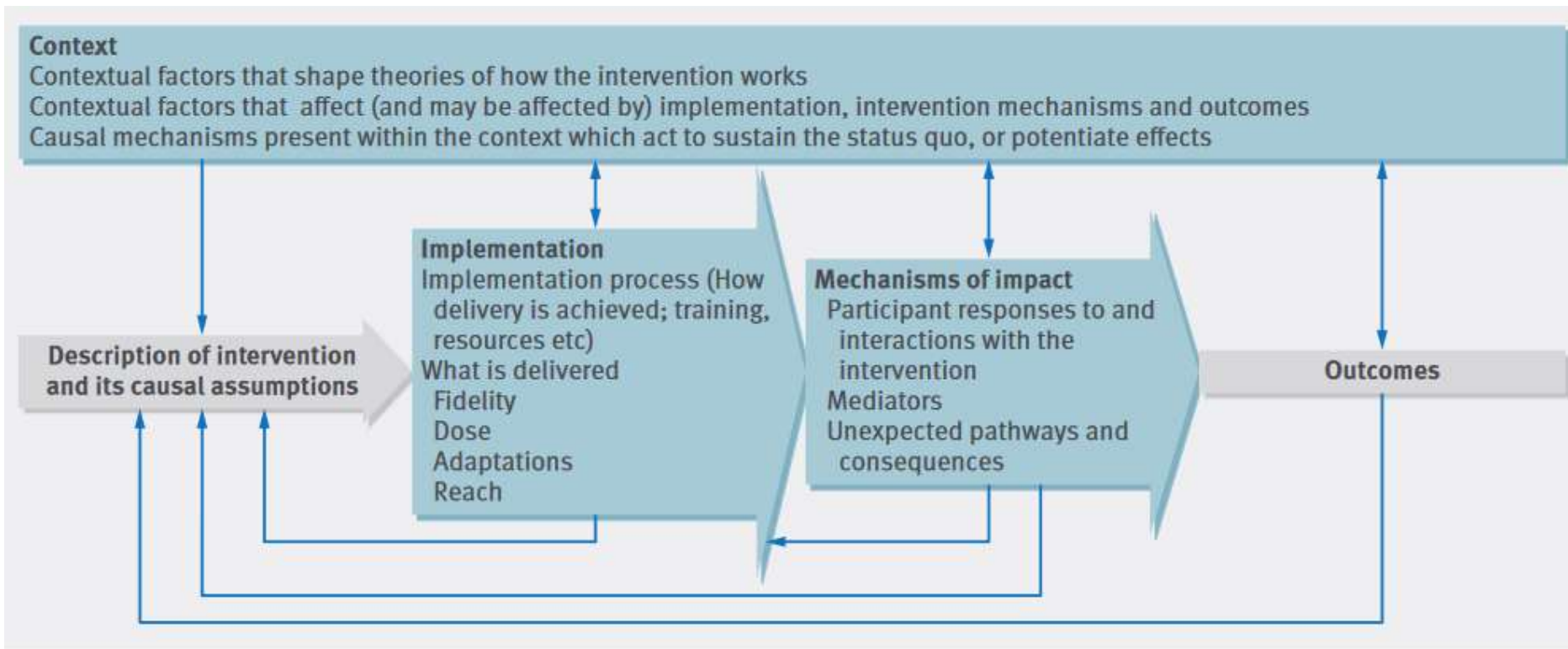
3. Skewed evidence on effectiveness

2. MHPSS services
Barriers
Treatment gap
Limited evidence

Expanded approaches

- Low-intensity and low cost psychological transdiagnostic approaches
- Integrating services with chronic conditions (e.g. for HIV/AIDS, TB, NCDs)
- Scale-up services and a broader health systems approach
- Economic analysis (e.g. cost-effectiveness analysis, including co-benefits)
- Recognising complexity of interventions and contexts

MRC framework for process evaluations of complex interventions



STRENGTHS Study

- Aim: to provide effective community-based health care implementation strategies to scale-up the delivery and uptake of effective mental health interventions for Syrian refugees in different country contexts.
- Transdiagnostic mental health intervention of PM+
- Shorter, less expensive, can prevent more serious disorders
- Health systems approach, with rapid health systems appraisals
- Examine coverage, cost-effectiveness, sustainability

Conclusion

- Respond to rapidly changing contexts of forced migration
- Need stronger evidence on access & utilisation of MHPSS services
- Broader approaches to MHPSS interventions and evidence



Thank you