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# Reducing psychological distress in refugee survivors of gender-based violence: adaptation and pilot of a WHO guided self-help intervention with South Sudanese refugees in Uganda

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# Acknowledgements

## International Organization Collaborators

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## Intervention Development

- Russ Harris, Author
- Joanne Epping-Jordan, Project Manager
- Claudette Foley, Development of Training Materials

## Ugandan Collaborators

- Alex Adaku, PCAF
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# Background

- Impact of GBV and other adversities on refugee mental health
  
- Extent of global displacement and need for low-intensity psychosocial interventions
  - Reduced reliance on specialists
  - “Task-shifting/Task-sharing”
  - One manual for multiple problems
  - Fewer sessions
  - Explicit focus on skill training



# Introduction to SH+

## Self-Help Plus: For Managing Stress and Coping with Adversity

- ❑ Brief and low-intensity
- ❑ Helpful across a wide range of people and settings
- ❑ NOT for the treatment of severe mental disorders
- ❑ Easy to adapt locally, implement, and scale locally
- ❑ A trained professional facilitator is not needed

# What is SH+

- Five workshops (≈120 minute sessions)
- Illustrated pictorial guide
- Facilitator guide



# Context – South Sudanese refugees, Uganda



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## South Sudanese refugees in Uganda now exceed 1 million

One million South Sudanese refugees have sought safety in Uganda since last July. Over 85 per cent are women and children.

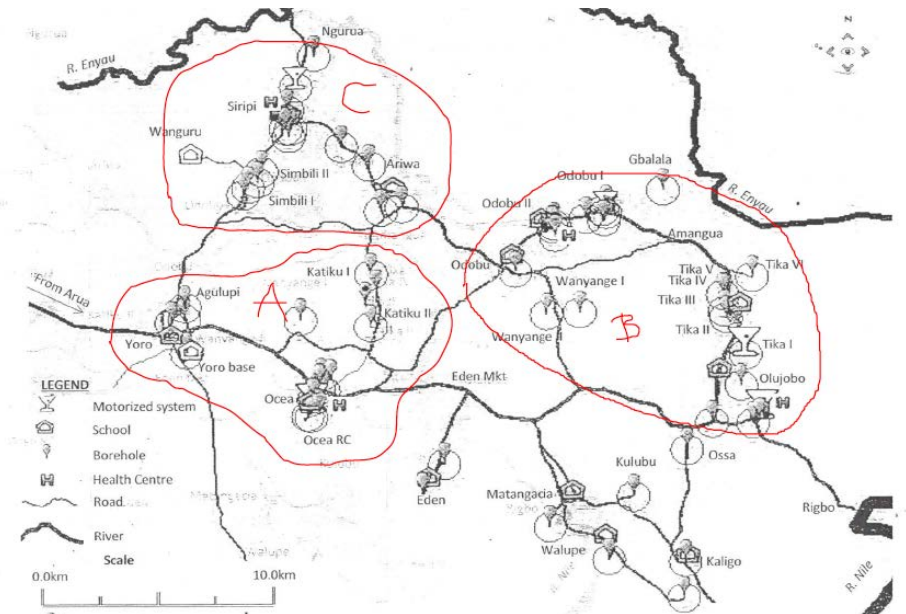
Tabu, the one millionth South Sudanese refugee to arrive in Uganda.

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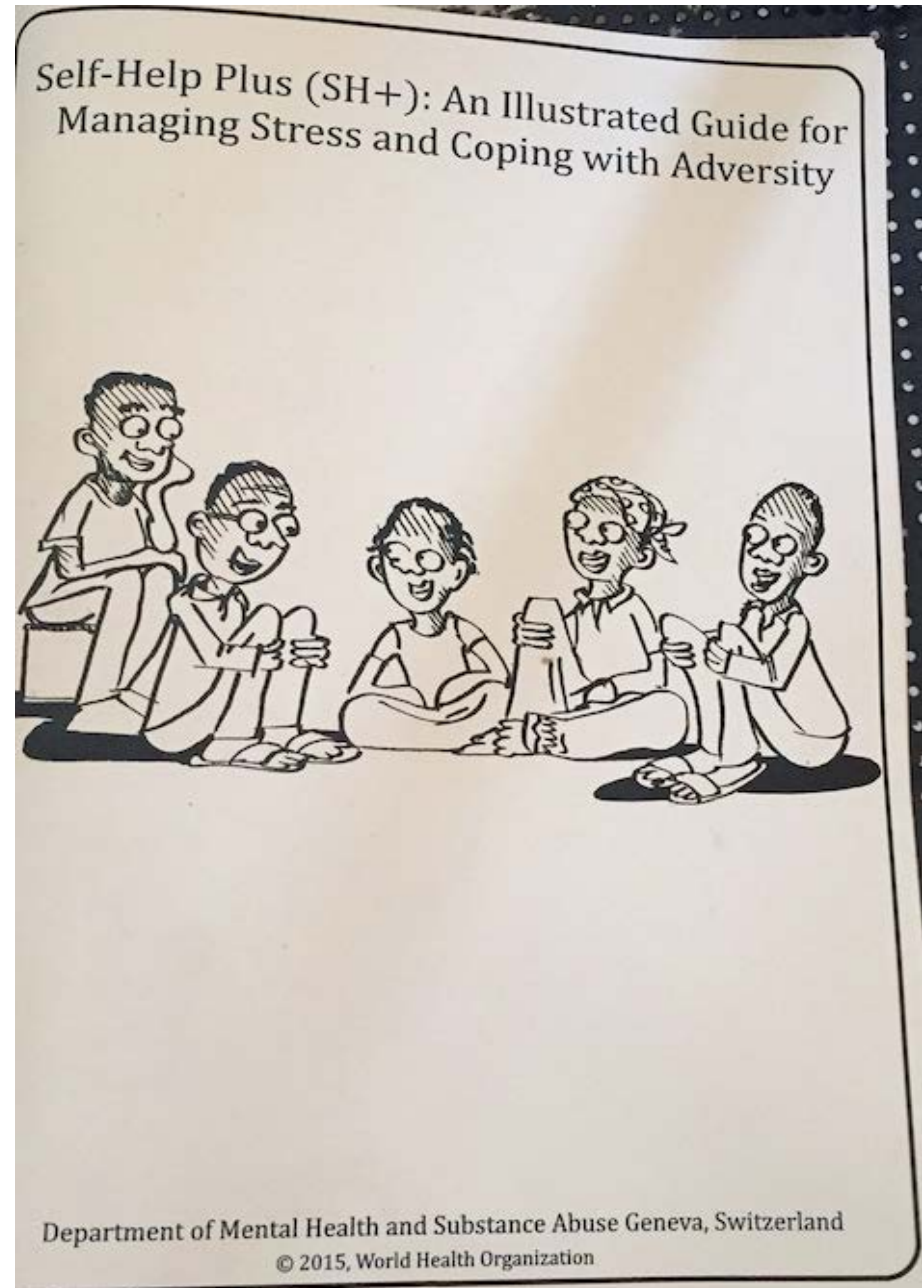


# Rhino Camp, West Nile, Northern Uganda



# Adaptation process

- ❑ Community consultations
- ❑ Translations and group cognitive interviewing
- ❑ Facilitator training
- ❑ Pilot implementation
- ❑ Qualitative process evaluation





# Pilot implementation

- ❑ Pre and post-intervention assessment, including psychometric testing of instruments
- ❑ Screened into study based on psychological distress
  - 86 men and women were screened for participation using the Kessler 6;
  - 65 (76%) (33 women, 32 men) were included in the study
- ❑ Other measures:
  - Functioning (WHO-DAS), depression (PHQ-9), subjective well-being (WHO Well-Being Index), psychological flexibility (Acceptance and Action Questionnaire)

# Pilot implementation – findings

## □ Attendance:

- Women: 25 women (76%) attended four or five sessions, and eight (24%) missed two or three sessions.
- Men: 12 men (38%) attended four or five sessions, five (16%) missed two and three sessions, and 10 (31%) only attended one session.

## □ Changes over time:

- Pre- to post-assessment changes were in the expected direction on all measures and reached statistical significance
- i.e. K6 scores decreased 58% from an average of 14.6 (SD=4.1) to 6.1 (SD=3.7).

# Qualitative process evaluation

- ❑ Semi-structured interviews:
  - participants who completed all five sessions (N=8); participants who dropped out part way (N=10); SH+ facilitators (N=4); and one supervising social worker.
  
- ❑ Benefits:
  - Reduced overthinking and stress
  - Improved relationships in community
  
- ❑ Barriers and challenges:
  - Not provided with material goods
  - Language and literacy
  - Barriers to attendance

# Conclusions and next steps

- ❑ Pilot implementation and process evaluation indicated:
  - Adaptations and changes for next phase, i.e. scheduling, structure of implementation
  - Challenges to address, i.e. lack of provision of material assistance, use of Juba Arabic
  - Overall positive results of pilot implementation
  
- ❑ Future evaluation plans
  - Focus on women

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