



A systematic review of MHPSS interventions targeting non-clinical Arabic-speaking refugees and/or displaced populations in the MENA region

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Introduction

Middle East & North African (MENA) displaced populations the largest represent displaced globally people (UNHCR. 2023) and have experienced enduring exposure to trauma and related stressors affecting several generations pre- and Women post-migration. the <u>represent</u> half refugee population and suffer more psychological distress than men (Atrooz et al 2023, Hosseini et al 2023, Tahir et al 2022).

Despite this, there is no published systematic review examining Mental Health and Psychosocial Support (MHPSS) interventions targeting MENA refugees and displaced populations.

AIM: Identify existing MHPSS interventions and assess their improving effectiveness in mental health outcomes in a refugee context.

Mixed-methods approach phase 1: Syst. **Rev.** (Prospero CRD42023421057)

Databases: MEDLINE, PsycInfo, Global Health, ASSIA, Sociological Abstracts, Dissertations, Scopus, Web of Science Core Collection, WHO Global Eastern Mediterranean

Period of Search:

March 2011 - November 2022

Search strategy: P= Non-clinical adult Arabic-speaking refugees and/or displaced populations. **I=** MHPSS interventions.

C= Active comparators, treatment as usual groups, placebo groups or no

O= Grief or mental distress.

Inclusion criteria:

- Participant nationality and intervention location: Syria, Lebanon, Palestine, Iraq, Yemen, Jordan, Turkey, Egypt, Bahrain, Saudi Arabia, Qatar, United Arab Emirates, Kuwait, or Oman.
- MHPSS intervention: Any type of local/outside support aiming to protect/promote psychosocial well-being or prevent or treat mental disorders and/or distress.

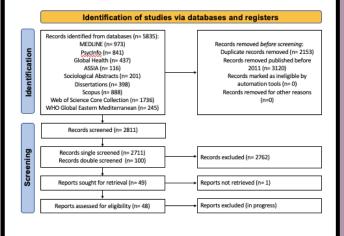
and Prepost-intervention assessment(s), i.e., measures of change.

Exclusion criteria:

Interventions older than 2011 Participants <18 or >65 Clinical population Sample size ≦10

Results

Figure 1. PRISMA Flow Diagram of **Included Studies**



48 primary research articles included and assessed

(Gloy, 2022)



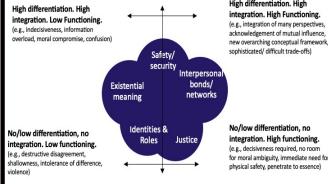




IC = Integrative Complexity (Suedfeld & Rank, 1976) ADAPT = Adaptation and Development After Persecution and Trauma (Silove, 2013)

IC: interactionist cognitive processing model with two variables, differentiation & integration ADAPT: eco-psychosocial model of 5 internal adaptive systems with societal correlates

Low to high functioning at individual and group levels.



(Source: Boyd-MacMillan, E., Silove, D., DeMarinis, V., in preparation for invited publication, 2024)

Phase 1 Syst. Rev. conclusions will:

- **©** Identify essential components for effective and feasible **MHPSS** interventions that will help host country mental health services develop culturally informed interventions that support adaptive functioning and social engagement to reduce social isolation, facilitate integration and increase social cohesion between refugees and nationals.
- Inform phase 2 Community Readiness Assessment themes, questions for focus groups* and interviews** exploring Syrian refugees' understanding of their needs, how those needs could be met, and their desire and readiness for change, and ii) cultural differences psychological distress is perceived and potentially manifested.
- *Focus group population will be two Arabicspeaking non-clinical communities with mild to moderate mental distress living in Lebanon: 1- Syrian refugee women, 2- Lebanese women.
- **Interviewees will include healthcare mental practitioners Lebanese healthcare system NGO Beirut humanitarian workers providing MHPSS.

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Further information

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