RESEARCH SNAPSHOT

Research for health in humanitarian crises | elrha

DELIVERING PSYCHOLOGICAL TREATMENT TO REFUGEE CHILDREN VIA TELEPHONE

How can we overcome common barriers to mental health service access and deliver psychological treatment to children in humanitarian settings?

Phone-based mental health services show promise

Most Syrian refugee families living in settlements in Lebanon face barriers to accessing healthcare and support, including mental health services. However, most have access to a mobile phone which provides an opportunity for accessing therapy remotely.

This study examined whether an existing evidence-based treatment – Common Elements Treatment Approach (CETA) – adapted for delivery over the phone (t-CETA) could overcome these barriers. The team found that t-CETA was feasible, acceptable, and reduced symptoms of mental health problems in children, while helping to overcome access barriers. Findings show that phone-based mental health services may be a promising solution for providing mental health support to refugee children. A larger trial could strengthen these findings and improve understanding of efficacy.

Syrian boy in an informal tented settlement in the Beqaa region of Lebanon. Photo credit © Nour Tayeh / Médecins du Monde France, Lebanon (2017)

Background

Children exposed to war and displacement are at increased risk of developing mental health problems. However, many never receive effective treatment. Refugees often live in informal settlements far from clinics, there are high costs associated with setting up new services, and trained mental health professionals are not easily available. There are challenges with expensive transport, long distances to clinics, parents having other children to care for, and difficulty scheduling appointments around work or school. Furthermore, stigma associated with mental illness or concerns about confidentiality prevents some children from accessing or completing treatment.

How the research was conducted

A pilot randomised controlled trial (20 children, 9-17 years) was used to compare t-CETA to standard face-to-face treatment in a clinic. The study used both qualitative and quantitative research methods, including in-depth interviews, to assess whether t-CETA was feasible and acceptable to children and their caregivers; increased access and adherence to treatment; and effectively reduced symptoms.

Key findings

Feasibility and acceptability:

- t-CETA reached more children and was more logistically flexible than standard treatment.
- Phone delivery reduced the effect of stigma and increased adherence, given that families did not need to visibly attend a clinic.

Overcoming access barriers:

- Children receiving t-CETA were more likely to start and complete treatment (see Figure 1) and less likely to miss sessions.

Reducing symptoms:

- Children presented with post-traumatic stress, anxiety, depression, and conduct problems; comorbidity was typical.
- There was a greater decrease in symptoms and problems over the course of treatment in children who received t-CETA compared to standard treatment.

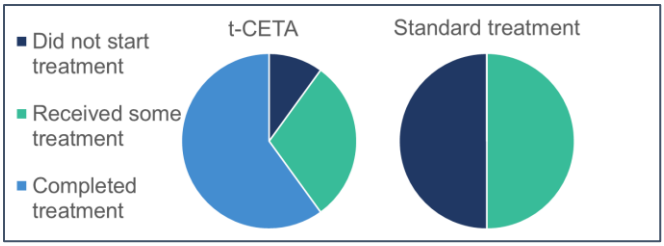

Figure 1: More children completed t-CETA than standard treatment

Implications for humanitarian practitioners and policymakers

- t-CETA can increase access to effective mental health treatment for hard-to-reach populations that otherwise struggle to access services.
- Flexible scheduling of phone appointments during evenings and weekends can further reduce barriers to access.
- t-CETA is a scalable solution. Lay counsellors and remote supervision reduces the need for mental health professionals in the area where treatment is needed.
- Building capacity in phone-delivered services can increase resilience to events that impact mobility, such as the COVID-19 pandemic. t-CETA was provided during nationwide protests and road closures in Lebanon in 2019, with minimal disruption to children's treatment.
- Humanitarian practitioners may increasingly need to consider telemedicine while awaiting the COVID-19 vaccine rollout.
- Practical approaches to managing common challenges with remote-delivered services, such as technical issues, privacy, and safeguarding, have been collated in a guidance document.

Recommendations for future research

- There is a need for larger trials on t-CETA to investigate treatment efficacy in more depth.
- Trials in other populations and countries are needed to establish where and with whom t-CETA is feasible and effective.

About the study team

The principal investigator was Michael Pluess at Queen Mary University of London (QMUL; UK). Co-investigators, collaborators and clinical team:

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Keywords

Refugee, child and adolescent mental health, phone-delivery, phone-therapy, tele-medicine, tele-psychiatry

Articles and further reading

- Guidance on Delivering Psychological Treatment to Children via Phone
- Webinar reporting results: Telephone-Delivered Psychological Treatment for Children in Humanitarian Settings: Study Findings
- CETA website
- Elrha project page
- QMUL Global Mental Health

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http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/