

Delivering psychological help by phone in humanitarian crises

Children living in crisis settings are at increased risk of mental health problems, but few evidence-based interventions to support them are accessible. Increased access to mobile phones among refugee families offers an opportunity to increase access to treatment. This study led by Queen Mary University of London, 'Evaluation of phone-delivered psychotherapy for refugee children', conducted between 2017 and 2020, investigated an intervention to support Syrian refugee children in Lebanon. It was delivered via mobile phone by trained, local non-specialists.

Despite a small sample size due to recruitment challenges, this study provided useful insights, indicating that the Common Elements Treatment Approach delivered by phone (t-CETA) is a promising scalable approach for providing mental health and psychosocial support (MHPSS) services in emergency situations. The results influenced dialogue and demand among practitioners for t-CETA training and outputs. Learning and tools from the study have been used in programme delivery for two service delivery NGOs in Lebanon, and key stakeholders in the Ministry of Public Health in Lebanon were aware of the findings. Its lessons learned should inform future research projects on similar approaches, although a large-scale randomised controlled trial (RCT) will likely be needed to sustain the impact of this study on humanitarian policy and practice.

Title: Evaluation of Phone-Delivered Psychotherapy for Refugee Children

Location: Lebanon

Study type: Pilot randomised controlled trial

IMPACTS

- Awareness among practitioners of study guidance sheet on telephone psychotherapy, with demand during the pandemic
- Médecins du Monde has integrated learning about delivering psychological support over the telephone in its routine MHPSS programming
- Key partners collaborated on the development of a new master's course in Global Mental Health at Trinity College Dublin

RESEARCH IMPACT LEARNING

- Role of online communications and tapping into existing practitioner networks for uptake
- Learning about planning and executing impactful RCTs in humanitarian settings

BACKGROUND



Children exposed to war and displacement are at increased risk of mental health problems including post-traumatic stress disorder (PTSD), depression and behavioural problems. Despite this, there are few accessible evidence-based interventions. Barriers include transport challenges, lack of childcare and fears of safety when travelling. Most Syrian refugee families living in settlements in Lebanon have access to a mobile phone, which provides an opportunity for accessing therapy remotely. There is evidence that cognitive behavioural therapy can be administered effectively over the phone to adults, but it is not known whether trained local non-specialists can effectively deliver the psychological treatment to children over the phone in a humanitarian crisis setting. CETA is an existing evidence-based transdiagnostic cognitive behavioural therapy intervention for adults and children, which was identified as an approach that could be adapted for delivery by mobile phone and delivered by trained, local non-specialists for use in crisis settings.

THE STUDY



This study examined whether CETA could be adapted for delivery over the phone (t-CETA) to Syrian refugee children in Lebanon by trained, supervised lay counsellors. It was essential that these counsellors were part of the local community so they could navigate specific sociocultural norms and contexts.

The study examined the effectiveness of the intervention, including feasibility and acceptability to children and their caregivers, access and adherence to treatment, and efficacy in terms of symptom reduction.

It was conducted as a pilot RCT of 20 children aged 9–17 years old presenting with PTSD, anxiety, depression and/or behavioural problems. It compared t-CETA with standard face-to-face treatment in a clinic as the control, and used both quantitative and qualitative research methods, including in-depth interviews. Arabic language versions of research and intervention materials and tools (interview questions, pre-post-measures and manual) were produced as part of the research process.

FINDINGS



The study found that t-CETA was feasible to deliver in humanitarian and resource-limited settings which suggests that it is effective and superior to treatment as usual. It was acceptable to children and their caregivers, as well as the counsellors, owing to its increased logistical flexibility compared with standard face-to-face treatment in a clinic. The intervention overcame access barriers – children receiving t-CETA were more likely to start and complete treatment and less likely to miss sessions. Treatment adherence was improved because phone delivery also reduced the effect of stigma, given that families did not need to visibly attend a clinic. In terms of efficacy, there was a greater decrease in symptoms and problems over the course of treatment in children who received t-CETA compared with standard treatment.

Overall, the findings show that phone-based MHPSS services may be a promising solution for providing mental health support to refugee children in crisis settings. However, the RCT only included a small number of participants. Although a full-scale RCT was originally planned, due to recruitment challenges it was not possible to reach the targeted sample size; many of the over 300 families that were initially interested in treatment had difficulty attending the intake session or dropped out before the baseline assessment, meaning more evidence (particularly on effectiveness of t-CETA) is needed to inform implementation. Lessons learned from this experience are being documented by the study team to inform the research community.



Syrian refugee settlement, Beqaa Valley, Lebanon. Credit: Nour Tayeh, Medecins du Monde France, Lebanon

COMMUNICATIONS AND ENGAGEMENT



The study team was a consortium of several globally renowned institutions, multidisciplinary experts and local humanitarian organisations offering MHPSS services. This consortium represented a wide network with which to disseminate study findings. The study team developed a strong partnership with the Lebanese Ministry of Public Health, whose involvement was essential for introducing the study team to a wider range of local stakeholders.

Online channels were critical to engage audiences, particularly during the COVID-19 pandemic. A reflective blog about the research process and insights from engagement with communities were shared throughout the study, and disseminated via mailing lists targeting humanitarian actors. A key moment was the launch of the practitioner brief *Guidance for the delivery of psychological therapy to children by phone*. This online launch was carefully planned, using key contacts and networks across several channels including media, email to personal contacts and WhatsApp. The guidance document itself was carefully edited and tailored to enable sharing and appeal to practitioners, with a short summary on page 1, and again disseminated via email lists. A press release was produced in the UK and Lebanon to amplify the key messages. A Research Snapshot was also produced and shared by Elrha with its networks.

Additionally, Queen Mary University of London has a web page dedicated to t-CETA and Johns Hopkins University, USA, also highlights the guidance tool created during the study. Tailored presentations were delivered at the International Society for the Study of Behavioural Development (ISSBD) conference in June 2022, the Society for Research in Child Development (SRCD, 2021) and various academic seminars.

UPTAKE AND IMPACT



There was wide awareness of and demand for the findings. The guidance document was downloaded nearly 400 times from various websites and personally requested by several policymakers and practitioners. Influential stakeholders including staff working for UNICEF and the World Health Organization shared outputs with their networks, including global mental health advisors of NGOs. The Mental Health and Psychosocial Support Network included it in its COVID-19 toolkit.

Findings were presented at a webinar in 2021 hosted by Queen Mary University of London, attended by 358 humanitarian practitioners, researchers, policy and decision-makers such as the UN High Commissioner for Refugees (UNHCR) and the Lebanese Ministry of Public Health. A survey of participants revealed that 80% of those who responded said they “plan to offer/recommend more phone-delivered psychological services as a result of this webinar”. The study was featured on the Mental Health Innovation Network website and t-CETA is now listed on its ‘Innovations’ web page.

The project increased knowledge and capacity of partner humanitarian organisations in Lebanon, and informed programme delivery. One of these, Médecins du Monde, has integrated learning about delivering psychological support over the phone in its routine MHPSS programming.

The findings were used by the Ministry of Public Health and informed the delivery of care related to MHPSS in Lebanon. The ministry integrated findings into its phone-based guidance to support mental health needs during the pandemic. However new crisis situations emerging in Lebanon hampered substantive dialogue with policymakers.

“Concerning the t-CETA, we used some of their guidance on phone use as part of the COVID-19 MHPSS response. And there were plans to discuss more however with COVID and then the Beirut explosion things took a completely different turn.”

– Key informant, Ministry of Public Health Lebanon

Study focal points from Johns Hopkins University have applied learning from the study to implement t-CETA in other settings. The study indirectly contributed to development of the research field, as key partners collaborated on developing a new Master’s course in Global Mental Health at Trinity College Dublin and corresponding undergraduate programme at the American University of Beirut. The CETA intervention is now used in at least 11 other countries, including Iraq, Mozambique and Ukraine. Due to the increasing interest in telehealth, the wide use of CETA also points to potential for t-CETA to be scaled up, enabling this study’s learning to be widely applied. Further evidence, including a fully powered trial, may be needed to influence national policy change or scale up in Lebanon and further afield.

RESEARCH IMPACT LEARNING



ROLE OF ONLINE COMMUNICATIONS AND EXISTING PRACTITIONER NETWORKS FOR UPTAKE

Despite challenges with in-person engagement arising from the COVID-19 pandemic, the study team used effective online communication methods to reach key contacts who could champion the guidance note and draw people to their webinar. They tapped into key practitioner-focused networks such as MHPSS.net, facilitating knowledge exchange.

LEARNING ABOUT PLANNING AND EXECUTING IMPACTFUL RESEARCH

The team learned that it is critical to have a clear understanding of the actual and realistic demand for treatment; a qualitative paper on this topic is in revision. Additionally, it is important to consider impact during the planning stage of the project. For example, discussing with operational partners the long-term plans for sustaining and funding an intervention and how the project should integrate with these. Despite the challenges with recruitment, the trial was conducted to a high standard and the lessons learned during the project have been valuable for researchers and implementers.

PARTNERS

Queen Mary University of London; Médecins du Monde; American University of Beirut; Johns Hopkins University; Medical School Hamburg

ABOUT ELRHA

Elrha is a global organisation that finds solutions to complex humanitarian problems through research and innovation. This study was funded by Elrha's Research for Health in Humanitarian Crises (R2HC) Programme which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises.

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R2HC captures detailed case studies through a process that triangulates and validates evidence on uptake and impact. The case study methodology and full version of this summary case study including references are available on request.



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