

Supporting Mental Health and Psychosocial Wellbeing in Migrants and Refugees: Implementation of Group PM+ in Colombia

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About LASER PULSE

LASER (Long-term Assistance and Services for Research) PULSE (Partners for University-Led Solutions Engine) is a \$70M program funded through USAID's Innovation, Technology, and Research Hub, that delivers research-driven solutions to field-sourced development challenges in USAID interest countries. A consortium led by Purdue University, with core partners Catholic Relief Services, Indiana University, Makerere University, and the University of Notre Dame, implements the LASER PULSE program through a growing network of 3,000+ researchers and development practitioners in 74 countries.

Migration context in the city of Barranquilla

- According to the Migration Office in Colombia, there are 145 639 Venezuelan refugees and migrants settled in different communities in Barranquilla, mostly located in marginalized sectors of the city.
- Due to its strategic location, and being the largest city in the Caribbean region, it is highly attractive for refugees and migrants.



One of the most followed routes for refugees and migrants is from Maracaibo to Barranquilla.

Mental Health in migrant and refugee women

According to the Migration Office in Colombia (2022), 51 % of Venezuelan migrants and refugees in Colombia are women.



According to WHO (2019), Venezuelan migrant women also experience high levels of psychological distress due to factors including: grieve and loss, poverty, displacement, exploitation, family conflict, covid-19, GBV.



Many women in Colombia are exposed to trauma and stressful events which increase risk for the development of mental health disorders like depression, anxiety etc.



Profamilia (2020), stated that the mental health needs of Venezuelan migrant women in Barranquilla are high. However, available services are poor.



HIAS COLOMBIA

Action Areas:

COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT



RESPONSE AND PREVENTION TO GENDER BASED VIOLENCE (GBV)



LEGAL PROTECTION

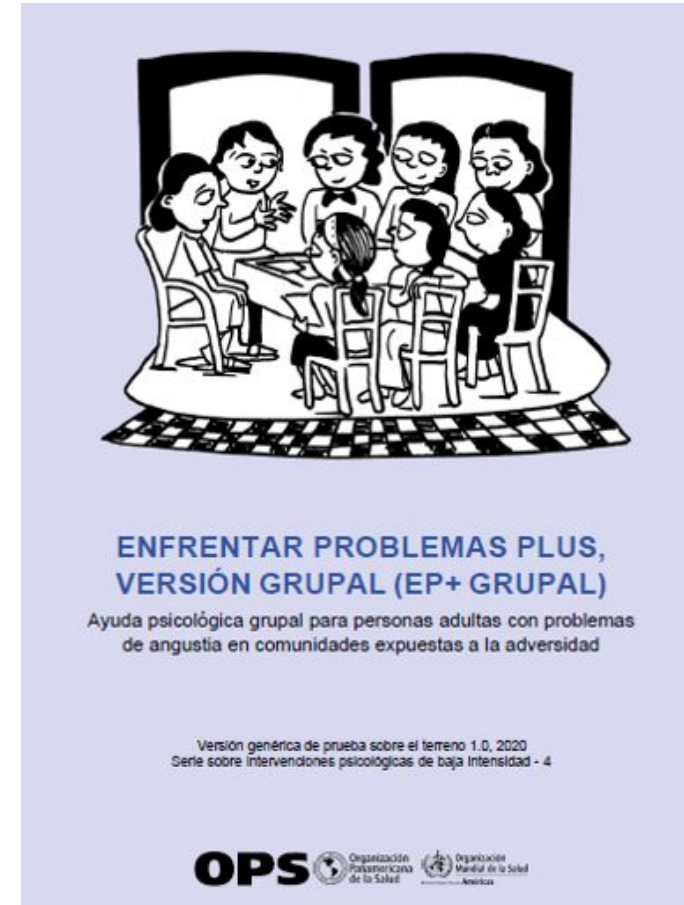


ECONOMIC INCLUSION



What is Group PM+?

- It is a scalable task-sharing psychological intervention that has demonstrated high effectiveness for stress reduction as well as for managing and solving day-to-day problems.
- It can be performed by anyone from health professionals to community workers.
- This may be a valuable strategy to bridge the identified gaps in mental health care.



Adaptation of Group PM+ in Colombia

Research Objective

- Adapt, implement, and evaluate Group Problem Management Plus (Group PM+) with 128 Venezuelan migrant women, returned Colombian women and/or survivors of GBV from the host community in Barranquilla, Colombia.

This research examines the following comparisons:

1. Results from post-intervention data, between the experimental and control groups.
2. PM+ implementation variability between the experimental and control groups.
3. Results obtained from the experimental group (received the intervention) and control group (did not receive the intervention).

Researchers

- ❖ Columbia University
- ❖ The New School for Social Research
- ❖ Universidad Del Norte (COL)

Funders



Implementation Partner



Communities



One of the main informal settlements of Venezuelan migrants in Barranquilla. People do not have access to public services and there is no presence of the local government.



Located in Soledad, a town near Barranquilla. Inhabitants experience severe social and economic vulnerability.



Located to the South of Barranquilla. It is a strategic location due to the presence of health centers, schools and parks. Migrants and refugees have settled in this community in order to access those services.

Formative Research

Group PM+ Manual Adaptation

- Use of colloquial language and common idioms.
- Local stories and examples.
- Redesigned illustrations to portray culturally appropriate examples.



Ilustración original



Ilustración adaptada

Community Advisory Board

- Sharing the project and receiving recommendations from local community leaders



Key informants

Venezuelan, Colombian and host community leaders from the communities.



Participant recruitment

Inclusion criteria:

- Women (18+)
- Venezuelan refugees and migrants with intent to stay at least 3 months.
- History of physical or sexual GBV in the last year.
- Psychological distress

Exclusion criteria:

- Severe cognitive disability
- Severe untreated psychiatric illness
- Moderate to high suicide risk



Facilitator recruitment

Selection criteria:

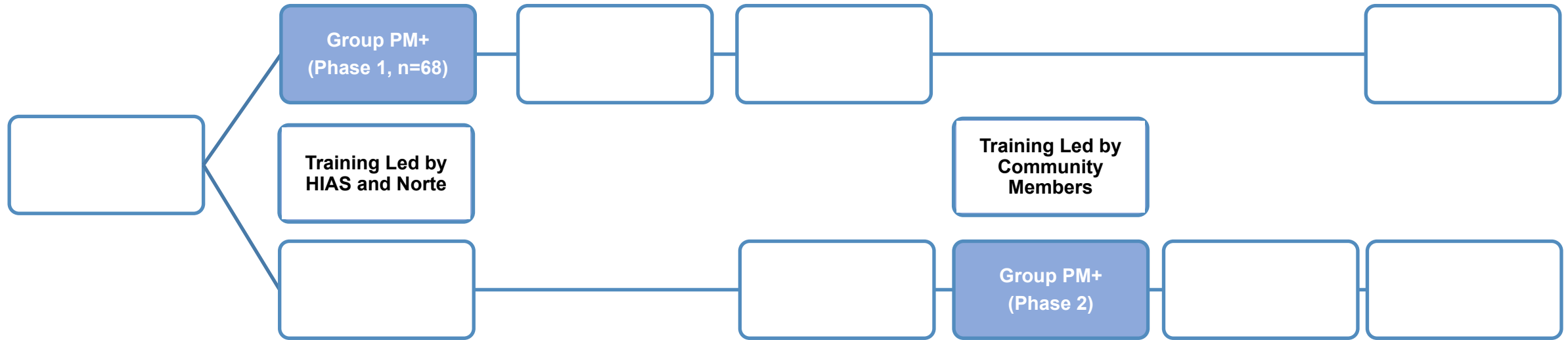
1. Community leadership experience.
2. Community leadership training.
3. Intent to stay and time availability.

16 facilitators were trained to implement Group PM+



After training, practice rounds were conducted through which facilitators strengthened their skills administering PM+.

Study design and outcome measures



Measured Constructs

Screening: General Psychological Distress, Daily Functioning, Suicidality

Baseline, Endline, 3M Follow-up: Depressive Symptoms, General Psychological Distress, Post-traumatic stress Symptoms, current problems, Reducing Tension Skills, Traumatic Events, Identification of GBV, suicidality, Migration-related Distress, COVID-19 related Stress, Alcohol Use.

6M Follow-up: Depressive Symptoms.

128 attended Group PM+



33 was the average age

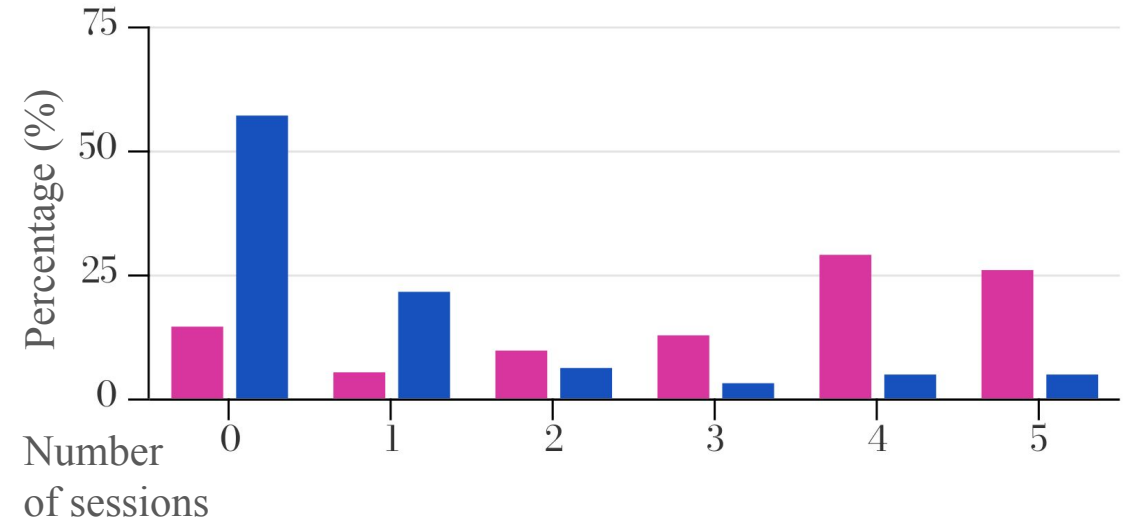
54% were employed (part-time, full-time, freelance)

44% had completed high school or a higher education level

53% were married or in a domestic partnership

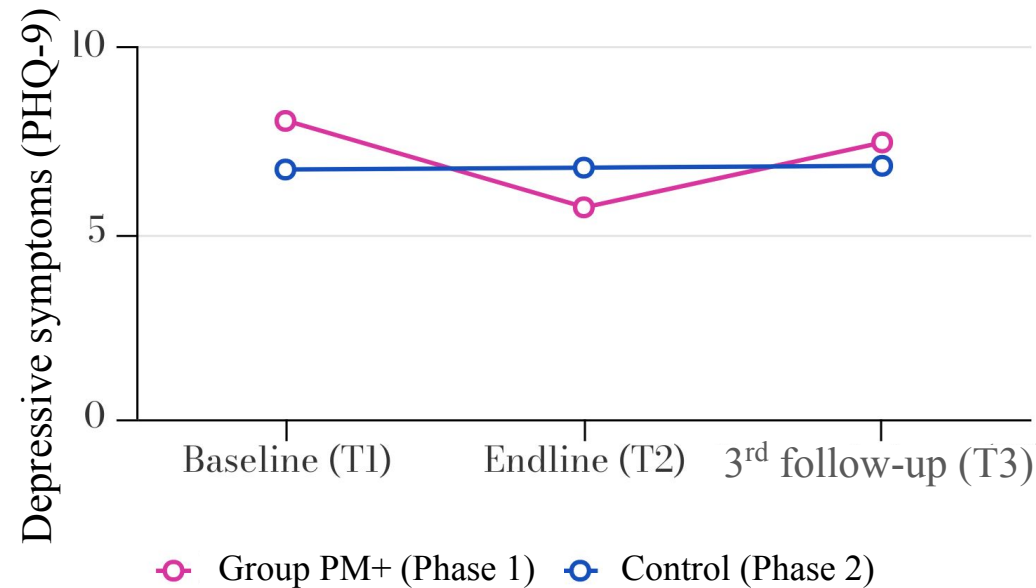
80% had never accessed MHPSS services

Results from the evaluation of the implementation process in terms of participants (attendance, retention)

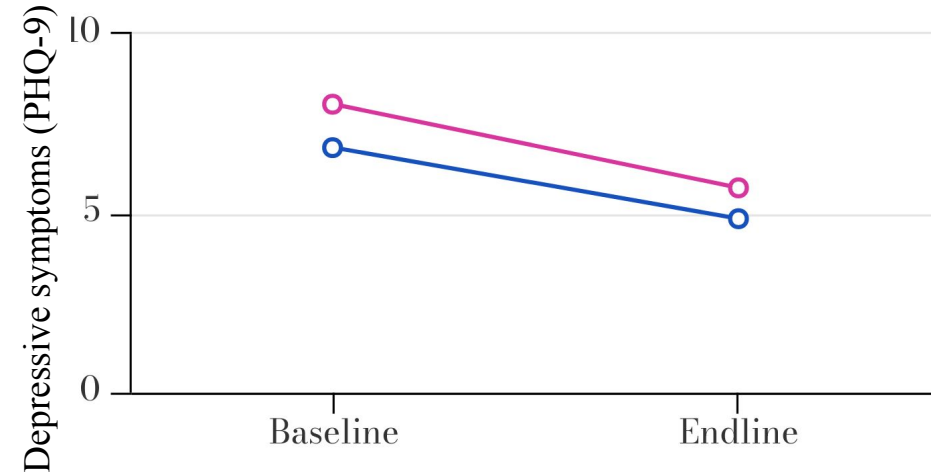


- Phase 1; supervisors/ specialist trainers)
- Phase 2; supervisors/ non-specialist trainers)

Depressive symptoms saw a decline during the intervention, but such decline was not sustained post-intervention

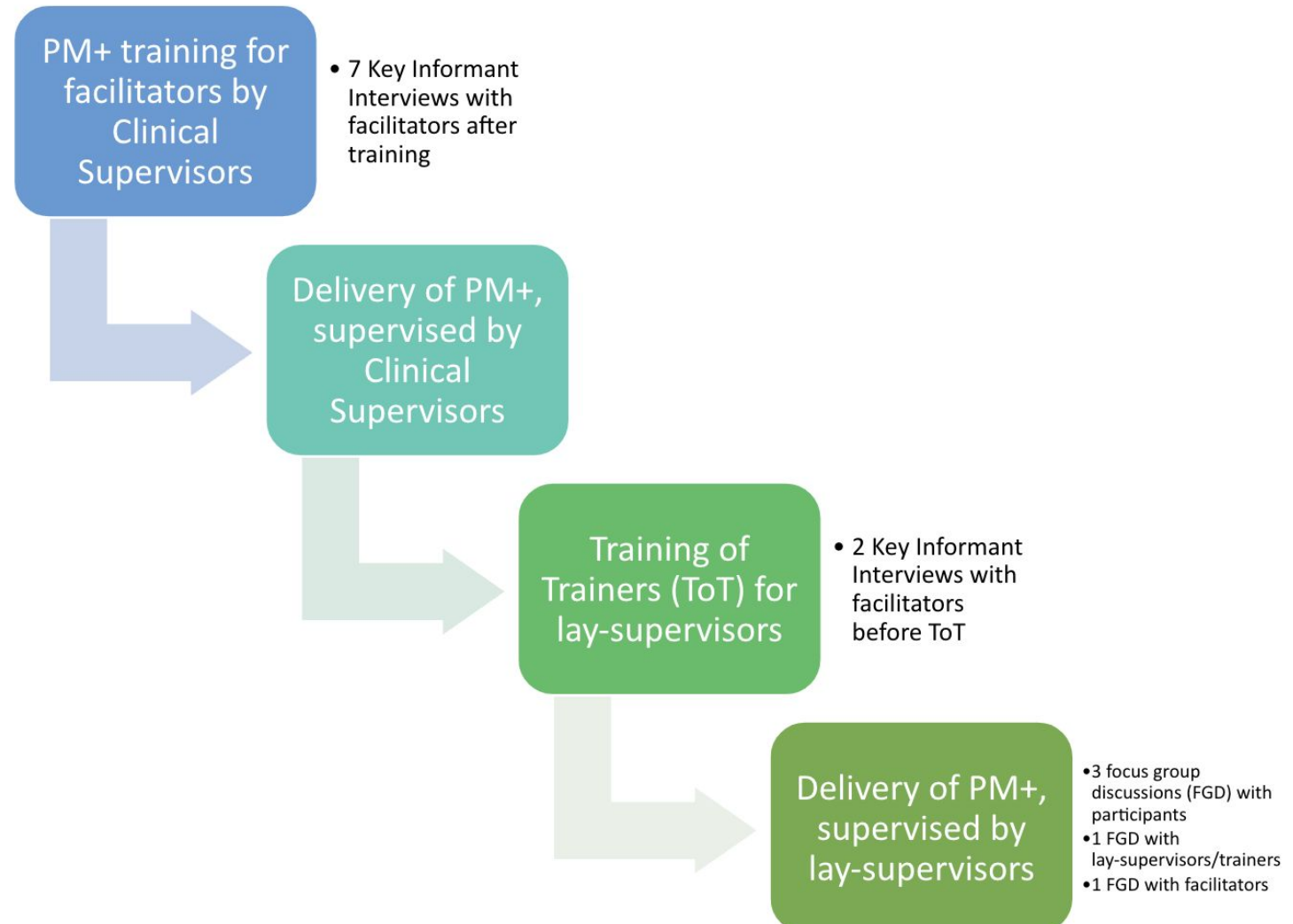


Reduction in depressive symptoms is similar when the facilitators were supervised by specialists versus non-specialist trainers

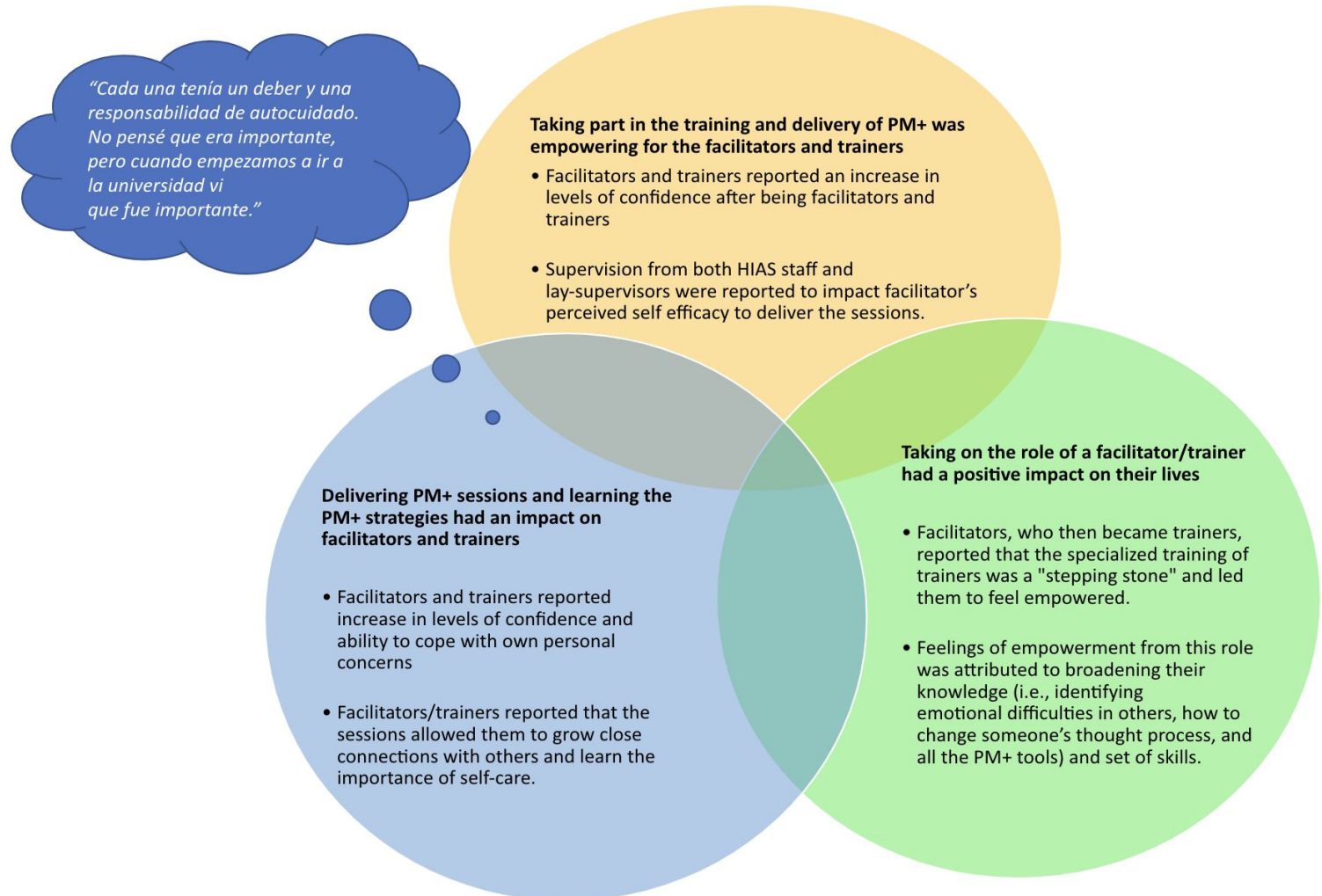


- Group PM+ (Phase 1; supervisors/ specialist trainers)
- Group PM+ (Phase 2; supervisors/ non-specialist trainers)

Summary of the qualitative interviewing process



Impact of training and supervision on PM+ facilitators and trainers



Impact of PM+ on Participants

Though participants reported that they wanted to attend the sessions, inability to find childcare, rainy weather, and finding spaces to hold the group sessions were barriers.

"Tengo a mi otro niño, entonces a veces se me hace difícil, pero la responsabilidad es primero."

Participants reported positive impacts from PM+

Participants reported a decrease in anxiety, being able to "see things more clearly", and an overall decrease in stress.

Participants reported that attending group sessions reduced the stigma that they felt about having relationship issues or feelings of depression.

Strategies of managing stress (deep breathing) and managing problems were especially helpful.

Participants reported that PM+ had positive impacts on their families and communities.

PM+ participants reported better communication skills with spouses and children and managing their anger in their relationships. They noted that this had an immediate positive effect on family.

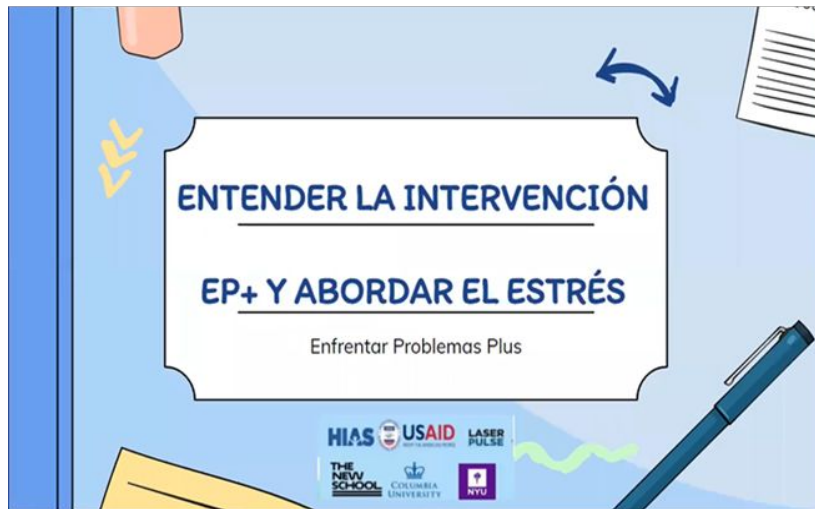
Participants described their communities as vulnerable and both participants and facilitators/trainers reported that they shared the PM+ strategies with others to help them manage their stress.

"A través de la respiración pude aprender muchas cosas, aprender a afrontar ese problema, a conversar con el Señor, a conversar con mi esposo y a mí me impactó mucho y me ayudó demasiado".

"Lo seguiría utilizando no solo para mí y para mi familia, sino para la comunidad (...) uno teniendo los conocimientos, uno le proyecta a ellos que no hay que ahogarse un vaso con agua, que todo problema tiene una solución"

Support materials

- Videos
- Brochures
- PM+ kits
- Bracelets
- Mnemotechnic cards



Summary of Key Findings

- Key adaptations were made to the content and delivery of Group PM+ to better support the local community and serve as a strategy for integrating into other programs
- Non-mental health specialists were effectively trained as facilitators and trainers in Group PM+
- Immediate reductions in depression and PTSD were observed following Group PM+
- Comparable reductions in symptoms of depression and PTSD between the two study conditions were observed.
- Facilitator competencies and fidelity were also comparable between study conditions.
- Findings suggest that Group PM+ implementation quality and effectiveness may be maintained when delivered under routine and sustainable community-based delivery models.

Recommendations and next steps

- It is important to focus on the inclusion of evidenced-based interventions like Group PM+ to offer opportunities for community development at different levels. The challenge is on partnering and engaging public institutions, donors, NGOs and other social organizations to ensure sustainability and cost-effectiveness.
- Service integration is a crucial principle in order to implement interventions like these for migrant populations, given the spectrum of vulnerabilities affecting their quality of life, including food security or GBV.
- Adaptation is a key component of the process. It is crucial to know and be familiar with the context in order to adjust action items to the needs of the community.
- Economic inclusion should be prioritized in future programming because, even when participants found improvement in their wellbeing and solutions to their problems, many of them still face high levels of stress due to instability around their access to basic resources. Additionally, economic inclusion supports ending cycles of violence.
- Group PM+ offers potential as an intervention able to reduce mental health symptoms in the short term and applicable through task-sharing and other scalable application models.

Future Work

- Sustain Ongoing Work and Build Further Capacity
- Broader Dissemination
- Carry out Larger Fully Powered Trial
- Leverage HIAS Network to Connect Regionally
- Explore Ways to Integrate This Work into Other Sectors
 - Livelihood
 - Childcare
 - Political Perspectives
 - Physical Health
 - Digital Tools

THANK YOU