

# MENTAL HEALTH RESEARCH IN HUMANITARIAN AND DEVELOPMENT SETTINGS

What research is most needed to inform work on mental health in international development and humanitarian settings?



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# Key Takeaways

- There are clear research gaps on the efficacy and effectiveness of locally developed and/or adapted mental health services and interventions within low- and middle-income countries (LMICs) and humanitarian settings.
- Evidence-based programs developed in one region may not be culturally or contextually appropriate within another country or context. In some cases, they are shown to be ineffective in such settings.
- Implementation science research in global mental health is limited, with existing evidence focusing on the early stages of implementation, creating concerns and questions regarding long-term sustainability.
- Improved quality of research in LMICs is needed to understand cultural and contextual nuances that influence the efficacy and effectiveness of mental health treatment approaches.

# Promising Approaches



**Support initiatives to build a more comprehensive research infrastructure** in LMICs. This may include funding the establishment of local training programs, research centers, or data collection systems.

у ЭШк Adapt research methods to address challenges in LMICs in international development and humanitarian contexts.

- o Use community-based participatory methods, working closely with local communities to co-create and implement research questions, designs, and methods.
- Support local mental health researchers to lead mental health intervention and efficacy trials.



**Invest in dissemination and implementation research** that addresses the unique challenges, barriers, and facilitators of delivering mental health services within LMICs.

- o Support more comprehensive, locally developed, and well-tested dissemination and implementation frameworks to guide research.
- o Fund research that explores the initial stages of implementation and the unique challenges associated with long-term implementation and sustainability.



Fund or otherwise **support research to increase the evidence base** of mental health prevention and promotion interventions.

- Prioritize funding for research on prevention interventions developed in or modified to fit local contexts and cultures in the Global South.
- Encourage collaborations between community members, practitioners, policymakers, and other relevant stakeholders to increase the quality of mental health prevention and promotion research.
- Include mental health prevention into policy agendas to prioritize and increase the visibility and importance of prevention.



**Promote the development and use of culturally appropriate measures** that are multi-dimensional, assessing well-being in addition to social, emotional, and cognitive functioning.

- Modify existing measurement tools to include culturally relevant items or change response options to align with the community's conceptualization of mental health.
- Support research that tests the psychometric properties of locally adapted or developed measures of mental health.

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# MENTAL HEALTH CONDITIONS ARE A LEADING CAUSE OF DISABILITY WORLDWIDE.

### Introduction

#### Background

Mental health conditions are a leading cause of disability worldwide affecting the overall well-being and functioning of affected individuals. Research documenting the prevalence of mental health conditions around the world and in humanitarian settings has improved over the last decade, yet evidence-based approaches to support the mental health of these individuals are lacking. Moreover, significant gaps in implementation research inhibit the scale-up of mental health policies, programs, and practices. Thus, there is a critical need for research to inform the development, local adaptation, and implementation of effective mental health policies and programs. The purpose of this brief is to identify gaps in global mental health research and offer recommendations for how policies and programs may address pressing research needs in international development and humanitarian settings.

#### **Search Strategy**

The iterative search of PubMed, Google Scholar, PsycNET, and PsycINFO included the following combination of terms: mental health, interventions, effectiveness, implementation, barriers and facilitators, prevention, prevention research, cost-effectiveness, cultural factors, ethical research, research priorities, review, and meta-analysis. Upon review of titles and abstracts, a total of 51 manuscripts, reviews, and meta-analyses were reviewed for this evidence brief. Articles were accessed in English, Arabic, and Spanish and primary authors included citizens of Ghana, Lebanon, Thailand, and India.

## Results

The literature highlights several gaps and opportunities for improving global mental health research, including reliable and culturally valid measurement, rigorous and replicable research designs, dissemination and implementation science, prevention intervention research, cost-effectiveness research, the inclusion of diverse populations in global mental health research, and ethical issues in global mental health research.

Reliable and culturally valid measurement. The practice of measuring the global prevalence of mental health disorders dates to the mid-20th century when public health researchers began assessing the prevalence of mental health conditions and related mortality to inform resource allocation and mental health policy. To quantify psychological conditions across the globe, the World Health Organization (WHO) relies on standardized measurement tools such as the World Mental Health Survey.<sup>\*2-10</sup> These tools, however, rely heavily on Western diagnostic criteria. They do not account for differences in how cultures perceive mental health and the potential for underreporting due to stigma or lack of awareness about mental health. Additionally, mental health is influenced by a combination of environmental, social, and biological factors, and relying on diagnostic criteria limits the understanding of the interplay of cultural and contextual factors that influence well-being.<sup>11</sup>

**Rigorous and replicable research designs.** Mental health research in LMICs has historically been underfunded, and in the cases of humanitarian crises, is often collected in environments of instability which can lead to high rates of attrition and threaten rigorous research methods. Studies comparing the same type of intervention in different settings have found inconsistency in outcomes, which could reflect in part the research design, the outcome measures, or the way a program was delivered. For example, a systematic review of community-based mental health interventions for older adults in LMICs found that variations in outcome measures and delivery (e.g., one-on-one versus a group setting) influenced a program's effectiveness. Similarly, a systematic review of mental health stigma reduction intervention studies identified 55 different scales used to measure 136 diverse outcomes.<sup>12</sup> Taken together, these factors have impeded the establishment of a solid evidence base for many mental health programs and practices.

**Dissemination and implementation science** explores the factors that influence the use of an evidence-based intervention in routine practice.<sup>13,14</sup> Dissemination involves using planned strategies to deliver an intervention to a target audience, where-as implementation explores the process by which an intervention is integrated into a specific setting. There is increasing interest in dissemination and implementation research in global mental health. However, research remains limited due to a lack of trained researchers in dissemination and implementation science, West-ern-focused frameworks, and a limited understanding of adapting dissemination and implementation science theories and frameworks to local contexts.<sup>14–16</sup>

"The World Mental Health Survey includes a set of epidemiologic surveys assessing the prevalence and severity of mental health disorders, treatment and service use, demographic factors (e.g., age, gender, education), social support, stress, quality of life, and functioning (e.g., disability and impairment).

**Prevention intervention research** has historically received little attention in global mental health because the field has traditionally focused on treatment.<sup>17,18</sup> There is a growing body of research examining mental health prevention interventions in LMICs and in humanitarian contexts; however, the evidence remains limited.<sup>19–22</sup> A systematic review in regions affected by humanitarian crises, for example, found a lack of rigorous studies on prevention intervention.<sup>23</sup> Scholars have also noted barriers to prevention research including identifying appropriate measurement tools, lack of infrastructure to conduct high quality research, stigma surrounding mental health issues, and political instability.<sup>21,22,24</sup>

**Cost-effectiveness research** is an understudied area in regions where USAID works. Scholars in diverse disciplines have noted the need for more rigorous monitoring and evaluation of intervention outcomes and cost.<sup>25,26,27,28</sup> The lack of cost-effectiveness research is also perceived as a significant barrier to scaling up mental health services. While there is need for increased research in this area, barriers to conducting cost-effectiveness research include limited availability of data, challenges in measurement, inconsistent study designs, and difficulties estimating the costs of scaling up services.<sup>29,30</sup>



The inclusion of diverse populations in global mental health research is a significant gap. Scholars have long been critical of global mental health research based on the grounds of Western imperialism and other power dynamics. These scholars have called for more work recognizing local knowledge and expertise, including diverse perspectives from marginalized communities, and addressing power imbalances in research funding and scholarship. I 1.31-37 Lack of inclusion of diverse populations such as women, ethnic minorities, or mobile communities limits understanding of mental health conditions, can perpetuate inequalities, can impede innovations, and can stifle the development of interventions to meet the needs of specific populations. Researchers from Western contexts lead and interpret most studies conducted in LMICs. For example, a review of mental health treatments in LMICs found that only 33 percent of first authors (in manuscripts) and 34 percent of all authors, were affiliated with institutions in such countries.<sup>38</sup> Other scholars noted inadequate attention to contextual factors such as sociocultural beliefs and values towards mental health, political instability, economic hardships, historical events (e.g., conflicts or disasters), and religious and spiritual beliefs as significant limitations in global mental health research.

Ethical issues in global mental health research have also gained greater attention in recent years. Previous research has focused heavily on maleficence, avoiding unintentional harms, and ensuring safety. However, a deeper and more aspirational understanding of what works is needed, recognizing the preponderance of ethical conflicts. Some factors that increase the likelihood of unintentional harm include culturally inappropriate interventions, lack of sustainability, and poor or (unintentionally) abusive practices due to limited training, capacity, monitoring, or supervision.<sup>23,39-41</sup> Other ethical considerations in global mental health research include obtaining informed consent, ensuring research does not contribute to further stigmatizing individuals with mental health conditions, and addressing power imbalances between researchers and participants. Ensuring data privacy and security are also particularly important in regions where stigma and discrimination can have significant consequences for individuals, families, and communities.42.43.44

### **Considerations for Global Mental Health Research**

In addition to these gaps and considerations, the literature review also highlighted several key considerations for global mental health research. These considerations include the need for reliable and valid measurement instruments, a greater focus on mental health promotion and prevention, studies on the efficacy and effectiveness of mental health interventions across settings, implementation and dissemination research, support for locally based research, analyses on cost considerations for mental health interventions, and ethical considerations in mental health research in humanitarian settings.

Support locally based research. A potentially useful way to increase sustainability and implementation of scalable interventions is to promote locally based mental health research. Most research in the field of global mental health has come from studies initiated and led by Western researchers. When the driving force of research is not led by local providers or academics, it may be a hindrance to implementation. Promotion of local experts as leaders of studies, and especially implementation trials, may facilitate more sustainable and effective implementation. Service users should also be included in the design and implementation of mental health research. By involving service users in a participatory framework and integrating their feedback into the implementation and assessment of mental health interventions, researchers and practitioners can document and evaluate the impact of mental health programming for different populations, including alternative approaches to implementation and intervention, such as traditional and ancestral healing practices.

**Reliable and valid measurement instruments.** More research is needed to understand the prevalence and incidence of mental health conditions in LMICs. Research efforts should explore the conceptualization of mental conditions across contexts and adapt or create new measurement tools that hold meaning with the population being served. An emphasis

on community based participatory research would enable a robust and relevant knowledge base to emerge. The use of valid and reliable mental health measurement tools would help identify the burden of mental illness in specific populations and inform the development and dissemination of appropriate interventions.

**Mental health promotion and prevention.** Research should aim to understand the role of psychosocial <u>interventions in pro-</u><u>moting mental health</u> and preventing more serious mental health conditions. The field would benefit from studies that examine the mechanisms by which prevention interventions reduce the likelihood of distress. Mechanisms may include building knowledge and awareness, increasing healthy coping and problem-solving skills, enhancing social support, and addressing environmental or social factors such as discrimination, poverty, or social exclusion. Research that measures the risk factors for mental health challenges or issues would significantly enhance our understanding of the effectiveness of mental health prevention and promotion efforts.

**Efficacy and effectiveness of mental health interventions across settings.** There is a need for methodologically rigorous research that examines the efficacy and effectiveness of mental health interventions across international development and humanitarian settings. This research needs to extend to studies of community-based interventions in addition to treatment or biomedical approaches such as psychotherapy or medication management. Measurement outcomes should hold meaning to the study populations, while still being comparable across settings. Emphasis should be placed on projects with well designed, rigorous evaluation components that include implementation science methods to ascertain the efficacy and barriers or facilitators that influence the acceptability and uptake of these interventions.<sup>‡</sup>

**Implementation and dissemination research.** Research is needed to identify implementation strategies for scaling evidence-based interventions in LMICs. Investment in dissemination and implementation research has the potential to address research-to-practice gaps and identify effective implementation strategies in real world settings. These efforts should utilize more comprehensive and well-tested dissemination and implementation frameworks to guide the research. As interventions are scaled, evidence about the long-term implementation and effectiveness of interventions is necessary for overall success. Research should examine both the initial stages of implementation and the unique challenges associated with long-term implementation and sustainability.

**Cost analysis of mental health interventions.** Budgetary constraints and limited human resources impede mental health service provision in LMICs and in humanitarian contexts. Therefore, cost-effectiveness is key to prioritizing interventions and allocating resources. Currently, cost-effectiveness research primarily examines specific treatments of diagnosable mental health conditions, rather than prevention, integrated behavioral health in primary care, or locally developed practices. There is need for

more research on cost-effectiveness and the economic impact of a range of interventions. Additionally, cost-effectiveness research should examine broader societal benefits of mental health interventions, such as gains in productivity and employment. It could also examine the potential reduction of costs in other parts of the economy, for instance in policing criminal activity and child protection. This research can inform decisions on resource allocation and provide information on comparative economic and social gains to be had by providing mental health services.

Ethical considerations for mental health research in humanitarian settings. More research is needed to understand the ethical considerations of global mental health research. Ethical considerations include issues related to understanding informed consent, confidentiality, and the use of local research methods. At their foundation, ethical principles applicable to global mental health research correlate with near-universal standards of informed consent, researcher neutrality and accountability, and ensuring the safety of study participants. However, within the global mental health field, tensions remain between procedural and on-the-ground ethical practice. These tensions include questions related to the operationalization of informed consent, the situational capacity of participants' agency, how best to manage risk, and the role and capacity of institutional review boards to judge the ethical and scientific merit of mental health programs and services research in complex settings. Mental health researchers should engage in considered reflection and documentation of research practices with the aim of promoting discourse around the way ethical principles can be implemented and promoted in research across countries and contexts.44

Increased investment in mental health research in international development and humanitarian settings is crucial for the development and dissemination of effective mental health programs, policies, and practices. Funders, scholars, and policymakers must prioritize research that is relevant and responsive to local contexts. By prioritizing research, stakeholders can promote the development of evidence-based policies and programs that address the burden of mental illness and ultimately support the mental health and well-being of people residing in LMICs and other settings negatively impacted by shocks and stresses.



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