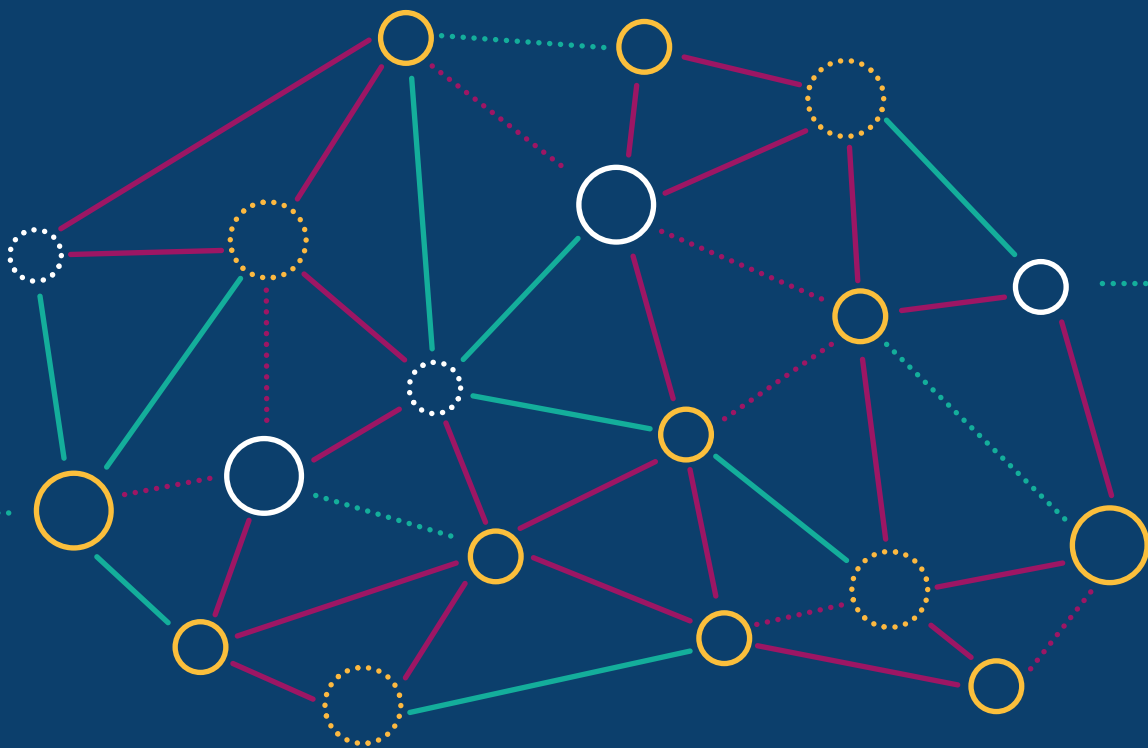




Research for health
in humanitarian crises

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HAS AN INCREASE IN EVIDENCE LED TO CHANGES IN POLICY AND PRACTICE?



Looking back at a decade of
mental health and psychosocial
support research



Reviewing the evidence base on Mental Health and Psychosocial Support (MHPSS)

Background and context

The scope and aims of mental health and psychosocial interventions targeting people affected by humanitarian emergencies are wide. A review in 2010 identified a disconnect between MHPSS research and practice¹. It recognised the urgency to research commonly used approaches that target the broader MHPSS needs of those affected by humanitarian crises, particularly those that aim to prevent distress and promote wellbeing, including community-based interventions. Subsequent recommendations identified a clear need to generate useful evidence that could be immediately translated to MHPSS programming².

Ten years on, Elrha's Research for Health in Humanitarian Crises programme, which has funded several MHPSS-focused research studies, commissioned a review to assess the evidence that has been generated since the recommendations were made. The study, comprising a literature review and a consultation process with key stakeholders, examined how MHPSS evidence generated since 2010 has contributed to the public health evidence base, influenced programming and policy in humanitarian settings, and advanced the research agenda.

This briefing summarises key messages and recommendations emerging from the review. It also suggests potential future directions for MHPSS research-practice collaborations, to ensure that research informs programming and policy in ways that have positive impacts for people affected by crisis.

¹ Tol, W.A., C. Barbui, A. Galappatti, et al. (2011a). 'Mental Health and Psychosocial Support in Humanitarian Settings: Linking Practice and Research.' *Lancet*: London, England 378 (9802): 1581–91.
[https://doi.org/10.1016/S0140-6736\(11\)61094-5](https://doi.org/10.1016/S0140-6736(11)61094-5).

² Tol, W.A., V. Patel, M. Tomlinson, et al. (2011b). 'Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings.' *PLoS Medicine* 8 (9): e1001096.
<https://doi.org/10.1371/journal.pmed.1001096>.



Key Findings

Advances in knowledge:

- In the last 10 years, the body of relevant MHPSS research has increased significantly. During that time, group psychosocial interventions were most commonly researched; followed by family, then community targeted interventions, with individual interventions least commonly researched.
- Gaps in the published evidence were identified on outcomes for children, whole family interventions and evidence of the effectiveness of family-based interventions.
- The broadening in scope and range of research involved a general shift from focusing on mental health disorders and ‘dysfunction’ to using more positive outcome measures of mental health and psychosocial wellbeing and to research that gives greater attention to context.
- There was a common mismatch between study outcomes, and the nature of the intervention being tested, such as measuring symptoms of psychological distress and disorder in programmes intended to be preventive and promotive.
- Few published studies examined long-term impacts of the interventions with follow-up data collection.



Uptake:

- Despite some changes in global policy, instrumental change in policies at the level of national governments in countries affected by humanitarian crises were rarely reported.
- MHPSS practitioners were not highly engaged with either global research or research generated in country settings beyond their own; this was particularly so for those based beyond Europe and North America. Lack of accessibility to research findings and capacity to understand and apply the findings were some reasons given.
- MHPSS implementation research was largely still found to be top-down rather than responsive to needs on the ground.
- However, 81% of practitioners consulted believed that research has driven changes in design or implementation of programmes, while 70% of researchers reported that their research has influenced the knowledge or understanding of policymakers. The review also identified several examples of research uptake and effective MHPSS research-practice partnerships (see Case Studies on page 4). These numbers are only indicative, as this consultation was not large (32 practitioners and 20 researchers); but along with the case studies, may point to some emerging good practices which could be further explored and shared to support development of best practice in research uptake approaches.
- 45% of researchers consulted reported that they do not systematically gather information on the changes that result from their research. Again, while this finding is not conclusive, it indicates that the influence of research on MHPSS practices and policy may not be well documented or captured by researchers.

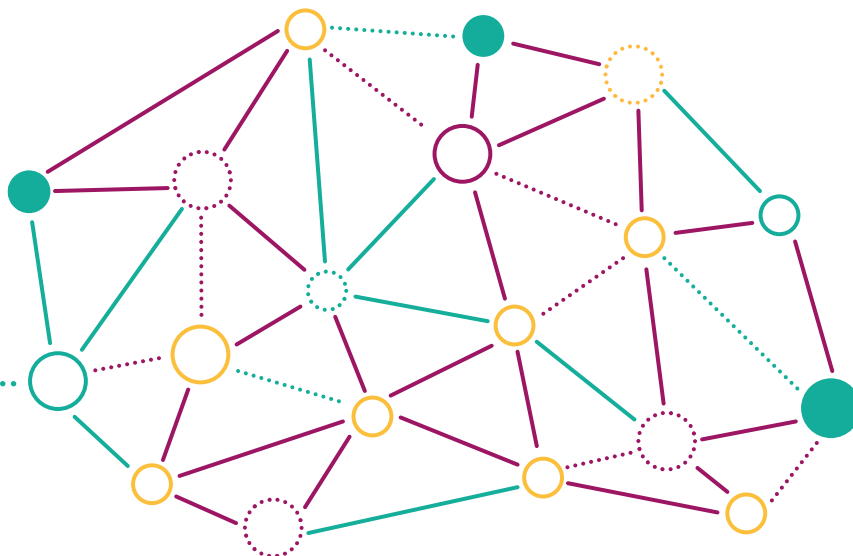


What Next?

Recommendations for the MHPSS research community

To ensure that research over the next ten years delivers positive impact for MHPSS programmes and policies for people affected by crisis, the MHPSS research community, including researchers, practitioners and funders, could consider:

- **Supporting practitioner–researcher collaborations**
that integrate programming with intervention research in crisis settings, so as to understand and address the social determinants of mental health and psychosocial wellbeing within context.
- **Investing in knowledge brokering competencies for researchers.**
Ensure adequate time for uptake activities on research projects, and for monitoring and evaluation of these activities against specified outcomes. This could enable research that delivers more tangible changes to policy and practice.
- **Building knowledge and skills by strengthening platforms and networks**
that foster learning and collaboration and provide country level practitioners better access to ‘translated’ research delivered through, for example, brief summaries, white papers, webinars and blogs.
- **Ensuring flexible/long-term funding**
for these steps to ensure sufficient time for MHPSS approaches to be co-designed, tested in varied crisis contexts, disseminated and translated for uptake, and to build the evidence base to know what works, in which settings and with whom.





Case Studies

MHPSS research advancing humanitarian policy, practice and knowledge

Rethinking child-friendly spaces

Robust evidence on the impact of widely-adopted child friendly space interventions, led to the removal of a specific standard on child friendly spaces in the original Minimum Standards for Child Protection in Humanitarian Action. This was replaced by a standard on group activities for child wellbeing and a shift away from simply establishing ‘spaces’ to tailoring interventions in response to children’s needs.



Scaling up Problem Management Plus (PM+)

PM+, developed by the World Health Organisation, is a short programme that targets symptoms of common mental disorders. The STRENGTHS project is a research-practice collaboration training Syrian refugees to provide PM+ to fellow Syrian refugees in eight countries in Europe and the Middle East and North Africa. As well as evaluating the effectiveness of PM+, the STRENGTHS project is producing evidence on implementation in different contexts and cost-effectiveness, to inform programming and policy decisions.



Improving understanding of mental health needs of refugee youth

Mercy Corps’ ‘Advancing Adolescents’ programme brings together at-risk Syrian and Jordanian youth living in urban communities. A randomised control trial carried out in partnership with Yale University to evaluate its impact informed a range of programme adaptations, produced culturally appropriate tools to evaluate future intervention outcomes, and provided a foundation for Mercy Corps’ global youth development programming.



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The R2HC works to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions.



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The full report on the review with further acknowledgements can be found on at www.elrha.org

