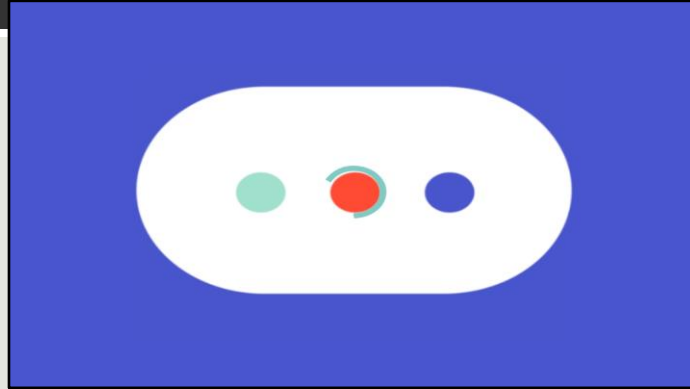


Step-by-Step in Lebanon



خطوة خطوة

Jinane Abi Ramia (PhD Candidate) – National Mental Health Programme,
Lebanon Ministry of Public Health
Dr Ken Carswell (DClinPsy), Department of Mental Health & Substance Use,
World Health Organization, Geneva

Scalable psychological interventions for people in communities affected by adversity

A new area of mental health and psychosocial work at WHO



Psychological interventions that are potentially scalable include modified, evidence-based psychological treatments, such as:

- Brief, basic, non-specialist-delivered versions of existing evidence-based psychological treatments (e.g., basic versions of cognitive-behavioural therapy, interpersonal therapy).
- Self-help materials drawing from evidence-based psychological treatment principles, in the form of:
 - Self-help books
 - Self-help audiovisual materials
 - Online self-help interventions.
- Guided self-help in the form of individual or group programs, providing people with guidance in using the above mentioned self-help materials.

E-mental health



WHO (2015) mhGAP recommendation for depression based on evidence review

"Health care providers can offer different treatment formats of . . . psychological interventions. . . . Different treatment formats for consideration include (a) individual and/or group **face-to-face** psychological treatments delivered by professionals and supervised lay therapists, as well as (b) **self-help** psychological treatment. . . . Self-help psychological treatment may involve information-technology (IT) supported self-help materials and paper-based self-help books."



Potentially scalable interventions

- Problem-Management Plus (PM+)
- Self-Help Plus (SH+) (release in 2021)
- Group Interpersonal Therapy
- Thinking Healthy
- **Step-by-Step**



Collaborating organizations: Step-by-Step

Designing organization:

Developed by WHO in close collaboration with the NMHP-MoPH, Free University Berlin and other partners with the aim of increasing access to mental health care.

Implementing organization:

Ministry of Public Health – National Mental Health Programme, Lebanon, with support from World Health Organization and Embrace

Funding organizations:

Fondation d'Harcourt, Geneva, Switzerland

Elrha – Research for Health in Humanitarian Crises (R2hHC)

Lebanese Background



- Middle-income country, political turmoil
- 6 Mio inhabitants, of which approx. 1.5 Mio are Syrian displaced people*
- **90 percent gap in mental health treatment**
- National Mental Health Programme launched by the Ministry of Public Health in 2014- Lebanese National Mental Health Plan (2015-2020)
- E-mental health is part of the National Mental health Strategy of NMHP

*UNHCR. Syria regional refugee response (Lebanon). 2018

1. Step-by-Step intervention

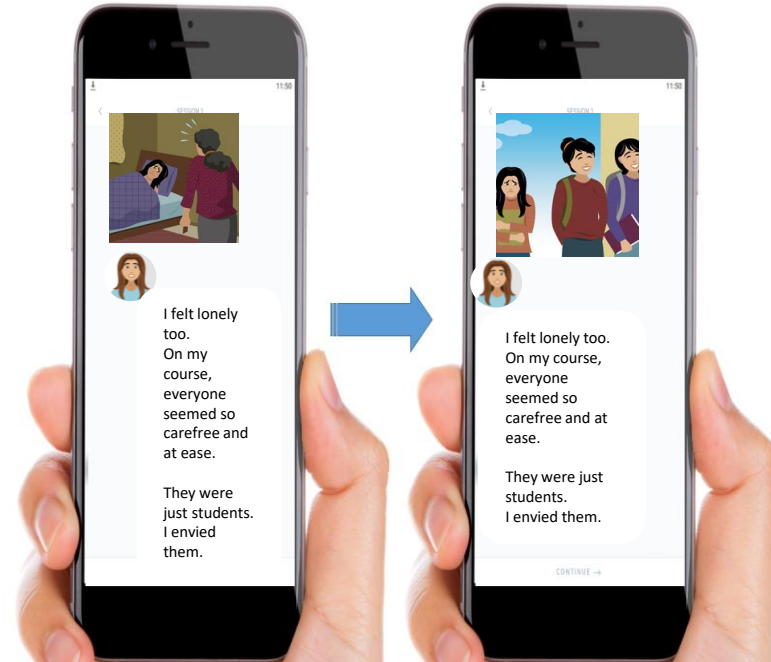


Description:

1. Electronic self-help, story-based intervention for people with depression (website/app)
2. Evidence-based intervention
3. Short, 5 weeks program; story based
4. Minimally guided by trained non-specialists (15min/week)
5. Free of charge
6. Confidential (people can also input fake usernames)
7. Credible (managed by MoPH)
8. Participants get to answer online baseline assessments, and post-assessments 2 months after signing up.

Inclusion criteria are:

- Above 18
- Live in Lebanon
- Literate (English or Arabic)
- Score above the cut-off for depression and anxiety



2. Moving from research to service

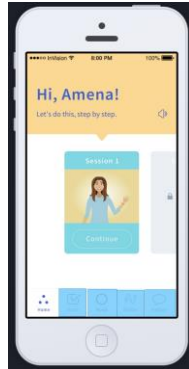
From research to service

2016-17
Version 1
development:
Website



2017-18
Cultural
adaptation-
Uncontrolled
feasibility study &
process evaluation

2018
Version 2
development: app
and website



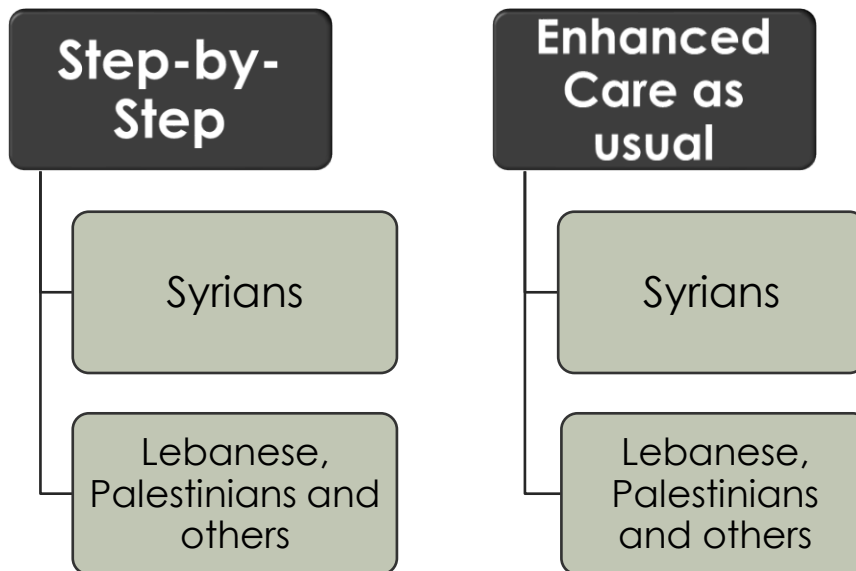
2019
Feasibility RCT &
process evaluation

2019-2020
Definitive RCT

2021 onwards.
Implementation of
the service
development of
sustainability
plan

Definitive RCT design: target number achieved

- Target numbers achieved for RCT
- RCT completed – being written up for publications being written up
- Pre, post and follow up assessment (3 month)
- Primary outcome (post-test)
 - Depression: PHQ-9
 - Functioning: WHODAS 2.0
- Cost-effectiveness analysis



48 Klls comprising of:

- * Intervention and control participants (n= 28)
- 13 stakeholders
- * 7 research team



“During the Beirut explosion, when blood was running on my head, I started breathing slowly. I understand now the importance of these exercises”
(Syrian, Female, Intervention, completer)

Stakeholders

"A friend told me that if she didn't have SBS she would have definitely harmed herself by now or committed suicide"

- **General feedback: positives**
- The app received positively by beneficiaries. Reachable, practical, provides solution to stigma around mental health, e-helpers support is key
- Taps into the growing and important field of E-health
- The app is in Arabic, and there is no other alternative in Arabic that we know about and this is a big plus
- Phone interventions proved essential in the COVID19 pandemic

4. Full scale up into a public national service

Scale up project objectives

Overall long-term objective

- Address the high burden of disease associated with depression symptoms through a potentially cost-effective and scalable evidence-based intervention in Lebanon.

General objectives are to

- improve the mental health of people living in Lebanon
 - develop knowledge to replicate the SBS model in other settings

End of project objectives

- Devise an implementation model for Lebanon for after the project : e.g. ongoing partners, maintenance and financing of Step-by-Step
- Scale up services to reach at least 2400 over 18 month through a usable delivery model (support, recruitment)
- Report and disseminate results: e.g. academic papers; manuals or publications by WHO to support scaling of Step-by-Step

Work Plan



1. Devising a SBS implementation model for during and after this project



2. Reaching 2,400 people in 18 months



3. Reporting and results dissemination

Work Plan



1. Devising a SBS implementation model for during and after this project



2. Reaching 2,400 people in 18 months



3. Reporting and results dissemination

1. Implementation model activities

- **Complete Implementation activities needed to integrate the project in the local context:**
 1. Devise a service implementation model (done) and review this regularly
 2. Identify communication and dissemination strategies for recruitment
 3. Stakeholder consultation (done) and review this regularly
 4. Implement service with the aim of delivering to up to 2,400 people (duration of project)
 5. Funding, support and sustainability (through duration of project)

- Managed by the NMHP and hosted by a local partner NGO (Embrace) that operates the National Hotline for Emotional Support and Suicide Prevention in close coordination with the NMHP.

- Implementation science approach to be supported by VU University and use of different paradigms and tools (e.g. ItFits toolkit)

1. service implementation model

Helper support:

- 10 volunteers or prospective interns (non-specialists)
- Part-time shifts
- Supported by senior e-helper and coordinator

Training and workload:

- 5 days training on emotional/motivational support within the Step-by-Step project-and managing high risk cases
- Fixed number of participants that each e-helper supports on a weekly basis for the entire intervention.
- Supervision, support and fidelity checks for e-helpers
- Range of questionnaires to assess change



2. Identify communication and dissemination strategies for recruitment

Social media strategy:

Social media company updating and boosting posts

Mass media strategy:

TV and radio adverts, programs potentially approached

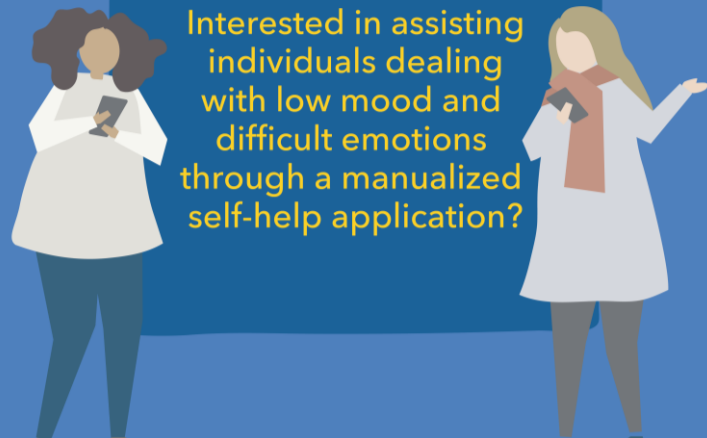
Outreach:

Partnerships (UN, NGOs, MHPSS taskforce, health professionals and institutions, private sector), WhatsApp broadcasting, SMS



Lebanese Republic
Ministry of Public Health
National Mental Health Programme

embrace



3. Stakeholder engagement



Stakeholders' mapping



Stakeholders' meeting



General guidelines developed for potential partners to disseminate and integrate Step-by-Step in their settings



Follow up and monitoring

Work Plan



1. Devising a SBS implementation model for during and after this project



2. Reaching 2,400 people in 18months



3. Reporting and results dissemination

4. Scaling up services for 2400 participants

The service will include a focus on all aspects of implementation such as:

Learning how to provide support through e-helpers

How to disseminate and advertise the intervention

How to integrate Step-by-Step with other services

Collection of implementation science indicators

Work Plan



1. Devising a SBS implementation model for during and after this project



2. Reaching 2,400 people in 18 months



3. Reporting and results dissemination

5. Reporting and results dissemination

To our knowledge, this will be the first e-mental health project to be delivered at scale in a low or middle-income country



It will generate a lot of lessons for other countries.



During this third phase the results will be analysed



Publications prepared which may include academic papers and inclusion in WHO's *Psychological Interventions Operational Manual: integrating psychological interventions in existing services.*

Project phases- milestones and objectives

Project phase	Key milestones	Objective	Proposed completion date (month 1 – September 2020)
I-A	Preparation for implementation	<ul style="list-style-type: none"> - Recruit and equip e-helpers to support SBS service - Update app - Develop communication strategy 	All to be completed by March 2021
I-B	Devising a revised Step-by-Step implementation model	<ul style="list-style-type: none"> - Conduct stakeholder mapping - Develop sustainable plan and financial model 	From month 6 (February 2021) to Month 30 – March 2023, project end)
II	Deliver service for 2400 participants	<ul style="list-style-type: none"> - Scale up service to 2400 participants 	From month 7 - 25
III	Process evaluation	<ul style="list-style-type: none"> - Evaluate the service and disseminate findings 	Months 26 - 30

RE-AIM Evaluation framework

Domain	Expected outcomes	Strategies to support implementation	Indicators	Measurement
Reach	Increased access to adults with impairing depressive symptoms living in Lebanon. Delivery to at least 2,400 participants over a period of 18 months	<ul style="list-style-type: none"> - Devise and implement social media plan - Develop and implement a mass media strategy - Develop and implement an outreach strategy with partners 	<ol style="list-style-type: none"> 1. Indicators for social media reach : <ol style="list-style-type: none"> a. post reach, engagements, views, impressions b. web link clicks c. clicks to download app from pages 2. Indicators for representativeness of population reached: <ol style="list-style-type: none"> a. location of livestream viewers b. total web traffic by location c. demographics (age, gender, nationality, geographical location, educational level, occupancy, marital status) 3. Indicators for dissemination and reproduction of SBS in the Lebanese context: <ol style="list-style-type: none"> a. number of times SBS is mentioned on social media outlets b. number of times SBS is mentioned on mass media outlets c. number of times SBS is mentioned and shared by partners d. answers to "how did you know about SBS" 4. Indicators for target number: <ol style="list-style-type: none"> a. number of visits to landing page b. number of people signed up c. number of people completing baseline assessments d. number of people completing different sessions e. number of people completing post-assessments 	<ol style="list-style-type: none"> 1. Social media analytics- after each post and monthly 2. App downloads and web links after each interview or advertisement and regularly 3. Data on messages shared by partners and other outlets 4. Web analytics and user metrics 5. Comparison of recruitment rates against different dissemination channels and materials

CFIR

	CFIR concepts	Barriers	Strategies
Reach	Intervention characteristics		
	<ul style="list-style-type: none"> • Adaptability • Design, quality and packaging 	<ul style="list-style-type: none"> • Certain components/exercises of the intervention might not be relevant to the current volatile context • Certain population groups might not find it feasible to apply them 	<ul style="list-style-type: none"> • Continuously monitor the changes in the local setting and revisit and adapt the intervention content or support messages to fit the context
	Inner setting		
	<ul style="list-style-type: none"> • Networks & Communications 	<ul style="list-style-type: none"> • Difficulty reaching certain categories of the population through the communication channels (ex. older people, other nationalities residing in Lebanon, etc.) 	<p>Devise and implement social media plan:</p> <ul style="list-style-type: none"> • A social media company will be responsible for boosting and adapting new posts to the new intervention • Encourage users to rate the app and provide reviews <p>Develop and implement a mass media strategy:</p> <ul style="list-style-type: none"> • Approach TVs and radios for dissemination to widen the scope of the reach
	Process		
	<ul style="list-style-type: none"> • Engaging partners and champions 	<ul style="list-style-type: none"> • Partners may not commit to the dissemination activities • Health professionals might be resistant to promoting for the intervention 	<p>Develop and implement an outreach strategy with partners:</p> <ul style="list-style-type: none"> • A network of partners (UN agencies, MHPSS taskforce, NGOs working in the humanitarian response) as well as private companies and universities could help with the dissemination of the intervention and target it towards specific groups • Identify partners and adopters and engage them from the beginning of the pilot implementation phase to get their buy-in • Set up a dissemination plan and implement it through the network of champions (influencers), outreach volunteers, and partners identified • Set a follow-up and monitoring system for the disseminating partners • Conduct outreach activities through the implementing NGO
	Intervention characteristics		

Reach

Implementation

Thank you!

For more information

- **National Mental Health Programme Webpage:**

<http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program>

- **Email:** mentalhealth@moph.gov.lb

Dr. Kenneth Carswell: carswellk@who.int

Ms. Jinane Abi Ramia: jinane.abiramia@nmhp-lb.com



NMHPLebanon



nmhplebanon