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Mehira
MENTAL HEALTH IN REFUGEES AND ASYLUM SEEKERS

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EmpowermentRemote: a pilot project on video-based group psychotherapy for refugees

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Background

- Pooled prevalence rates were estimated at 31.5% for PTSD and 31.5% for depression among refugees and asylum seekers (Blackmore et al., 2020). Compared to general populations, these rates were considerably increased and appeared to be persistent for many years after forced displacement.

- As a consequence, there is an urgent need for effective mental health care in refugee populations. However, scarcity of culture-sensitive treatment options and multiple access barriers to health care for minority groups in Western countries of asylum result in a treatment gap for refugees (Satinsky et al., 2019).

- Western health care systems are in charge of providing low-threshold accessible mental health interventions that are specifically tailored towards the needs of refugees in the post-migration setting. Internet-based interventions could contribute to overcome access barriers and decrease the burden of disease in displaced populations.

- Here, we present a video-based group psychotherapy program named *EmpowermentRemote* for refugees with depressive and stress-related symptoms.
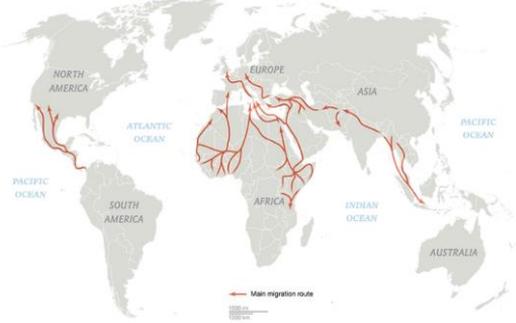

Figure 1: Main migration routes across the globe. Source: UNHCR. Retrieved from https://news.national-geographic.com

Method and Results

- *EmpowermentRemote* is based on the evidence-based therapy manual *Empowerment* (Wiechers et al., 2019) which has been shown to be effective and cost-efficient in a multicenter clinical trial. Refugees are equipped with knowledge and skills to cope with depressive symptoms and stressors of the post-migration environment **(see figure 3)**. Treatment is culturally adapted and provided under support of a professional language mediator.

- In *EmpowermentRemote* groups, we aim to apply the intervention in a video-based setting by reaching out to refugees via tablet or smartphone. Compared to conventional face-to-face group therapy, this allows us to provide treatment to a larger number of patients and reach out to less accessible areas **(see figure 2)**. Major advantages are higher flexibility, independence of location, translator coverage of less frequent languages, and lower travel costs and time.

- A video-based pilot group with 4 participants indicated the feasibility of the concept. Depressive symptoms (PHQ-9), general stress-related symptoms (RHS-15), and trauma symptoms (HTQ) were assessed. Descriptive statistics showed a reduction of symptoms of distress and PTSD, but not depression. If only participants with a stable internet connection and regular participation were considered (n=3), symptom reduction was found on all three scales.
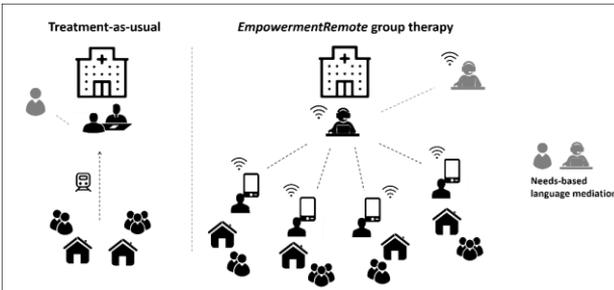

Figure 2. Care model of the *EmpowermentRemote* group therapy vs. Treatment-as-usual

Figure 3. Content overview of the *EmpowermentRemote* intervention

Modules 1-5
Psychoeducation and behavioral activation
✓ Developing a migration-sensitive disease model
✓ Coherence between thoughts, feelings and behavior
✓ Activation of migration specific resources and behavior activation

Modules 6-10
Coping skills
✓ Sleep disturbances and somatic pain
✓ Balancing strain and rest
✓ Competencies in dealing with acute and persistent stress
✓ Mindfulness and relaxation

Modules 11-16
Emotion regulation and relapse prevention
✓ Apperceiving emotions and needs
✓ Functional strategies in dealing with fear, anger, and homesickness
✓ Navigating within the German health care system

Discussion

- Video-based group psychotherapy bears great potential as we can treat a larger number of refugees at lower costs and independent of location or service hours, involve translators of diverse languages, and reduce the risk of SARS-CoV-2 infections in times of the Covid-19 pandemic.

- In a pilot study with four participants, *EmpowermentRemote* showed to be feasible and well-accepted by participants. A stable internet connection and regular group participation appeared to be pre-requisites of a successful implementation in terms of symptom reductions.

- Therefore, we aim to investigate the effectiveness and cost-effectiveness of *EmpowermentRemote* in a multicenter randomized controlled trial (preliminary title: **Int**ernet-based **E**mpowerment **G**roup Therapy for **R**efugees and **A**sylum-Seekers with Common Mental Disorders – **INTEGRA**), and implement the intervention in our routine health care structure to provide culture-sensitive treatment for refugees in times of the Covid-19 pandemic and ongoing worldwide conflicts causing persistent forced displacement.

References

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