Title

0060

by **Ruth Wells** in **Inclusive Health Research 2022**

Original Submission

01/06/2023

1. The Entry	n/a
1 1. Lead organisation or Institution chiefly responsible for submitting this entry	**University of New South Wales, Sydney, Australia**
Registered Address	**Sydney NSW 2052, Australia** **Sydney** **NSW** **2052** **AU**
Type of Organisation	**Academic/research institution**
Website URL	**https://www.unsw.edu.au/**
1.2 Chief Contact Person	**Ruth** **Wells**
Chief Contact Person's Phone Number	n/a
1.3 Name of project or programme	**Caring for Carers: A psychosocial supervision intervention for mental health practitioners**

1.4 Date that the project or programme began	**November 2021**
1.5 Countries in which research / implementation was undertaken	**Bangladesh** **Turkey** **Syrian Arab Republic**
1.6 About partners and collaborators	**Here you should name up to three collaborating organisations and provide a contact email address for each one that you name. We will then send a request for a supporting statement, which will be taken into account in the scoring of this application.**
Partner organisation/institution #1	**Dhaka University**
Type of Organisation	**Academic/research institution**
Website URL	n/a
Partner organisation/institution #2	**Koc University**
Type of Organisation	**Academic/research institution**
Website URL	n/a
Partner organisation/institution #3	**Hope Revival Organization**
Type of Organisation	**Patient Advocacy Organisation**
Website URL	n/a
The Case Study	n/a
1.8 The Title of Your Case Study	**Caring for Carers: Strengthening mental health services for displaced communities living in Syria, Türkiye, and Bangladesh**

1.9 Simple Summary	**There are over 100 million forcibly displaced people worldwide. Mental health problems are prevalent among displaced people. There is a profound shortage of mental health professionals to provide specialized mental health treatment in displacement settings. This precludes access to mental health services and exacerbates mental health problems. The Caring for Carers project aims to strengthen the ethical and quality provision of mental health services in three displacement settings, Northwest Syria, Türkiye, and Bangladesh, through online professional support and skills development. Our community-based participatory research project builds on a decade-long partnership with Syrian and Rohingya community members, mental health practitioners, and activists. Our project design involves regular consultations and discussions with all stakeholders, including co-design and co-delivery of online professional support. We tailored our strategies to address challenges related to inclusive research practice and ensure the meaningful participation of displaced communities as research partners.**
1.10 Introduction	**I am the principal investigator of the Caring for Carers Project, responsible for overseeing all aspects of the research and collaborator partnership activities. Our partners in the project are:** **Prof. Muhammad Kamruzzaman Mozumder, a global mental health scholar and clinical psychologist, Dhaka University, Bangladesh** **Assoc. Prof. Ceren Acarturk, a global mental health scholar and clinical psychologist, Koc University, Türkiye** **Hope Revival Organization, Türkiye, a Syrian-run non-governmental organization providing mental health services to displaced Syrian individuals in Türkiye and Syria** **Our partners are the research leads in the respective settings. They were involved in identifying the needs in each setting and developing the research agenda to ensure the quality provision of mental health services for the displaced communities. They lead the design, delivery, and dissemination of the research. In addition, they are in charge of overseeing day-to-day research activities such as data collection, communication with partner organizations, and the delivery and design of the supervision program.**
1.11 Key Words	**Syrian displaced communities, Rohingya displaced communities, mental health practitioners, online supervision, Northwest Syria, Türkiye, Bangladesh**
Which category best fits this project or programme?	**Addressing a specific unmet health need**

2. Unmet Health Need Case Study	**These will typically fall in to one of three groups: Group 1: Understanding needs and context Group 2: Designing and conducting research Group 3: Translating research into impact The various suggested sections which follow will not be equally applicable to all groups. We have given an indication of which sections may be most crucial to each but you should use your own discretion and judgement. We are seeking case studies that can be published, so please write your entry assummary, rather than a series of statements addressing the questions. You do not need to repeat information across sections. We do not expect everyone to be able to address all of the questions, as not all will be relevant.**
2.1 Who should benefit from the project or programme? (Applicable to groups 1, 2, & 3)	**Conflict and persecution have led to the displacement of more than 100 million people globally. In this project, we are working with the most deprived communities in three protracted displacement settings: Northwest Syria, Türkiye, and Bangladesh. This project aims to strengthen mental health services for Syrian and Rohingya displaced communities in these settings. We are developing a model and evidence for the effectiveness of online professional support and skills development in the form of supervision to support staff, improve service quality and sustainability.** **Since the onset of civil conflict in Syria in 2011, the Syrian crisis has remained one of the most protracted conflict situations. 13.3 million people were profoundly affected. Of them, 6.6 million sought refuge in neighboring countries, including Türkiye, which hosts the highest number of Syrians. 6.7 million were forced to leave their homes inside the country and currently live in camps in Northwest Syria. Another context of forced displacement is the Rohingya crisis in Myanmar. Rohingya people have endured decades of violence and forced displacement as an ethnic minority in Myanmar, including human rights violations, oppression, and persecution. Since 2017, almost one million Rohingya have fled to the Cox's Bazar district of Southern Bangladesh, wherein they are confined to congested camps with limited access to basic services or the protection of human rights.** **There are substantial unmet mental health needs among both Syrian and Rohingya displaced communities. Conflict-related traumatic experiences and displacement-related stressors adversely impact mental health and increase the risk of developing mental disorders. Yet, there is a profound shortage of mental health professionals to provide specialized mental health treatment in Northwest Syria, Türkiye, and Bangladesh. This precludes access to mental health services and exacerbates mental health problems. Low-intensity, scalable psychosocial interventions delivered by non-specialist mental health practitioners are the most viable option for providing mental health care to displaced communities. They need ongoing support. Supervision is emotional and practical professional support provided to mental health practitioners to improve their skills and well-being. It is the main pillar of ensuring the quality of care provided by those practitioners and the sustainability of psychosocial services. By providing online supervision to the mental practitioners working with Syrian and Rohingya displaced people, this project aims to contribute to and strengthen the ethical and quality provision of mental health services provided to these displaced communities in three low-resource settings.**

2.2. Engagement (applicable to groups 1, 2, & 3)

Our community-based participatory project builds on decade-long partnerships with Syrian and Rohingya community members, mental health practitioners, and activists. The need for the project was identified through this partnership. This work is funded by Elrha's Research for Health in Humanitarian Crises (R2HC) Program between 2021 and 2024. Study activities are coordinated by local universities in Türkiye and Bangladesh alongside a Syrian-run non-governmental organization in Northwest Syria. Our project design involved systematic engagement (focus groups or regular consultation meetings) with stakeholders (service users, practitioners, local NGO managers, ministry of health, UN and WHO mental health working groups, and international NGO leaders) from inception to inform the design and delivery of the supervision program. Based on the insights from our community engagement activities, we have moved from WEIRD supervision (Western Educated Industrialised Rich Democratic) to developing a model for WONDERFUL supervision (Western origin; Opportunities sharing; Needs-based; Decolonial; Exchange of knowledge and skills; Respectful and reflexive; Flexible; Useful; Linking and collaboration).

We have overcome barriers to center the perspectives of Syrian and Rohingya displaced communities. Having a Syrian-run organization as a research partner in the project enables us to ensure the active and meaningful involvement of Syrian displaced people as they lead the project design, implementation, and evaluation in Northwest Syria and Türkiye, in partnership with a Turkish university. However, we encountered significant structural barriers to the inclusion of Rohingya people as active project partners in Bangladesh. Rohingya people are not recognized as refugees by the Bangladesh government. They have no access to paid employment, and engagement in research partnerships is monitored by government officials, precluding the safe sharing of honest feedback. Based on our long-term grassroots community relationships we initiated an informal anonymous Rohingya advisory committee. As such, we managed to include Rohingya people not only as the target group of our project but also equal partners in decision-making.

Considering the restrictions of refugees in employment and engagement, we tailored our strategies to address challenges related to inclusive research practice and ensure the meaningful participation of displaced communities as research partners in three settings. Based on the equity principle to address structural barriers for equal representation, we mutually decided to prioritize the visibility of local partners in project outputs while giving credit to all contributors.

2.3. The Research (Particularly relevant for groups 2 & 3)

Our research addresses a gap in data about the effectiveness of online supervision in humanitarian settings. Our project includes systematic qualitative and quantitative data collection from 100 mental health practitioners over 22 months to evaluate the impact of the online supervision program on well-being and clinical efficacy. We are interviewing n=1,920 displaced Syrian and Rohingya mental health service users to understand how supervision impacts the quality of the service practitioners provide. In Northwest Syria and Türkiye, mental health practitioners are Syrians providing psychosocial support to their community. In Bangladesh, mental health practitioners are Bangladeshi, providing psychosocial services to the Rohingya community, as Rohingya people have restricted work rights.

Our decolonial approach seeks to disrupt assumptions in the fields of psychology and psychiatry that Western expertise on mental health carry greater validity than local understandings of distress. Our participatory research blends local and international knowledge by including Australian and local clinical co-supervisors and builds on local traditions, such as Islamic traditions of reflective group conversations with Imams. We exchange knowledge with local mental health practitioners by including them as researchers and collaborating to develop culturally informed qualitative coding frames to understand the supervision process. Using the community consultation strategies discussed above, we iteratively evaluate our research design, data collection strategies, and delivery of the supervision program.

The current project spans 22 months of data collection, including a 6-month active control period and a 16-month online supervision program. In the active control period, we collected data from mental health practitioners and service users to establish baseline data to compare against the supervision program. This quasi-experimental design enables us to establish intervention effects without needing to deny a control group access to the intervention. Using a standardized service satisfaction measure, we noticed that the Syrian and Rohingya people service users gave consistently high ratings, which did not help us to understand areas for service improvement. With practitioners, displaced service users, and local researchers, we co-designed a new patient experience measure to capture fine-grained aspects of mental health service experiences. The new measure aims to uncover what is actually happening in the session and which aspects service users want to see more or less of. As such, this measure allows us to identify the barriers and enablers to receiving culturally appropriate quality mental health services. We hope this measure can be used in other humanitarian settings to improve service quality.

2.4. Translating to Impact (Particularly relevant to group 3)

We established a research impact team with representatives from all three settings. We co-developed a research impact strategy through which we mapped out the key stakeholders and identified communication strategies specific to each stakeholder group. We conducted information sessions for local and international non-governmental organizations working in the mental health field in three settings to introduce the aim and scope of our projects. Additionally, we conducted a series of workshops to identify the needs and improvement areas in mental health in the displacement context to guide the design and delivery of our supervision program. These workshops targeted multiple stakeholder groups (mental health practitioners, Syrian and Rohingya displaced people, supervisors, and managers in the key organizations) to obtain a comprehensive overview of the enablers and barriers to implementing supervision in the displacement settings.

Organizational policies and managerial support play a vital role in determining the uptake and utilization of project findings. Therefore, we started developing strong relationships with the organizations from which we recruited the practitioners at the very beginning of the project. We organize regular bimonthly meetings to monitor and evaluate our process and exchange ideas to maximize the benefits of the supervision program. We also use these meetings as a platform to discuss the needs of the organizations and potential avenues through that we can provide professional support. Further, we developed strong relationships with key international organizations such as United Nations of High Commissioner for Refugees (UNHCR), International Federation of Red Cross and Red Crescent Societies (IFRC), and World Health Organization (WHO). As the key policy-making bodies, our involvement with these organizations helps expand the visibility and reach of our project in the local settings. They also contributed to the design process of the supervision program. We regularly inform the focal points in these organizations about the phases and progress of our project. Not only do such targeted activities ensure the relevance of our project for the key actors in the field, but also, they increase the acceptability and adaptability of the findings in the long run.

In addition to direct engagement activities, our team members utilize different platforms, such as regional meetings with multiple organizations and training programs to disseminate project updates and expand our network.

2.5. The Future (Applicable to groups 1, 2, & 3.)	**Our ultimate goal is to facilitate the delivery of ethical and quality mental health and psychosocial support services for displaced populations in low-resource settings through the integration of supportive supervision for the well-being and clinical efficacy of mental health practitioners. We aim to make supportive supervision one of the priority areas of global mental health research and implementation effort.** **The first is to increase our stakeholder engagement activities to ensure the cultural relevance and appropriateness of our supervision program. The second is to examine the working mechanisms and conditions of the supervision program to extrapolate transferability and adaptability to different settings. The third is to engage in advocacy for community-based mental health research practice in displacement contexts by promoting the utility of community advisory groups.**
4. The Prize Fund	**We initiated an informal advisory committee to ensure the inclusion of the Rohingya displaced community's voice in our project. Yet, this was not initially planned, as we had to tailor our inclusive practice strategies according to the needs and necessities of the Bangladesh context. Therefore, we would like to use the money to ensure the official involvement and sustainability of the advisory committee in our project. To do so, we would like to compensate their time and participation as we do for the rest of our partners to support their dignity and self-determination, which have been obscured over decades.**
5. Your advice to others	**We advise scholars to ask their partners what is needed and how to address the need in the given setting. We advise them to scrutinize the context in which the research is carried out and tailor their inclusiveness strategies based on the idiosyncratic characteristics of contexts. Further, developing a robust monitoring and evaluation mechanism is essential based on ongoing contact and exchange with the target patient group or affected community. This can only be achieved via a creative, co-design thinking process. Then, scholars can revisit their research design and delivery based on accurate community feedback to meet target groups' needs.**
6. Supporting Evidence	n/a
6.1. Funders	**This work is funded by Elrha's Research for Health in Humanitarian Crises (R2HC) Program, which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crisis. R2HC is funded by the UK foreign, Commonwealth and Development Office (FCDO), Wellcome, and the Department of Health and Social Care (DHSC) through the National Institute for Health Research (NIHR). The full title of the project is "Caring for Carers: A psychosocial supervision intervention for mental health practitioners". Th awarded value is £719,712, covering the period between November 2021 and October 2024.** **The website is https://www.elrha.org/project/caring-for-carers-a-psychosocial-supervision-intervention/**

6. 2. Academic/Professional Publications	**The following publications constitute the base of this project.** **Wells, R., Abo-Hilal, M., Steel, Z., Hunt, C., Plested, B., Hassan, M., & Lawsin, C. (2020). Community readiness in the Syrian refugee community in Jordan: A rapid ecological assessment tool to build psychosocial service capacity. American Journal of Orthopsychiatry, 90(2), 212. https://pubmed-ncbi-nlm-nih-gov.wwwproxy1.library.unsw.edu.au/31414849/** **Wells, R., Némorin, S., Steel, Z., Guhathakurta, M., & Rosenbaum, S. (2019). Physical activity as a psychosocial intervention among Rohingya refugees in Bangladesh: a rapid ecological community assessment. Intervention, 17(2), 140. https://www.interventionjournal.org/article.asp?issn=1571-8883;year=2019;volume=17;issue=2;spage=140;epage=148;aulast=Wells**
6.3. Other publications	**The following publication is just submitted to the journal of Social Sciences. All the indicated authors are team members of the C4C project.** **Lekkeh, S., Faruk, O., Jahan, S., Beatar, A., Wong, S., Kurt, G., & Wells, Ruth (submitted). Clinical Supervision Across Australia, Türkiye, Syria, and Bangladesh: From WEIRD to WONDERFUL.**
6.4. Other forms of communication, including conferences	**All of the indicated authors are the members of the Caring for Carers Project.** **Wells, R. Caring for Carers: A virtual psychosocial supervision intervention to improve the quality and sustainability of mental health and psychosocial support in humanitarian crises. Poster presented at 30th European Congress of Psychiatry, April, 2022, online.** **Wong, S., Lekkeh, S., Jahan, S., Faruk, O., & Wells, R. Caring for Carers: A virtual psychosocial supervision intervention to improve the quality and sustainability of mental health and psychosocial support in humanitarian crises. Thematic Session presented at International Society for Health and Human Rights Conference November 21-25 2022, Bogota Colombia.** **Zarate, A., Nemorin, S., & Rohingya Advisory Group. Bringing a Social equity Lens to mental health work. Thematic Session presented at International Society for Health and Human Rights Conference November 21-25 2022, Bogota Colombia.**
6.5 Other Evidence	n/a