

Evaluating Comprehensive Mental Health and Psychosocial Support Services for Vulnerable Refugees in Jordan - September 15, 2013 – Present

Partners: International Medical Corps, Center for Disease Control, Columbia University, Johns Hopkins University

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Background to Project: Since 2003, International Medical Corps has worked with internally displaced, refugee and host populations affected by disasters or armed conflict in the Middle East. With support from U.S. Department of State’s Bureau of Population, Refugees, and Migration (BPRM) and the U.N. High Commissioner for Refugees (UNHCR), International Medical Corps has developed comprehensive Iraqi and Syrian refugee assistance services and activities in Lebanon, Jordan, and Turkey. Refugees are frequently exposed to distressing events prior to, during, and after displacement to host countries and often have multiple and complex needs to access services and opportunities. Therefore, International Medical Corps has integrated comprehensive mental health and psychosocial support services as part of general health care, which includes mental health case management.

International Medical Corps’ Interest in research for this project stems from two core points:

- Our goal to answer questions that can directly contribute to improved programming
- Our goal to contribute to the broader global health evidence base that pertains to our programs

Partnership Aims: This partnership was established to develop and evaluate International Medical Corps’ Mental Health Case Management (MHCM) approach. Specifically, the project aims to 1) evaluate International Medical Corps’ comprehensive mental health service provision programming aimed at refugees and the vulnerable host population in Jordan, and 2) contribute to improved methods and evaluation tools, while advancing the evidence base on comprehensive mental health interventions for conflict affected refugee populations.

Structure & Roles of the Partnership:

Purpose and Activities of Partners	
International Medical Corps (NGO)	<ul style="list-style-type: none"> • Develop comprehensive Mental Health Case Management training package. • Oversee the study, including training of staff, baseline, mid-term, and final surveys among respondents. • Provide technical expertise on mental health programming, and oversee interaction with the population of interest and dissemination of findings among humanitarian community. • Prepare & submit local IRB material • Develop MHCM database
Columbia University (Academic)	<ul style="list-style-type: none"> • Contribute technical expertise in research design, ethical standards for research with human subjects, key research methods, and data analysis. • Prepare & submit IRB material • Advise on selection/validation of measures; mixed methods program evaluation • Consult on program evaluation and data analysis

	<ul style="list-style-type: none"> • Consult with CDC on research methods and data analysis • Partake in review and publication process
Johns Hopkins University (Academic)	<ul style="list-style-type: none"> • Contribute technical mental health & evaluation expertise to support improvement of methods and evaluation tools, through development of a standardized Mental Health Case Management (MHCM) training package and development and piloting of MHCM measurement tools. • Develop methods to select or locally construct outcome measures including a measurement of function impairment. • Establish procedures for evaluation of reliability and validity, in addition to procedures for feasibility and acceptability of assessment. • Produce validated MHCM outcome tools including measurement of ecological functioning
Center for Disease Control (Government Agency)	<ul style="list-style-type: none"> • Advise on research methods (e.g. epidemiological, measures) and data analysis • Support the development of a MHCM database

Reflections on this Partnership:

The progress of this project has mainly influenced by two factors; the high ethical and scientific standards that this project is adhering to, and the complex context of the Syrian crisis response. Over the course of this project there have been many changes and updates in the context that required the research team to revise its methods or investigate its impact on the research design. For instance, the French field hospital (which was going to serve as a site for the control group not receiving IMC MH services) was providing mental health services in Za'tari camp during the proposal writing. However, the French field hospital discontinued its activities in the camp and this required research team to revise methods and look for alternatives to adhere to its rigorous research methods. Similarly, there were new patterns emerged during the early phases of the study, such as increased reported cases of epilepsy, which also required the research team to revise the tools once again. In addition, and to maintain strict ethical measures, this project had to seek local IRB approval in addition to other governmental approvals in order to conduct its gold standard community screening. However, Jordan has limited resources and structures for research oversight, and the scientific research culture is not very well established. The operational working environment for INGOs providing services to refugees has also become more challenging with tightened rules and regulations. This resulted in many difficulties while seeking official approvals and caused several delays for the project.

Key Challenges:

- Aligning academic research and IRB-related timelines with program implementation timing
- Understanding the research culture in the host country and adapting to gaps in ethical and procedural standards
- Shortage of human resources that is qualified and experienced in research at field level
- Receiving timely IRB approval at both field and academic levels
- Supporting all partners in understanding the field level activities and structure of programming and needs of local beneficiaries.
- Supporting academic partners understanding the context of the Syrian crisis, and various economic and political determinants of the humanitarian response in the host country.

Main Achievements to date:

- Adaption of Mental Health Case Management tools
- IRB Approval for at both field and academic levels
- Training and piloting for screening teams in Jordan
- Field teams conducting screening and referring respondents for baseline assessments

Keys to Success:

- Working closely with donors to advocate for research funding that builds an evidence base for mental health services in humanitarian settings.
- Regular coordination between partners, donors and country implementation team. This includes phone calls, update emails and decision making on how to proceed through challenges.
- Recruiting local staff at field level who are highly trained and qualified in research skills, and who understand local community
- Collaborating with academic partners that have experience in mental health research priorities and operational research design; particularly, partners who are familiar with the cultural and societal context at field level.