

Case Study Proposal: Family Focused Psychosocial Support for the mental health of at-risk adolescents in Lebanon

Collaborators

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Research aims

The Arts and Humanities Research Council and Foreign, Commonwealth and Development Office (AHRC-FDCO) Collaborative Humanitarian Protection Research, funded study aims to develop and test a family systemic intervention that can be delivered alongside the existing UNICEF Focused-Psychosocial Support program for at-risk adolescents in Lebanon. There is a small yet growing evidence base for psychosocial interventions in conflict and humanitarian emergencies, however adolescent mental health is often under-researched and drastically under-resourced. Families play a critical role in ensuring adolescent mental health and protection outcomes, yet there has been limited research evaluating family interventions in these settings. Through the development and evaluation of an adjunctive Family Systemic Intervention Module, named the *Sawa Aw2a (Stronger Together) Family Program*, we aim to enhance current humanitarian programming by addressing the child's ecology, while also addressing a significant weakness of the current evidence base for at-risk adolescents and their families in conflict-affected contexts. The participatory, hybrid effectiveness-implementation design ensures that the intervention is optimally contextualised, and suited for wide-scale implementation. Phase 1 of the study involved the development and piloting of Sawa A2wa Family Program, with a randomised-control trial planned for Phase 2.

Research context

Lebanon is a middle-income country facing a devastating economic disaster, and is reeling from a dual explosion in the port of Beirut that ripped through the city killing hundreds, injuring thousands, and displacing hundreds of thousands. Lebanon is the third highest indebted country in the world, and even before the painful devaluation of the local currency, had one of the highest income inequality distributions in the world. In addition, Lebanon has been affected by a refugee crisis, with a government estimated 1.5 million refugees in a total population of around 5.5 million. The majority of refugees come from neighbouring Syria, as well an estimated 450,000 Palestinian refugees. Refugees in Lebanon suffer from poor educational and economic opportunities, socio-economic insecurity, and widespread prejudice and discrimination.

The many social and economic pressures facing displaced and other vulnerable families in Lebanon increases the risk of mental health and child protection issues, through sexual and gender-based violence, domestic violence, child marriage, child labour and recruitment into armed groups. In this context, social and sectarian tensions have risen in response to increased

pressure on already overburdened infrastructures. Despite the predominantly private health care system for which the majority of vulnerable families have no access, Lebanon has strong governmental support for improved child protection and mental health care. The Ministry of Public Health in Lebanon launched the National Mental Health Program in 2014 in partnership with the WHO and UNICEF. In 2015, a 5-year Mental Health and Substance Use strategy for Lebanon 2015-2020 was launched with the aim of reforming the Mental Health System in line with WHO global action plan for Mental Health 2013-2020. There remains a gap, however, in the provision of family and systemic interventions.

Description of the research project

As part of the development of the family systemic intervention module for at-risk adolescents in Lebanon, we conducted a systematic review of family interventions in low and middle income countries, including a grey literature search focused on the Levant region, in which we identified effective family programs but also explored implementation factors, lessons learned, and common practice elements, as well as evidence for key mechanisms of change. We also conducted thirty-two exploratory interviews in the Beddawi area of Tripoli, with adolescents aged 12-17 and their parents. We used a systemic approach to explore multi-level stressors and coping, including positive deviance to identify effective coping at the individual and family level. Finally, we set up Community Advisory Boards and three intervention development workshops with international and local experts to integrate findings into the family program, which was then piloted with 10 families in Tripoli and North Beqa'a. The following are reflections and lessons learned, challenges and successes, of this formative stage.

Research challenges in the context of concurrent crises

Meaningful community involvement

The setting up of Community Advisory Boards (CAB), made up of at-risk adolescents and caregivers from Syrian, Palestinian and Lebanese communities, aimed to provide a participatory mechanism to engage with communities throughout the research and intervention development process, and to ensure the contextual, cultural and linguistic relevance of the research design and the module itself. CAB members informed, among other things, the translation of the program review and interview findings into the module, the validation of measures for pre- and post- assessments, and strategies to engage and communicate with families who would potentially benefit from the program. Feedback from the CABs has been an invaluable source of information that kept the family module grounded in the local context, and ensured the relevance of activities for the population. Several challenges had to be addressed to support this meaningful engagement, including fair compensation, continuation during periods of remote working, and engaging with the whole family.

Compensation for the time and effort of CAB members was challenging due to issues of fairness amongst other community members, raising expectations for compensation for other unrelated activities, or, on the other hand, too little compensation raising ethical concerns of exploitation. In the context of Lebanon, this has been particularly challenging because of the spiralling devaluation of the Lebanese Lira (LL), causing the value of compensation to change on a daily basis. At the start of the project, 1 USD was worth 3,000 LL but it is now closer to 20,000 LL.

Regular revisiting of appropriate compensation amounts has been required, sensitive to the changing context, and the implications for partner NGOs. Rolling consultation with all stakeholders has helped to be responsive to changes in this economic context. In addition, the majority of CAB meetings had to be held online due to COVID-19 containment measures, with challenges of access to internet and technology, privacy, and holding group calls. This was even more challenging as the family-based project required engagement with the whole family. To adapt to the necessity of remote working, our team found that setting up WhatsApp groups with voice-messaging and chat discussions was the most suitable solution, as families could respond when they had access to the internet, and at the convenience of the different family members.

Contextualised use of the existing evidence-base

The systematic review of existing family interventions in low- and middle-income countries found no evaluated family interventions for adolescent mental health in Lebanon, few in the wider region, nor in conflict settings. While this demonstrated the need for our study, it also raised issues of incorporating existing evidence into the family module whilst also ensuring local contextual and cultural relevance. Programs for at-risk adolescents highlighted in the review such as ‘Let’s Talk’ in South Africa, ‘Tuko Pamoja’ in Kenya, or the ‘Family Strengthening Intervention’ in Rwanda, showed good evidence of effectiveness, but were developed in vastly different contexts. Components of existing programs with evidence of effectiveness were therefore carefully reviewed alongside local experts in mental health and child protection, and with the Community Advisory Boards. Content was omitted, adapted or replaced as needed. In addition, core themes that arose from exploratory family interviews on family functioning and coping were incorporated into the module and the training for facilitators, all of which helped to integrate existing evidence with local needs and norms.

Adapting to perpetually changing crises

Specific to the context of concurrent crises, the need to plan flexibly and perpetually adapt has been imperative to adjust to shifts in context. The economic crisis in Lebanon for example, has caused major fluctuations in the value of the LL, impacting on our study in a multitude of ways through staff salaries, compensation, the price of program materials and transport. It has also caused electricity and gas shortages, not to mention widespread protests, road blocks and increased checkpoints. With outbreaks of violence, COVID-19, and the port explosions, the situation is unstable and unpredictable. Conducting research under such conditions is necessary but challenging, and we have needed to respond through realistic and collective planning, careful weighing of all moving parts, and re-visiting decisions and plans with key stakeholders regularly. The other important strategy has been to collect data not just on effectiveness, but on implementation. This is helping us to learn more about feasibility, acceptability, and reach, which can ultimately help to inform the adoption and scalability of the program in this complex setting.

Conclusions

Conducting research on mental health interventions during concurrent crises has many challenges, but many of these can be addressed through meaningful engagement with communities, drawing on local knowledge and lived experiences, and responsive and flexible planning that can be adapted as contextual changes occur.

Recommendations

- Allow time and funding to set up and run a Community Advisory Board as early as possible in the study process in order to build trusting relationships, and to address practical and structural barriers to meaningful communication
- Build-in perpetual contextual monitoring and flexible protocols to quickly respond to changing crises, with attention to participants, staff and institutions