

AB003. Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention

Manaswi Sangraula^{1#}, Jennifer Diaz^{2#},
Alejandra Cid-Vega^{3#}, Aline Martins Lanes³,
M. Claire Greene⁴, Lucy Suchet-Miller⁴,
Natalia Camargo², Valeria Merino⁵, Adam Brown³,
Matthew Schojan⁶, Annie Bonz⁷, Ana Maria Trejos²

¹Department of Psychiatry and Behavioral Health, George Washington University, Washington, DC, USA; ²Department of Psychology, Universidad del Norte, Barranquilla, Colombia; ³Department of Psychology, The New School for Social Research, New York, NY, USA; ⁴Mailman School of Public Health, Columbia University, New York, NY, USA; ⁵HIAS Colombia, Barranquilla, Colombia; ⁶Mental Health and Psychosocial Support Research, HIAS, Silver Spring, MD, USA; ⁷Resilience Projects, HIAS, Silver Spring, MD, USA

#These authors contributed equally to this work as co-first authors.

Correspondence to: Manaswi Sangraula, PhD, MPH. Department of Psychiatry and Behavioral Health, Center for Global Mental Health Equity, George Washington University, 2120 L Street NW, Ste 600, Washington DC 20037, USA. Email: manaswi@email.gwu.edu.

Background: Forced migration heightens risk of mental health conditions, exacerbated by social protection concerns like gender-based violence (GVB). In Barranquilla, Colombia, we adapted and implemented Group Problem Management Plus (Group PM+), a non-specialist-delivered psychological intervention developed by the World Health Organization (WHO). Venezuelan migrant and Colombian host community women were trained to deliver the program to other women. Although there is evidence on the effectiveness of Group PM+, in depth qualitative explorations may provide insight into associated mechanisms and outcomes.

Methods: During phase I, the research team trained community members as Group PM+ facilitators, who

delivered the program to 68 women with moderate distress levels. In phase II, participants from phase I were identified to become trainers of new facilitators. A second community-trained cohort, delivered Group PM+ to 59 women. In-depth qualitative data collection and thematic analysis was conducted, employing semi-structured interviews with key informants and focus groups with participants, facilitators and trainers.

Results: Facilitators and trainers reported increased self-confidence and empowerment as well as positive impact through community connections, helping others, and personal application of strategies. Challenges included environmental conditions, space availability, and childcare. Group PM+ had significant impact on participants' lives, particularly in mitigating anxiety, depressive symptoms and in fostering improved community connections and family dynamics. Psychoeducation reduced stigma around depression, relationship issues, and trauma. A widespread wish to continue Group PM+ and expand access to men, domestic partners, and LGBTQ groups was reported.

Conclusions: Scalable mental health interventions, like Group PM+, delivered by non-specialists address mental healthcare gaps among displaced populations. Individuals without formal training effectively became facilitators and trainers, highlighting task-sharing importance. Future research should examine the sustainability and scalability costs with minimal non-governmental organization (NGO) or academic support, integration into other community services, and potential long-term benefits of Group PM+ and its interaction with other wellbeing factors.

Keywords: Mental health; refugees; scalable mental health interventions; humanitarian response; gender-based violence (GVB)

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Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at <https://jphe.amegroups.com/article/view/10.21037/jphe-2023-apru-ab003/coif>). Ms. Valeria Merino passed away before she could complete the conflict of interest statement. The other

authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). The study was approved by the Ethics Board of Universidad del Norte (#237) and informed consent was obtained from all individual participants.

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