



PROBLEM MANAGEMENT PLUS (PM+)

Individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.1, 2018
Series on Low-Intensity Psychological Interventions - 2



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Preface

There are tens of millions of people in the world who live in extremely difficult circumstances and suffer emotionally. Numerous people live in chronic poverty and live through hardships in urban slums, long-term humanitarian emergencies or in camps for displaced people. They may experience loss of family, friends and livelihoods and may confront extreme stressors such as violent deaths, sexual violence or missing relatives. They often live in communities that lack security, basic services and livelihood opportunities. The term “adversity” is often used to describe such difficult circumstances. People who experience adversity are at greater risk of developing mental health and social problems. They are at greater risk if being impaired by distress. As a result, a range of mental health and psychosocial supports need to be available, including psychological interventions. However, these interventions are rarely accessible to those who need them.

With this manual, the World Health Organization (WHO) is responding to requests from colleagues around the world who seek guidance on psychological interventions for people exposed to adversity. Our mental health Gap Action Programme (mhGAP) recommends a range of psychological and pharmacological interventions by non-specialized care providers. It recommends, for example, cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT) for adult depression. In most countries there are mental health professionals who are expected to offer these psychological interventions. However, these professionals are scarce and too often are not trained in CBT or IPT. There is a need to develop psychological interventions in simplified form so that they can be quickly learned not only by professionals but also by people who are not mental health professionals. We often refer to these simplified, scalable interventions as “low-intensity psychological interventions”, in that their delivery requires a less intense level of specialist human resource use. It means that the intervention has been modified to use fewer resources compared with conventional psychological interventions. People with and without previous training in mental health care can effectively deliver low-intensity versions of CBT and IPT as long as they are trained and supervised. Also, people experiencing severe levels of depression can benefit from low-intensity interventions.

This manual describes a low-intensity psychological intervention called Problem Management Plus (PM+) for adults impaired by distress in communities who are exposed to adversity. Aspects of CBT have been changed to make them feasible in communities that do not have many specialists. To ensure maximum use, the intervention is developed in such a way that it can help people with depression, anxiety and stress, whether or not exposure to adversity has caused these problems. It can be applied to improve aspects of mental health and psychosocial well-being no matter how severe people’s problems are.

The value of PM+ has been confirmed through independent randomized controlled trials in Pakistan and Kenya.

I hope that you will use this manual, after necessary adaptations for your context, and share your feedback with us so that we can further strengthen future revisions.

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Acknowledgements

Project coordination

The PM+ project is coordinated by Mark van Ommeren under the direction of Shekhar Saxena (Director, Department of Mental Health and Substance Abuse).

Writing and conceptualization

This manual has been written by Katie Dawson (University of New South Wales (UNSW)). PM+ has been conceptualized by Mark van Ommeren (WHO), Richard Bryant (UNSW), Katie Dawson (UNSW), Melissa Harper (WHO), Alison Schafer (World Vision International) and Alvin Tay (UNSW).

Review

The following people have reviewed the manual and/or the concept paper that formed the basis for it: Nancy Baron (Psycho-Social Services and Training Institute), Pierre Bastin (International Committee of the Red Cross), Jonathan Bisson (Cardiff University), Dan Chisholm (WHO), Neerja Chowdhary (Sangath), Rachel Cohen (Common Threads), Pim Cuijpers (VU University Amsterdam), JoAnne Epping-Jordan (Seattle, USA), Steve Fisher (Basic Needs), Michelle Funk (WHO), Claudia Garcia-Moreno (WHO), Steven Hollon (Vanderbilt University), Sarb Johal (Massey University), Dayle Jones (WHO), Lynne Jones (Harvard School of Public Health), Mark Jordans (Healthnet TPO), Berit Kieselbach (WHO), Annet Kleiboer (VU University Amsterdam), Roos Korste (Amsterdam, the Netherlands), Aisyha Malik (University of Oxford), Anita Marini (Rimini, Italy), Laura Murray (Johns Hopkins University), Sebastiana Nkomo Da Gama (WHO), Bhava Poudyal (Baku, Azerbaijan), Atif Rahman (University of Liverpool), Alison Schafer (World Vision International), Marian Schilperoord (United Nations High Commissioner for Refugees (UNHCR)), Yutaro Setoya (WHO), Marit Sijbrandij (VU University Amsterdam), Renato Souza (University of São Paulo), Wietse Tol (Johns Hopkins University), Peter Ventevogel (UNHCR), Helena Verdeli (Colombia University), Inka Weissbecker (International Medical Corps), Valérie Wisard (Geneva, Switzerland), Taghi Yasamy (WHO), Bill Yule (King's College London) and Doug Zatzick (University of Washington).

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Testing

The following agencies were partners in testing PM+ through a feasibility and a definitive randomized controlled trial in Nairobi, Kenya: Ministry of Health Kenya; Nairobi City County; University of New South Wales; VU University Amsterdam; WHO, and World Vision.

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