Cultural and Contextual Adaptation of a Problem Management Plus for Afghan Refugees and Asylum Seekers in Greece

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Brief description: This report outlines the steps followed to adapt Problem Management Plus for its use among young and adult (over 16 years) Afghan refugees and asylum seekers across Greece. It presents a series of recommendations for the adaptation of the intervention to be considered when delivering Problem Management Plus in this setting and modifications to the intervention manual to be made by a Dari interpreter.

BACKGROUND

In 2015, 80% of migrants and refugees arriving irregularly in Europe came *via* the Aegean Sea from Turkey to Greece (United Nations High Commissioner for Refugees, 2015). According to the International Organization of Migration, Afghans make up for 39% of the arrivals of displaced populations in Greece (IOM, 2020). Afghan asylum seekers have filed 19.8% of all asylum applications presented to the Greek Ministry of Migration and Asylum since 2013 (Hellenic Republic Asylum Service, 2020). Even after closure of the 'Balkan-route' and the EU/Turkey deal in 2016, data from April 2020 indicates that Afghanistan is the most common nationality of sea arrivals to Greece since the beginning of 2020 (United Nations High Commissioner for Refugees, 2020).

Most Afghans arriving in Greece report conflict and violence as the main reasons for leaving their country (United Nations High Commissioner for Refugees, 2016). The high prevalence of mental health problems among refugees, asylums seekers and conflict affected populations is well documented (Charlson et al., 2019; Close et al., 2016; Fazel, Wheeler, & Danesh, 2005). In addition, post-migration stressors (e.g., lack of social support, isolation, insecurity regarding migration status, reduced housing and employment opportunities) may be more detrimental to mental health than pre-migration stressors and trauma (Gleeson et al., 2020; International Rescue Committee, 2020; Nickerson et al., 2017). Prevalence studies of young refugees and asylum seekers in Europe indicate high levels of PTSD (19.0-52.7%), anxiety (8.7-31.6%), depression (10.3–32.8%) and emotional and behavioural problems (19.8-35.0%) (Kien et al., 2019). Recent reports point to a deterioration of the mental health of persons living in reception centres across Greece following the onset of the COVID-19

pandemic, including PTSD and psychotic symptoms and self-harm (International Rescue Committee, 2020).

Special attention should be paid to the mental health and psychosocial wellbeing of Afghan migrants and refugees in Greece. This should include programmes that address psychosocial difficulties without overlooking cultural values and norms. Based on previous research questioning the cultural sensitivity of psychological interventions and evidence indicating the increased effectiveness of culturally adapted treatments, there is a growing interest on *how* to culturally adapt interventions in low-resource or humanitarian settings (Heim & Kohrt, 2019; Perera et al., 2020; Rose-Clarke et al., 2020).

Problem Management Plus (PM+) has already been adapted to different cultural contexts as it is well described in numerous studies (Coleman et al., 2021; Perera et al., 2020) while it has also been adapted to respond to remote implementation needs as it emerged during the pandemic (McBride et al., 2021). The adaptation in Dari was prioritized at Tdh Hellas since there was no previous work in culturally adapting and contextualizing PM+. Additionally, refugees from Afghanistan are almost 2.5 million according to the United Nation High Commissioner for Refugees (UNHCR, 2021) constituting the second largest refugee population worldwide whose mental health and psychosocial needs largely remain unmet, even in European countries.

This study describes the process of culturally and contextually adapting PM+, for its use among young and adult Afghan refugees and asylum seekers living in camp settings across Greece. This adaptation follows a four-step process previously described (Perera et al., 2020) and

proposes a series of modifications or adaptations to the intervention to make it more compatible with the populations' cultural patterns, meanings and values.

METHODS

Setting

Since 2016, Terre des Hommes has been active in Greece providing services and advocating under the following axes: children and youth in migration, child protection and access to justice for children and youth. Specifically, under the first pillar of action, Tdh Hellas has been providing child and family protection services to asylum seekers, including to unaccompanied children in nine open accommodation facilities, and two safe-zones in total with integrated case management, legal assistance, psychosocial support, interpretation, and support for access to services and provision of essential aid such as clothing, food and hygiene items. Tdh plays a key role in improving protection measures against neglect and abuse of children in Greece, by building the capacity of frontline workers working with refugee children in the areas of case management, child safeguarding, staff wellbeing among others. Advocacy actions to leverage for improvements in the reception and protection of people on the move is among Tdh priorities. Beyond migration, Tdh works closely with state and civil society actors to promote the access of children and young people to a child-friendly justice by establishing the use of restorative justice in cases involving child victims and offenders. This approach focuses on the needs and rights of the victims, the motivations of the offenders and the role of the local community and aims to heal, repair and prevent harm as well as to ensure that people take responsibility for their actions. Lastly, Tdh runs projects for the protection of children from abuse.

Tdh is active in Greece since 2016. More specifically, the following are the main pillars of its current action:

Children and youth in migration

Child and family protection services are provided to asylum seekers, including to unaccompanied and separated children in nine open accommodation facilities, and two safe zones through integrated case management, legal assistance, psychosocial support, and provision of essential aid such as clothing, food, and hygiene items. The PM+ methodology was integrated in Tdh's work at the open facilities for asylum seekers and refugees along with other innovative approaches that are resource-based. Another example is the YouCreate methodology which uses arts to enhance the resilience and social inclusion of vulnerable youth. Tdh also specializes in building capacity among frontline workers in areas related to Case Management, Child Safeguarding, staff wellbeing, etc. with particular emphasis on the COVID-19 context.

Child protection

Tdh plays a key role in improving protection measures against neglect and abuse of children in Greece. Through physical sessions or online seminars (webinars) professionals who work with children or staff members of national authorities and NGOs are trained in matters of protection and safeguarding of children in open accommodation facilities for refugees, in sports clubs and summer camps all over Greece. Tdh goal is to expand the program to schools, medical centres and other facilities that provide services to children.

Access to justice for children and youth

Tdh facilitates the access of children and young people to child-friendly justice and promotes the use of restorative justice in cases involving child victims and offenders. This approach

focuses on the needs and rights of the victims, the motivations of the offenders and the role of the local community. It aims to heal, repair and prevent harm as well as to ensure that people take responsibility for their choices and actions. Tdh projects improve knowledge amongst national actors who work with child-victims and offenders on child-friendly restorative justice. They also empower children by teaching them their rights and by supporting them to advocate for better protection of children in the justice system. As part of Tdh's focus in child and youth care, innovative practices, such as Problem Management Plus, are being studied and used. PM+ intervention at Tdh Hellas has been funded by the Medicor Foundation while crucial partners in the implementation are DRC Greece, IOM Greece and the European Union (DG Home Affairs/ Asylum, Migration and Integration Fund), given that PM+ takes place in the 9 camps and two safe-zones for unaccompanied children where Tdh teams work.

Developed by the World Health Organization, Problem Management Plus (PM+) is a low-intensity psychological intervention for adults and adolescents over 16, suffering from symptoms of common mental health problems (e.g., depression, anxiety, stress or grief), as well as self-identified practical problems (e.g., unemployment, interpersonal conflict) (Dawson et al., 2015). Within Tdh Hellas, the implementation of PM+ is funded by the Medicor Foundation, DRC Greece, IOM Greece and the European Union. The intervention, in individual format, takes place in the nine camps and two safe zones[1] where Tdh Hellas teams work. As part of the intervention, Tdh has officially received approval from WHO to translate and contextualize PM+ for Dari and Farsi speakers. Emphasis is given to the population from Afghanistan for this part of the contextualization process. As part of this programme, PM+ will be provided to 200 young Afghan migrants and refugees (above 16 years old) and adults.

[1] Safe zones are dedicated areas for unaccompanied minors.

Adaptation Process

Building on existing conceptual and theoretical frameworks of cultural adaptation (Applied Mental Health Research Group, 2013; Barrera & Castro González, 2006; Bernal, Bonilla, & Bellido, 1995), a four-step process was applied to adapt PM+ for its implementation in nine open accommodation sites (camps) and two safe-zones for unaccompanied minors in Greece. The four-steps were an adaptation of the four step-process developed by Perera et al. (2020) and the sequence followed was: (1) External evaluations of the unadopted version, (2) Information gathering, (3) Development of adaptation hypotheses and (4) Local consultations through focus group discussions.

First, the unadopted version of the PM+ protocol was assessed by two experts with refugee background; Dari and Farsi speakers, one from Iran and one from Afghanistan who were trained in PM+ and were at the moment providing relevant psychosocial care to refugees and asylum seekers in the urban context. The experts independently reviewed the protocol using the Cultural Relevance Questionnaire (CRQ) (Salamanca-Sanabria, Richards, & Timulak, 2019). Second, a rapid desk review of peer-reviewed and grey literature was conducted following the WHO-UNHCR desk review guidance (Greene et al., 2017). In such a way the review was inclusive, having in mind that a lot of experiences in the refugee field are published in reports of NGOs or other international organizations which are not included under peer reviewed evidence. Among other information, this initial stage sought to understand common problems among intervention populations, coping strategies and explanatory models for mental health and psychosocial problems. As a third step, the protocol was read and screened by two PM+ helpers and two authors (CP, ML) to identify components of the interventions that could be subjected to cultural adaptation across each of the eight components of the Ecological

Validity Model: language, persons, metaphors, content, concepts, goals, methods and context (Bernal et al., 1995). The results of step 3 were then used to develop semi-structured interviews and focus group discussion guides to be conducted with eight Afghan PM+ helpers and six case workers as part of the final step (4). Each interview lasted approximately 2h, was conducted in English and the participants' feedback was summarised by the interviewer using a data collection form during the interview. Each focus group discussions lasted approximately 2h, were conducted online, in English and were audio recorded. The results of step 4 were managed and analysed deductively across the eight dimensions of the Ecological Validity Model (i.e. language, persons, metaphors, content, concepts, methods and context). Written consent was solicited via a consent form and participants were informed that their answers will remain confidential, and that no identifying information would be saved.

RESULTS

At this section the four steps will be presented outlining the process from consulting with external experts from the refugee communities in Greece, to gathering information through various sources, formulating the adaptation hypotheses relating to how Dari speakers approach mental health and specifically the terms related to PM+ and finally testing out these hypotheses in local consultations with members from the refugee communities who had the chance to give constructive feedback and thus contribute in finalizing the report and the suggestions which should be assorting PM+ use in Dari.

Step 1: External evaluations

Experts commented on low literacy among service users, especially among women, which means that instead of writing in the weekly calendar, as per the PM+ methodology, they should be encouraged to draw or find alternative ways of remembering what has been scheduled. This

also means that concepts such as depression have to be explained in different ways (e.g., using pictures or drawings) since it might be the first time some learn about it. An expert suggested to explain the problem management strategy (*Managing Problems*) by using the metaphor of a person that carries wood and gradually let go of some to feel better while another one suggested to explain the behavioural activation strategy (*Get Going, Keep Doing)* by using the metaphor of dominos lines falling slowly. Based on previous experiences, an expert identified that some clients may be resistant to the strategy used to promote social support (*Strengthening Social Support)* and recommended to suggest culturally appropriate ways of strengthening social support (e.g. through a language class) that are also consistent with COVID-19 regulations. The experts discourage suggesting service users to close their eyes during the stress management strategy (*Managing Stress)*, this is particularly inappropriate when the service user is a woman and the helper a man. In addition, for some persons closing the eyes during this strategy might act as a cue to re-experiencing fears about traumatic memories.

Step 2: Information gathering

The consequences of violence have impacted almost all domains of life of Afghan refugees and asylum seekers, have strained family relations, limited educational opportunities, caused insecurity and poor health (Ventevogel, 2016). While family life is frequently seen as a key source of care and protection, poverty, poor family dynamics and loss of family members can turn families into harsh and violent environments (De Berry et al., 2003). Daily stressors have been showed to impose burdens on family relationships, triggering domestic violence, and act as the main predictor of one-year changes in mental health burden (Eggerman & Panter-Brick, 2010). Indeed, gender discrimination and social injustice, unmet basic needs and poverty, continued insecurity and violence, and marriage-related issues have been reported as

detrimental to psychosocial wellbeing and mental health (De Berry et al., 2003). Faith plays a fundamental role in framing life experiences among Afghans. It is a source of strength, perseverance and hope in the face of hardship and uncertainty, at both the individual and family level (Eggerman & Panter-Brick, 2010). Nevertheless, as the abovementioned authors argue, it is important to understand that cultural values can generate both "a sense of coherence and a sense of entrapment" (p. 72). In the example of faith, constituting a value of crucial importance for the Afghan communities, apart from a resource it can also work as a factor contributing to entrapment; feeling powerless over a future which is out of personal control. Feeling powerless over your future might also work as a risk factor for mental ill health which is often followed by stigma and exclusion. Stigma towards mental health problems means Afghans, especially women and girls, may attend health care services with somatic complaints as attending healthcare services is often seen as acceptable (Omidian & Miller, 2006). Afghan men and women vary greatly from each other in the way they express emotional wellbeing and distress. While being publicly sad is not necessarily something shameful for Afghan women. Masculine honour is centred on prowess and endurance of pain without showing it and rather staying outwardly indifferent to their problems.

Step 3: Adaptation hypotheses

Based on the findings from Steps 1 and 2, a series of adaptation hypotheses were put forward and used to develop the interview and focus group discussion guide to be used as in Step 4. These included (1) identifying problems specific to this population (e.g., strained family relations, family separation, migratory status, limited educational opportunities for children, economic difficulties), (2) identifying how people in this community discuss intimate problems and with whom, (3) identifying somatic expressions of psychological distress (e.g.,

'constriction of the chest', 'heaviness' and stomach problems) as well as concepts used to thinking a lot (*'churti'*), being frightened (*'wahmi'*), being nervous or irritable (*'asabani'*), an internal state of emotional pressure and/or agitation, or conversely, of very low energy and motivation (*'fishar'*) and depression (*'afsurdagi'*). In addition, identifying barriers to participation in the intervention, negative and positive coping mechanisms, culturally appropriate interactions during sessions (e.g., forms of addressing each other, eye and physical contact) were put forward for discussion during the interviews and focus group discussions.

Step 4: Local consultations

As it was previously explained, step 4 involved two focus group meetings which involved eight (8) PM+ helpers and six (6) case workers who were members of the Afghan refugee communities in Greece. During these focus group meetings, the adaptation hypotheses were tested, and the participants gave constructive feedback thus helping formulate the final suggestions included in this report. Table 1 presents 37 suggestions of adaptation and contextualisation of PM+ for its use among Afghan migrants and refugees in Greece and the rationale behind each suggestion. The interviews and FGD did not yield any suggestions for changes on the goals of the intervention, the sixth dimension of the Bernal framewor

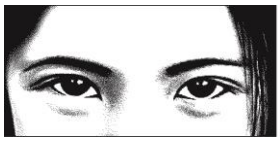
Adaptation tool for PM+ methodology for Farsi/Dari population		
Dimension	**Adaptation**	**Rationale**
Language	○ Use the word *'barnama'* (project or plan) across the manual to refer to the strategies used in the intervention ○ Use the words *'jegarkhon'* for deep sadness, '*narahati'* for sadness and *'ghoseh'* for 'deep sadness in the heart' ○ Use *'fishar'* for adversity ○ Use *'tofan e zehni'* for brainstorming ○ Use *'ehsasat'* for feelings ○ Use the phrases in case studies *bikhi divaneh misham* (literal translation: '*I go completely crazy')* and *'be khoda daram divaneh misham ke che khahad shod?' (*literal translation: '*I swear to God I go crazy, what will happen?')* to include phrases commonly used to express distress and difficulties in understanding their problems and how to solve them. ○ Use the phrase *'dige khaste shodam'* (*'I am tired')*, in case example of *Get Going, Keep Doing* in which the client is expressing hopelessness. Also, '*badbakht shudam'* is a common expression used for feeling 'unlucky' and 'having lost everything'. ○ Use '*preishan hastam'* for sadness and '*tashwish daram'* for worries ○ Change title of intervention to '*moderiate masael'* and change name of the *Managing Problems* strategy accordingly ○ Change sub-heading of intervention to consider also young	The language that is used during the PM+ intervention is of crucial importance. Starting from the title of the intervention it was important that it successfully conveyed the idea of PM+ and then, using proper words in the scripts that are involved in implementation, to accurately explain what PM+ is about. A large part of the discussion involved using the words that best describe mental health and can have a "positive" connotation instead of a "stigmatizing" effect. Additionally, as it is mentioned in the suggestions, phrases in Dari that reflect local wisdom were also included to facilitate the understanding of the intervention.

	adult populations as current sub-headings is referring only to older adults (*'javanan'* – young adults) and (*'bozorgsalan'*, people over 30-35) ○ Use the word '*rawanshenakhti'* to refer to psychological in the sub-heading and *'moshkelate roohi'* throughout the text to refer to mental problems. ○ Add the following phrases to the praising openness phrases: *'khoda bozorg ast'* (literal translation: *'God is great'*) and *'kar e taghdir ast'* (literal translation: *'This is the fortune'*)	
Persons	○ If possible, match older helpers with older clients ○ Prioritise matching the gender of clients and helpers, especially women ○ Give clients the option inviting a trusted family member to the part of the third session where activities for behavioural activation are discussed ○ Consider conducting an introductory session with family of females clients ○ Note in the *Strengthening Social Support* strategy that some women may have more difficulties accessing social support outside of their family due to stigma of discussing difficulties with others ○ Male helpers should limit eye contact when talking to women, especially if they are sharing a very intimate experience ○ In the images of women, remove circles indicating the breasts and use images that portray women in long sleeve shirts or dresses ○ Include images of men for each strategy that portray clear and genuine expressions	○ It may be considered inappropriate for young persons to ask many questions to older clients ○ Women might not feel safe or comfortable to discuss their problems with men. Not being able to match the gender of clients and helper may discourage women to attend the sessions ○ A family member may bring ideas of additional resources for the behavioural activation and strengthening social support strategies ○ Some families might not consider appropriate that female family members spend time talking with someone external to their families about intimate problems. Conducting an introductory session to explain what PM+ is could contribute to women's participation ○ It is considered disrespectful for men to maintain eye contact with women ○ Consider cultural and religious beliefs in the images of the manual ○ Images in the manual depict men as well as women

Metaphors	○ Add a metaphor to explain the *Managing Problems* strategy represented by a rock that is on someone's way and the strategy as small steps they can take to remove it. Alternatively, the helper can explain the importance of working in a small problem representing a person that carries wood and gradually lets go of some to feel better ○ Explain the behavioural activation strategy (*Get Going, Keep Doing)* by using the metaphor of dominos lines falling slowly ○ Adapt metaphors to explain the helper-client relationship according to age: Use the example of a sports coach with younger clients and an example of an English teacher with older clients ○ When helping a client identifying how to strengthen social support, ask about the support they receive or give to neighbours and consider using the phrase '*az sad khuesh yak hamsaye pesh'* (literal translation: *'From 100 relatives, 1 neighbour is nearer'*) ○ Validate clients' problems with asylum applications by comparing it to a game or a class and how they have to go through each level or course in order to complete and how the helpers are working with many clients going through the same level/course as them	○ Increase clients understanding of the strategies and intervention ○ Contribute to matching content to clients' age ○ Acknowledge the strong sense of community within the Afghan culture ○ Help clients understand that others are going through the same situation and that this problems and feelings are common
Content	○ Change case examples of *Managing Problems* and Appendix F to consider the following problems: difficulties with asylum process (e.g., asylum interview, delays or denial of asylum, changes in asylum requirements), health problem, financial difficulties and homelessness	○ These problems were the most common problems identified by clients in previous sessions ○ These are the most commonly reported leisure activities ○ Some clients are sceptic about the *Managing Stress* strategy ○ Contribute to helpers' understanding of common

	○ Consider additional *Get Going, Keep Doing* and Good Reasons to Join PM+ suggestions: going for walks or drinking tea with family or friends, grocery shopping, playing football or volleyball, cycling, dancing, listening to music, drawing, language and sowing classes, putting make up on, volunteering or help neighbours (e.g., cooking, child care, translating documents) but consider the limitations of many activities in the context of the COVID-19 control measures in place at the time of the session. ○ Encourage clients that are sceptic about the *Managing Stress* strategy by explaining how others use it and how it helps them or by exploring how they can include it in the activities they already do to manage their stress (e.g., going for walks or bicycle ride) ○ Add case example to the *Get Going, Keep Doing* strategy focusing on a young male refugee that travelled to Greece alone and is facing challenges with asylum application does not go to any classes or engage in any other activities and does not want to attend the rest of the PM+ sessions because they cannot help him with his asylum application ○ Add following question to the helping skill related to giving advice: If you were to ask this question in a community or family meeting, what would people tell you?	problems within a subset of the population ○ Consider the strong sense of community of many clients and the use of family and community meetings for discussing problems
Concepts	○ Provide examples of confidentiality to explain the concept (e.g., physician-patient privilege or military secrecy)	○ In order for clients to disclose their problems it is important for them to know that the helpers will not share this information with their own

	○ Provide an introduction to the questions on thoughts of suicide, such as: *"There are some questions, that are not my personal questions, I have to ask them to you, I repeat them and ask everyone, so I ask you to remain calm while I ask you about them"*	families, asylum services or anyone else in the community ○ Some clients feel uncomfortable about these questions while others do not take them seriously. A longer introduction to these questions may enable to provide a more accurate answer.
Methods	○ Provide an introduction to the stress management strategy to indicate that some participants have difficulties with this strategy but improves with practice ○ Do not ask women to put their hands on their stomach during the stress management strategy or to close their eyes in front of a man ○ Add two images to *Managing Stress* strategy before starting the breathing exercise to represent a person that is stress and one after the exercise representing a person that feels better and add numbers to each step.	○ Clients may be reluctant to this strategy. Among reluctant participants, helpers can also explore the difficulties with this strategy following the steps of problem management ○ Women might feel uncomfortable doing this in front of someone they do know well
Context	○ Provide helpers with training on the asylum procedures for Afghans in Greece, so they are able to refer clients seeking information ○ Change image of moon in Weekly Calendar	○ Some clients do not speak any language other than Farsi/Dari and have very limited access to information. By having more information of the asylum process, helpers would be able to refer to social workers, camp managers and case workers or provide information leaflets on the process ○ Current image reminds clients of Pakistan's flag and they are distracted by this



Conclusions and recommendations

The development of culturally sensitive prevention and treatment is considered one of the grand challenges of global mental health (Collins et al., 2011). Heim & Kohrt (2019) present sound evidence about an innovative conceptual framework that relates specifically to scalable psychological interventions. In our case, PM+ falls into the abovementioned paradigm as a low intensity psychological intervention. The authors argue that such a framework consists of three main components: (a) cultural concepts of distress, (b) treatment components and (c) treatment delivery. The results presented in this report, relate to the above components. Concrete suggestions on the language that is more culturally relevant, and the choice of words is presented resonating with how mental health is understood among Afghani population as well as addressing idioms that reflect a distressful situation. Additionally, relating to the treatment components, different techniques are presented through a culturally relevant perspective indicating specific suggestions on how these techniques can work more effectively (treatment delivery). For example, while participants reflected on how clients find the *Managing Problems* strategy useful, they also discussed the difficulties many have with *Managing Stress* strategy. This led to a series of suggestions for changes and considerations when presenting this strategy. The most important of these suggestions is for helpers to orient clients to introduce this breathing strategy into the activities they already do to manage their stress.

This study presents suggestions for adaptation identified by Afghan helpers and social workers. We welcome suggestion for adaptations and consideration for providing PM+ in this context. Once the changes have been made the PM+ manual they should be revised by the participants to make sure they reflect the changes they suggested. The final version can then be revised

again by selected experts, as in Step 1 of the contextualization process, and then be disseminated among PM+ helpers. Contextualizing PM+ for Afghan population has been a start in developing a culturally relevant and context-specific tool thus maximizing the potential benefits of the intervention. Limitations should be taken into consideration, such as the mobility of the target population as well as the diversity of the culture and its different variations. Nevertheless, contextualization is an ongoing process that requires constant monitoring and an "open dialogue" among different stakeholders at an international level.

All in all, this report presents an initial work for adapting PM+ intervention to the context of displaced population of Afghan origin. The way to find this report useful, is to also have the translation in Dari of PM+, along with the assorted tools and to use them in the ways that are suggested after the adaptation process. That is to adapt the language in specific parts as well as to take into consideration the appropriate way of delivering PM+ both in training as well as in actual implementation. By describing in clear way, the steps that were taken to adapt PM+ intervention for the abovementioned context it also possible for the readers to be inspired to further work in adapting PM+ to different contexts as well. It's also important to have in mind that displaced population of Afghan origin might also differentiate in terms of needs and approach depending on the host country, the years of stay, their legal status and other important factors that contribute to the MHPSS needs according to existing literature.

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