Mental Health & psychosocial support on Food security & Nutrition and Health security

Mental health and psychosocial support interventions show large effects on PTSD symptoms, self-regulation, and trauma recovery in conflict-affected populations.

Geographical region: Sub-Saharan Africa

Effect: Large effect (g = 0.263)

Confidence assessment: Medium (5 studies with 25 Effect size)

Short Summary
Mental health and psychosocial support interventions, such as FORNET, CBT, STYL, HCUP, and SMI, demonstrate large improvements in PTSD symptoms, emotional regulation, and trauma recovery. Evidence comes from randomized controlled trials, quasi-experimental, and factorial designs conducted in the Democratic Republic of Congo (DRC), Liberia, Rwanda, and Gaza, with sample sizes ranging from 30 to 1,000 participants. FORNET effectively reduced PTSD symptoms, CBT and STYL improved self-regulation, and HCUP promoted trauma healing and reconciliation. SMI stabilized distress but unexpectedly increased PTSD in some participants, indicating that highly traumatized children may require additional targeted support. Overall, these interventions show substantial benefits while highlighting challenges in sustaining long-term outcomes.

Long summary

The Intervention

Mental health and psychosocial support interventions, including Narrative Exposure Therapy (FORNET), Cognitive Behavioral Therapy (CBT), the Socio-Behavioral Transformation (STYL) program, Healing through Connection and Understanding Project (HCUP), and School Mediation Intervention (SMI) employed diverse strategies to address trauma and emotional regulation. FORNET used a three-week workshop focusing on trauma processing, aggression management, and PTSD reduction. CBT emphasized self-regulation, impulse control, and goal setting, while STYL incorporated group therapy, counselling, role-playing, and mentorship. HCUP engaged communities through interactive discussions and experiential activities in biweekly two-hour sessions. SMI promoted conflict resolution, socioemotional skills, and peer-led mediation under teacher supervision. These structured approaches support mental health recovery in post-conflict settings.

How the Intervention is expected to work

Interventions aim to reduce PTSD, aggression, and emotional distress through structured therapeutic techniques that promote emotional regulation, self-control, and coping strategies. Programs also foster community-level healing, reconciliation, and social functioning, enhancing long-term psychosocial well-being.

The Evidence base

The cell includes 11 studies; five primary studies or impact evaluations and three reviews and three ongoing studies. The IES were conducted in the Democratic Republic of Congo (DRC), Liberia, Rwanda, and Gaza, with sample sizes ranging from 30 to 1,000 participants. These interventions were assessed using randomized controlled trials (RCTs), quasi-experimental designs, and factorial designs.

The systematic review includes studies from multiple low- and middle-income countries, with the highest concentration in the DRC, as well as Côte d'Ivoire, Afghanistan, Somalia, Uganda, Kenya, Ethiopia, South Sudan, Rwanda, Thailand, Liberia, and Lebanon**.**

The cell also includes three ongoing studies in Lebanon and Rwanda, authored by Luttenberger Katharina (2023) and Jansen Stefan (2022), along with a qualitative study conducted by Kumar Samhita.

Evidence Findings

Mental health and psychosocial support interventions show large effects on reducing PTSD, improving self-regulation, and supporting trauma recovery. SMI stabilized psychological distress but unexpectedly increased PTSD in some children, highlighting the need for targeted approaches for highly traumatized populations. Long-term effects varied across interventions and contexts.

The review Evidence
Systematic and narrative reviews indicate that interventions, including media and school-based programs, improved family communication, gender awareness, and social inclusion. However, effectiveness varied, with some interventions less successful or even increasing distress, highlighting gaps in addressing broader social and psychosocial needs in conflict-affected settings.

Included studies: The cell includes five impact evaluations. The detailed summary of all included IEs is thus provided below;

Kobach (2017) evaluates the effectiveness of Narrative Exposure Therapy adapted for Forensic Offender Rehabilitation (FORNET) in supporting the rehabilitation of ex-combatants in the Democratic Republic of Congo (DRC). The intervention was implemented in two dissemination stages (DS): in DS1, clinical experts trained local counselors, while in DS2, these trained counselors supervised and mentored a new cohort. The training included a three-week workshop integrating theoretical concepts with practical therapeutic skills. The study targeted adult male combatants with significant trauma symptoms and high aggression levels, excluding those with severe injuries, acute suicidal ideation, or psychosis. A total of 98 demobilized combatants participated, with treatment-as-usual (TAU) serving as the control condition. FORNET significantly reduced PTSD symptoms, with 66% remission at six months compared to 43% in TAU, and complete remission was sustained at 12 months. Depression severity also improved significantly, with lasting benefits. While drug dependence reductions were not statistically significant at six months, remission rates were higher in FORNET (53%) than in TAU (24%), with notable improvements at 12 months. These findings indicate that FORNET is an effective intervention for trauma-related disorders and substance dependence in post-conflict settings, even when delivered by locally trained counsellors. The study is rated medium-high confidence in its findings. The study is rated as High- medium confidence. Regarding outcomes, the study assessed multiple outcomes, including PTSD, depression, drug dependence, appetitive aggression, connection to paramilitary life, and economic reintegration.

Blattman (2017) evaluates the impact of Cognitive Behavioral Therapy (CBT) and the Socio-Behavioral Transformation (STYL) program in reducing violence and improving psychosocial well-being in Liberia. CBT fosters self-regulation, patience, and a non-criminal identity by helping individuals manage emotions, control impulses, and set goals through therapist-led exercises. The STYL program combines group therapy with individual counseling, using role-playing, community engagement, and structured goal-setting, facilitated by former participants as mentors. The study used a randomized 2 × 2 factorial design, assigning 1,000 men to

therapy, cash, both, or neither. Recruitment occurred in three phases, with 25% receiving cash only, 28% therapy only, 25% both, and 22% neither. Compliance was high—98% received cash, and two-thirds attended at least 80% of therapy sessions, though 10% dropped out early, typically those with lower education and self-control.
Findings showed therapy plus cash had the strongest short-term benefits, significantly improving self-regard (0.34 SD, $p < 0.001$) and reducing marijuana and alcohol use ($p < 0.001$, $p = 0.009$). However, these effects diminished after a year, with minimal sustained improvements in depression and hard drug use. While cash reinforced therapy initially, most benefits faded over time, underscoring the challenge of maintaining long-term behavioral change. The study is rated as high-medium confidence.

Hermenau (2013) evaluated Narrative Exposure Therapy for Forensic Offender Rehabilitation (FORNET) through a randomized controlled trial (RCT) in the Democratic Republic of Congo. The study involved male ex-combatants and former child soldiers (ages 16–25) enrolled in vocational training programs, randomly assigned to FORNET or a control group receiving standard treatment. Initially, 58 participants were recruited, but after exclusions and dropouts, the final analysis included 15 matched pairs (30 participants).
Findings showed no significant overall effect, but moderate group differences emerged ($F(3,84) = 2.61$, $p = .036$, $\eta^2 = .09$). The treatment group showed a trend toward PTSD symptom reduction ($t(14) = 1.74$, $p = .052$, $d = 0.58$), while the control group showed no significant change. At follow-up, it showed significantly lower PTSD severity in the treatment group ($F(1,27) = 4.70$, $p = .020$, $\eta^2 = .15$), indicating a large effect size. In addition to PTSD, the study examined social norms related to violence, atrocity aggression, and closeness to combatants, highlighting potential benefits of FORNET in reducing PTSD symptoms over time. The study is rated as high-medium confidence.

Staub (2005) evaluated the Healing through Connection and Understanding Project (HCUP), a community-based intervention in Rwanda designed to promote healing and reconciliation after the genocide. The intervention involved a 9-day training for local facilitators, focusing on understanding genocide, processing trauma, and fostering empathy through lectures, discussions, and experiential activities. Trained facilitators then applied these techniques in their community work. The study used a quasi-experimental 3 × 2 × 2 design with three groups: an Integrated (experimental) group, where facilitators incorporated HCUP training; a Traditional (treatment control) group, where facilitators used their standard methods; and a No-treatment control group, where participants only completed assessments. Conducted in rural Rwanda with 194 participants, mostly female (75%) and Tutsi (61%), the study involved two-hour sessions held twice a week for three weeks. Initially, the Integrated group reported the highest trauma symptoms, but over time, their symptoms decreased significantly, while the Traditional and Control groups showed an increase. By the final assessment (Time 3), the Integrated and Traditional groups had lower trauma symptoms than the Control group, with the Integrated group showing the most improvement. Religious and community-based interventions proved more effective than secular or purely healing-focused approaches. Overall, the study demonstrated that the Integrated intervention was the most beneficial, highlighting the importance of combining healing, reconciliation, and community engagement for effective trauma recovery in post-genocide contexts. The study is rated as low confidence

Peltonen et al. (2012) evaluated the School Mediation Intervention (SMI), implemented by the Gaza Community Mental Health Programme (GCMHP), to address the impact of war violence on children's mental health and behavior. The intervention aimed to enhance peer relationships, manage aggression, provide a safe space for victims, and reduce disruptive behavior through problem-solving and conflict resolution. It also promoted active student participation, with older students serving as mediators under the supervision of teachers.
The study was conducted in schools across the Gaza Strip, involving 225 Palestinian children aged 10-14 years. The intervention group included 141 children from SMI-implemented schools, while the control group comprised 84 children from non-SMI schools. Schools were

randomly selected, and assessments were conducted at baseline (T1) and post-intervention (T2) after 8 months. The study reported an attrition rate of 23.5%, primarily due to relocation, school leaving, or absenteeism. SMI functioned by improving social functioning through a structured mediation process, socioemotional skills training, and psychoeducation on coping strategies. It encouraged students to actively engage in conflict resolution, fostering a supportive and cooperative school environment by enhancing communication, problem-solving, and emotional resilience.
The study found that while SMI did not significantly reduce psychological distress or depression, it helped prevent symptom deterioration. In terms of psychological distress (SDQ scores), the intervention group had a mean score of 16.08 (SD = 4.35) at T2, whereas the control group exhibited a higher distress level (M = 18.12, SD = 4.90), exceeding the clinical threshold ($p = .014$, $\eta^2 = .04$), suggesting that SMI contributed to maintaining mental health stability. Similarly, for depression (CDI scores), the intervention group's depressive symptoms remained subclinical (M = 10.78, SD = 5.55), while the control group's symptoms increased to a clinically significant level (M = 12.78, SD = 6.99) ($p = .024$, $\eta^2 = .03$). However, the unexpected increase in PTSD symptoms in the intervention group indicates that additional targeted interventions may be required to better support highly traumatized children. The study is rated as low confidence.

Overall confidence assessment
Overall confidence is medium, reflecting the large number of included studies, most of which are rated high to medium, with generally consistent effect sizes across studies.

Link to review summaries:
Persson T (2009)
Spangaro Jo . (2021).
Kumar Samhita (2016).
Both the studies may be accessed via EGM.

Other outcomes assessed:
Human security/Intermediate social cohesion outcomes
Violence and atrocity prevention/Social norms regarding violence and atrocities
Violence and atrocity prevention/Nature and scale of violence or atrocities