

## **Effect of Mental Health & Psychosocial Support on Economic Security**

Psychosocial support interventions, including FORNET and CBT, show **a small effect** on economic reintegration, improving financial stability and social reintegration, though long-term gains depend on broader structural conditions.

**Geographical Region:** Sub - Saharan Africa

**Effect:** Small effect ( $g=0.032$ )

**Confidence assessment** = Low (2 studies with 12 effect size)

### **Short Summary**

Mental health and psychosocial support interventions, such as FORNET and Cognitive Behavioral Therapy (CBT), show small improvements in economic reintegration among vulnerable populations. Participants demonstrated enhanced financial stability and social reintegration compared with control groups, with stronger effects observed in later implementation phases and longer follow-up periods. However, sustained economic benefits depended on contextual factors, including security, availability of economic opportunities, and political stability. Persistent challenges such as property insecurity and limited access to capital constrained the long-term impact, highlighting the need for complementary structural measures alongside psychosocial support.

### **Long summary**

#### *The Intervention*

Interventions included FORNET, CBT, and the STYL Program, which focus on emotional regulation, self-control, and development of non-criminal identities. FORNET involved a two-stage training for local counselors and a three-week workshop covering theoretical and practical skills. CBT targeted anger, impulsivity, and maladaptive beliefs, while STYL combined group therapy with mentoring. Techniques such as role-playing, community engagement, and structured goal-setting progressed from basic skills to long-term planning, supporting both psychological recovery and economic participation.

#### *How the intervention is expected to work*

These interventions aim to enhance economic reintegration by improving emotional regulation, decision-making, and non-criminal identity formation. FORNET and CBT address PTSD, aggression, and impulsivity, while STYL reinforces these skills through mentoring and practical exercises. By improving psychological functioning and social skills, participants are better positioned to engage in economic activities and reintegrate into their communities.

#### *The evidence base*

The cell includes three studies; one ongoing study on Liberia by Keleher (2019) & two impact evaluations conducted in post-conflict settings in the Democratic Republic of Congo (DRC) and Liberia. These studies used different methodologies: a quasi-experimental design with staged dissemination of therapy and a  $2 \times 2$  factorial randomised controlled trial combining therapy and cash grants. Both evaluations examined at-risk populations' psychological, behavioural, and economic reintegration outcomes.

#### *The Evidence findings*

Psychosocial support interventions, including FORNET and CBT, enhance economic reintegration by improving financial stability and social reintegration. However, sustaining

these gains depends on addressing broader structural challenges, such as security, economic opportunities, and political stability, which can limit long-term impact.

#### *Included studies*

The cell includes two IEs. The detailed summary is thus provided here.

**Kobach (2017) examines** the effectiveness of “Narrative Exposure Therapy adapted for Forensic Offender Rehabilitation” (FORNET). The intervention was implemented through two successive dissemination stages (DS). In DS1, clinical experts trained local counselors, while in DS2, these trained counselors assumed supervisory and mentoring roles for a second cohort of local counselors. The training program included a three-week workshop that integrated theoretical knowledge with practical therapeutic skills. The study targeted adult male combatants from the eastern Democratic Republic of Congo (DRC) who exhibited trauma symptoms and high levels of aggression, defined as having at least seven PTSD symptoms and endorsing at least seven items on the aggression questionnaire. Individuals with severe physical injuries, acute suicidal ideation, or psychosis were excluded. A total of 98 demobilized combatants participated in the intervention across DS1 and DS2, with treatment-as-usual (TAU) serving as the control condition. The findings revealed that participants in the FORNET group experienced significantly better economic reintegration compared to those in the TAU group ( $t(96) = 2.77, p = 0.004, \text{Cohen's } d = 0.28$ ). Notably, between-group differences in economic reintegration were only significant in DS2 and at the 12-month follow-up for DS1. This suggests that improvements in mental health may support economic reintegration, particularly in a politically stable environment. The study evaluated multiple outcomes, including appetitive aggression, drug dependence, connection to paramilitary life, PTSD symptoms, depression, and economic reintegration. The study is rated as medium-high confidence.

**Blattman (2017) examines** the impact of two interventions designed to reduce violence and promote psychosocial well-being in Liberia: Cognitive Behavioral Therapy (CBT) and the Socio-Behavioral Transformation (STYL) program. CBT is a short-term therapeutic approach aimed at fostering self-regulation, patience, and the development of a non-criminal identity. It helps individuals identify and modify self-destructive beliefs, regulate emotions, manage anger, reduce impulsivity, and set practical goals through therapist-led exercises and homework. The STYL program complements this approach by combining group therapy with individualized counseling, facilitated by former participants who serve as mentors. It employs various techniques such as role-playing, community engagement, exposure therapy, and structured goal-setting, progressing from basic self-care routines to more advanced emotional regulation and future planning. The study utilized a  $2 \times 2$  factorial design, randomly assigning 1,000 men to one of four treatment groups: therapy only, cash only, both interventions combined, or neither. To ensure transparency and safety, randomization was conducted at the individual level. Recruitment took place in three phases, starting with a pilot involving 100 participants, followed by two larger phases encompassing 900 additional participants. The allocation was well-balanced, with 25% assigned to cash only, 28% to therapy only, 25% to both, and 22% to neither. Compliance rates were high—98% of participants received the cash grant, and two-thirds attended at least 80% of therapy sessions, although 10% dropped out early. Those who withdrew from the program tended to have lower education levels, weaker self-control, and a lower likelihood of engaging in antisocial behavior.

Economically, the interventions yielded short-term benefits, including increased income, consumption, and investment among cash recipients. However, these gains were not sustained beyond a year. Persistent theft and property insecurity hindered long-term capital accumulation, ultimately eroding the initial financial improvements. The study also evaluated various aspects of violence, including victimization and perpetration, antisocial behaviors (such as theft, drug use, and criminal activity), non-criminal identity formation (adoption of nonviolent, goal-oriented identities), emotional regulation, and long-term behavioral stability. The study is rated as a medium-high confidence.

*Confidence assessment*

Overall confidence is low, due to the limited number of the studies

**List of other outcomes assessed:**

**Violence and atrocity prevention**/Nature and scale of violence or atrocities, Social norms regarding violence and atrocities

**Human security**/health security, economic security