Mental health, social functioning and social capital in Rwanda.

Gepubliceerd: 01-11-2007 Laatst bijgewerkt: 18-08-2022

The study aims to establish the effects of a therapeutic group intervention called sociotherapy, which is specifically tailored to traumatized survivors of systematic violence displaying a broad spectrum of affective and cognitive disturbances. It...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON27457

Bron
NTR

Verkorte titel
N/A

Aandoening

1. War;

2. mental health;

3. trauma related symptomology;

4. Rwanda;

5. group therapy;

6. social impact;

7. social networks;

8. alcohol abuse;

9. partner violence.

geestelijke gezondheid, sociaal functioneren, sociaal kapitaal, alcoholmisbruik, partner geweld

Ondersteuning

Primaire sponsor: Academic Medical Centre Amsterdam
Overige ondersteuning: CORDAID

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Primary outcome measure is mental health, as measured by use of the Self Reporting Questionnaire 20 items (SRQ-20). This is a structured interview developed by the World Health Organization (WHO) as a screening tool for common mental disorders in primary health care settings, especially in developing countries. When patients are literate it can be self-administered, but in developing countries it is usually administered by lay interviewers. The instrument consists of 20 yes/no questions about mood, thinking capacity, feelings of anxiety and physical well-being. The SRQ-20 has been used in numerous settings, also as a screening instrument in community samples. Cut-off points vary considerably depending on setting (community, primary care, hospital) and culture. A cut-off point of 8 is widely used. During our pilot study we validated the instrument locally. We interviewed 99 respondents, who were also clinically assessed by clinicians who were blind for the SRQ-scores. We established a local cut-off score for caseness/non-caseness. The capacity of the SRQ-20 to identify probable
psychopathology in this setting proved to be sufficient. The AUC was 0.76. When analysed separately for men and women the SRQ-20 showed to perform equally well in men (AUC=0.74) and women (AUC=0.76). In evaluating the instrument as a potential screener for psychiatric disorder the most appropriate cut-off point is a trade-off between a high sensitivity and an acceptable specificity. From our analyses the optimal cut-off point for the SRQ-20 appeared to be 10/11 (sensitivity 0.69; specificity 0.79). However, when men and women were analysed separately the cut-off points differed. The optimal cut-off point for men is 8/9 (sensitivity 0.69; specificity 0.65), while the optimal cut-off point for women is 10/11 (sensitivity 0.81; specificity 0.80). Reliability is considered to be good: alpha=0.83 (men: alpha=0.81; women: alpha=0.85).

Toelichting onderzoek

Achtergrond van het onderzoek

This study concerns a therapeutic group approach carried out in post-genocide Rwanda. Using a trauma perspective, the intervention method is specifically tailored to survivors of systematic violence. Next to
individual recovery it aims at the restoration of safety, mutual respect, trust, care, and the setting of democratic rules.
By use of a prospective controlled oncurrent groups design, the study measures the intervention's effects on mental health, social functioning and social connectedness. Additionally, the study will seek to obtain data about changes in alcohol abuse and partner violence, as these arE frequent manifestations of posttraumatic psychopathology.

Doel van het onderzoek

The study aims to establish the effects of a therapeutic group intervention called sociotherapy, which is specifically tailored to traumatized survivors of systematic violence displaying a broad spectrum of affective and cognitive disturbances. It is hypothesized that mental health symptoms,
social functioning and social capital are positively impacted by the intervention, and that all three are interrrelated. It is also assumed that the intervention has a
positive influence on two specific manifestations of posttraumatic psychopathology: alcohol abuse and
partner violence.

Onderzoeksopzet

As a baseline measurement the questionnaire will be taken at the start of the sociotherapy program (T0). Three months later (T1), directly after the sociotherapy groups have stopped meeting, all respondents will be taken an exit interview. As a follow-up, a third interview will be taken 6 to 8 months after the stop of the program (T2). In summary:

T0 = start of intervention
T1 = end of intervention, 3 months after T0
T2 = follow-up, 6-8 months after T1.

Onderzoeksproduct en/of interventie

The intervention is a therapeutic group approach, tailored to survivors of systematic violence. Verbal exchange, debate, exercises, games and practical support are key elements. Trauma symptoms are addressed through support, psychoeducation and advise. Main goals are the restoration of safety, mutual respect, trust, care, and the setting of democratic rules. Groups contain 10 participants. Meetings are weekly over a period of 3 months, and last 3 hours each. Group leaders are local people, familiar with the region's history and current living situation; they have received a 3 months' training from Equator staff and are regularly supervised.

Contactpersonen

Publiek

AMC de Meren
Meibergdreef 5

W.F. Scholte
Amsterdam 1105 AZ
The Netherlands
+31 (0)20 8913571

Wetenschappelijk

AMC de Meren
Meibergdreef 5

W.F. Scholte
Amsterdam 1105 AZ
The Netherlands
+31 (0)20 8913571

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Inclusion criteria for sociotherapy groups:

1. Within a 6 years period all areas of Byumba province will be covered by the sociotherapy program. The sequence of areas is dictated by matters of actual convenience, and determined by the program’s local counterpart;

2. Group participants are aged 16 years or older;

3. The composition of groups is mixed (both sexes, various ethnic backgrounds, wide age distribution);

No strict criteria for participation in a sociotherapy group exist. There are two routes towards participation:

1. Sociotherapy group leaders, who are selected from persons generally regarded and

accepted as leaders within their community, invite community members to participate on account of the seriousness of their psychosocial problems;

2. Community members themselves apply for participation because they think it will help solve their psychosocial problems, and group leaders subsequently include them.

Apart from emotional problems arising from the past confrontation with atrocities and losses during the war and genocide, community members currently experience a variety of problems such as poverty, bad housing, infectious diseases like HIV/AIDS, single parenthood, having to care for another family's children, having a spouse in detention, sudden arrests, bearing a curse from ancestors, neighbours or the family in law, etc.

No criteria have been defined to consider a person a problem case, the main reason being that it would automatically mean that people could also be excluded form group participation – a consequence lcoally considered as extremely undesirable. Another reason is formed by the still paranoid societal atmosphere in the region. People appear not to be willing to inform others about the nature of their problems or past traumatic experiences. They will only do so within the context of a sociotherapy group, after mutual confidence has been gained over a certain time. Therefore, it would be useless to ask detailed questions to possible future participants - it might even discourage participation. As a result, no criteria to enter a group have been defined, other than being considered or acknowledged a serious problem case by group leaders. Consequently, no case definition exists on the basis of which a control group can be composed.

There will be three study groups:

1. DE: participants of sociotherapy groups, directly exposed (DE) to the intervention;

2. IE: individuals living close to the group participants, indirectly exposed (IE) to the intervention;

3. NE: individuals that are not reached by the intervention program: the control group, or non-exposed (NE).

Ad 1 (DE): All participants (n=100) of 10 sociotherapy groups will be included in the DE group, without any further selection.

Ad 2 (IE): The IE study group (n=100) will be formed according to the following stepped procedure: 1) All respondents of the DE study group will be asked to list 5 people they live or work with and feel close to. These may be relatives they share the house with, neighbours they are daily in touch with, close friends they meet at least twice a week, or colleagues they

closely collaborate with. 2) Then the collected lists will be blindly piled in a random order. 3)Then 1 person is selected from each list, by choosing the name of the 1st person from the first list, the 2nd from the second list, the 3rd from the third list, etc. After five subsequent lists, the 1st name of the sixth list will be selected, the 2nd of the seventh list, etc.

Ad 3 (NE): This control group (n=100) will be randomly selected in a region where no sociotherapy groups are, or have been, meeting, or will be meeting over the coming 9 months. A similar proportion of urban and rural areas as in the experimental (DE) group will be selected. A convenience sampling method will be used. Respondents will be randomly selected while at home or in their fields. An equal number of men and women per day will be interviewed. As no clear operational case definition can be formulated (see above), the matching of the experimental (DE) and the control (NE) group wil be done on the basis of another criterion: a similar mean SRQ score and sd at baseline as the intervention (DE) group, and an equal amount of men and women with the same age distribution as well.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

N/A

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	01-12-2007
Aantal proefpersonen:	300
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	01-11-2007
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL1087
NTR-old	NTR1120
Ander register	Academic Medical Center : RWST01
ISRCTN	ISRCTN wordt niet meer aangevraagd

Resultaten

Samenvatting resultaten
N/A