Self-Help Plus Pilot Study, Colombia: Train2Care: Global Mental Health with a Territorial Approach

Research Project Information

Summary

Global mental health has become a critical public health priority because of its enormous burden of disease and its impact on the population. According to the World Health Organization (WHO), nearly one billion people in the world—approximately 1 in 8—live with a mental condition (WHO, 2022). Common conditions such as depression (affecting around 280 million people) and anxiety (301 million) account for the largest proportion of these cases (WHO, 2022). These conditions not only contribute substantially to morbidity but also represent the leading cause of disability worldwide, accounting for approximately one in six years lived with disability (WHO, 2022).

It is important to note that the mental health burden has been exacerbated by recent events. For example, the prevalence of depression and anxiety is estimated to have increased by more than 25% during the first year of the COVID-19 pandemic (WHO, 2022). Alongside human suffering, the economic impact is considerable: every year, around 12 billion workdays are lost due to depression and anxiety, costing the global economy nearly 1 trillion dollars in lost productivity (Chisholm et al., 2016; WHO, 2022). These data underline that mental health is an essential determinant of overall well-being, closely linked to physical health, human rights, and socioeconomic development (WHO, 2022).

In short, improving global mental health is not only a public health imperative but also a major ethical and social challenge. Despite the scale of the problem, there is a profound global gap in access to mental health services. Most people with mental health conditions do not receive adequate care (WHO, 2022). Even before the pandemic, health system responses were insufficient: it is estimated that 71% of people living with psychosis worldwide do not receive the care they need (WHO, 2022). This gap is even more pronounced by country income level. While in high-income countries up to 70% of people with psychosis access treatment, in low-income countries only around 12% do so (WHO, 2022).

In low-resource settings, the provision of minimally adequate treatment for depression is estimated at less than 5% (WHO, 2022). This inequity in care has serious consequences: people with untreated mental conditions experience a deterioration in quality of life, greater premature mortality, and frequent violations of their rights (Patel et al., 2018; WHO, 2022). In addition, mental health has historically been underfunded—with only 2% of global public health expenditure allocated to the sector (WHO, 2021)—and specialized human resources are scarce. In fact, the density of mental health professionals in high-income countries is more than 40 times greater than in low-income countries, illustrating a critical disparity in the distribution of trained personnel (WHO, 2021).

In summary, we are facing a context in which needs are increasing, but health system responses remain insufficient, generating a “treatment gap” that must be urgently addressed for reasons of

both health effectiveness and equity and social justice (Patel et al., 2018). In response to this crisis, major international organizations and experts in global mental health advocate for community-based and territorially focused strategies that transform the way care is provided (WHO, 2022; Patel et al., 2018).

The WHO emphasizes the need to decentralize mental health care, shifting from a traditionally hospital-based model to one grounded in the community (WHO, 2022). This implies strengthening community mental health services and integrating mental health into primary care and other local settings (schools, workplaces, prisons), so that care is closer to the people who need it (WHO, 2022). Numerous international experiences show that these strategies bring care closer to vulnerable populations and significantly improve mental health outcomes (WHO, 2021; Singla et al., 2021).

A central element of effective interventions is the "task sharing" approach, which involves training non-specialist providers—such as primary care staff, community workers, or local leaders—to deliver basic mental health interventions (Singla et al., 2021). Scientific evidence supports this approach: training local human resources with no prior specialized mental health training has proven an effective strategy for expanding coverage of evidence-based treatments in both low-income settings and high-income countries (Singla et al., 2021). More than one hundred randomized controlled trials support the effectiveness of psychosocial interventions delivered by trained community agents, which has motivated the global community to recommend their expansion (Singla et al., 2021; Patel et al., 2018).

Likewise, cultural and territorial adaptation of interventions is recognized as a key factor for their success and sustainability (Patel et al., 2018). In other words, mental health programs must be adjusted to local realities—taking into account the sociocultural context and specific needs of each community—in order to achieve meaningful impact and uphold the ethical principles of relevance and community autonomy. The project *Training to Care: Global Mental Health with a Territorial Approach* is grounded in this context and these recommendations, seeking to respond to global challenges through a local intervention.

Within this context, the research proposal seeks to strengthen local mental health care capacities in critical settings through the cultural and linguistic adaptation, participatory training, and technical supervision of the global mental health intervention Self Help Plus (SH+) and the use of competency assessment tool called Enhancing Assessment of Common Therapeutic Factors (ENACT) to improve the effectiveness and safety of the intervention delivery. The project will be implemented through a partnership among the Universidad Católica de Colombia (the lead institution), Universidad Católica de Oriente, Fundación Universitaria Católica de Norte and George Washington University. It will focus on Eastern Antioquia, working with rural women, migrants, and victims of political violence, as well as individuals of interest from public and private organizations, while promoting cascade training processes so that participants not only apply the tools, but also replicate them in their communities. A structured program will be developed with practical sessions, technical support, and participatory evaluation of psychosocial well-being and sustainability. The proposal aligns with internationalization priorities, promotes glocal research, and projects knowledge from cooperation toward sustainable social transformation.

Research question or hypothesis

How does contextual adaptation and community training in global mental health tools affect the psychosocial well-being and technical uptake of community actors in Colombia?

Objectives

General objective:
To strengthen the capacity of community mental health personnel in Eastern Antioquia by adapting global mental health interventions and piloting a participatory training program with key community actors, laying the groundwork for future expansion and sustainability.

Specific objectives:

1. To adapt the global Self Help Plus (SH+) tool to the cultural, linguistic, and social characteristics of communities in Eastern Antioquia.
2. To design a pilot training program centered on these adapted tools, aimed at a group of key community actors, using participatory approaches.
3. To implement a pilot training program centered on Ensuring Quality in Psychosocial and Mental Health Care (EQUIP)_ and these adapted tools, aimed at a group of key community actors, using participatory approaches.
4. To conduct a preliminary evaluation of acceptability, feasibility, and initial indicators of psychosocial impact using a mixed-methods approach.
5. To systematize the information and enable knowledge exchange and technical follow-up of the implementation of the strategies in critical contexts.

Expected results/products and potential beneficiaries

Expected results:
The project will generate key results such as the validated adaptation of ENACT and SH+, the training of 20 community actors with established competencies and replication capacity, and improved psychosocial well-being in the vulnerable communities reached. In addition, it will strengthen territorial and inter-institutional alliances among Colombian universities and George Washington University, and produce contextualized knowledge. These results will make it possible to scale up the initiative and ensure its sustainability in critical contexts with a high presence of migrant populations and victims of conflict.

Expected products:

- 2 knowledge translation booklets
- 1 adapted mental health guide (SH+)
- 1 contextualized competency assessment tool (ENACT or similar)
- Audiovisual resources: 10 role-play training videos

Potential beneficiaries:
Community leaders, mental health professionals, public and private entities with an interest in mental health, rural women, migrants, and victims of political violence.

Level of impact on participants or the community

Biological:
The study will not directly affect participants' biological conditions.

Psychological:
Minimal-risk research. The analysis and development of tools will contribute to the psychosocial well-being of rural women, migrants, victims of political violence, and communities in general. It will also support the development of tools based on participatory approaches.

Social:
The project will strengthen social cohesion, community participation, and the collective social fabric through collaborative training processes, recognition of local knowledge, and work with key territorial actors. It promotes equity in access to mental health resources and community empowerment to address exclusion and structural violence.

Spiritual:
Although it does not directly address religious or spiritual dimensions, the project recognizes and respects the symbolic and meaning-making practices of each community, integrating an intercultural approach. This allows psychosocial care and support actions to be respectfully aligned with local ways of understanding suffering, healing, and collective well-being.

Study Design

Population

The study will include 20 rural women, migrants, victims of political violence, and professionals from public and private entities with an interest in mental health.

Techniques

To collect data regarding the assessment and the population, mixed methods will be used. From a psychometric perspective, instruments already validated in the Colombian population will be used: GAD-7 (generalized anxiety), Ryff's psychological well-being scale, WHO-5 (general well-being index), and the ENACT tool (Enhancing Assessment of Common Therapeutic Factors).

Regarding qualitative techniques, semi-structured interviews and cognitive validation interviews will be used. The interviews will allow for direct and reflective testimonies about participants' experiences. The cognitive validation interviews will facilitate the co-creation of strategies and practical solutions, fostering collaborative analysis of global mental health.

Methodology

Approach and scope:
The project uses a mixed and participatory methodology. It combines qualitative components (participatory assessment, community validation, co-creation workshops) and quantitative components (psychometric instruments, competency evaluation). The entire process takes place under MEAL model principles, integrating continuous monitoring and iterative learning.

Phases and activities

Participatory needs assessment (Activity 1)

- Techniques: mapping workshops, focus groups, pre-diagnostic surveys
- Results: identification of psychosocial needs, strengths, and community priorities

Contextual and linguistic adaptation (Activity 2)

- Techniques: co-design workshops with local actors, peer review, rapid pilots
- Result: culturally adapted versions of SH+ and ENACT, qualitatively assessed by participants and experts

Pilot program design (Activity 3)

- Activities: development of guides, modules, multimedia materials, and training pathways
- Result: internally validated program with flowchart, timeline, and evaluation criteria

Pilot implementation (Activity 4)

- Actions: in-person/virtual training, simulations, self-assessments, and technical supervision
- Records: ENACT checklist, observation notes, and feedback

Technical supervision (Activity 5)

- Strategy: use of structured supervision based on ENACT, with reflective feedback and adjustment plans
- Documentation: supervision reports and records of technical improvement

Mini-evaluation of feasibility and competencies (Activity 6)

- Instruments: pre/post PSYCHLOPS, PHQ-9, GAD-7, WHO-5 tests; ENACT applied to trainees
- Complement: semi-structured interviews and satisfaction surveys

Documentation and systematization (Activity 7)

- Materials: technical report, summaries, guides, roadmap
- Strategy: narrative inquiry and thematic analysis of qualitative data

Dissemination and partnerships (Activity 8)

- Events to present results, gather feedback, and formalize sustainability agreements

Data analysis

The project's data analysis will use a mixed and participatory approach, integrating quantitative and qualitative data to understand both changes in community well-being and the establishment of technical competencies. On the one hand, psychometric instruments (GAD-7, WHO-5, PSYCHLOPS) and competency evaluations (ENACT) will be applied and analyzed through parametric and non-parametric tests (e.g., paired t-tests, Wilcoxon) and descriptive statistics to quantify individual and collective improvements. On the other hand, semi-structured interviews, field observations, and supervision records will be collected and analyzed using reflexive thematic analysis to identify emerging patterns related to uptake, cultural relevance, and sustainability. This combination makes it possible to construct robust and contextualized explanations of the results.

Likewise, the ENACT tool will provide data on technical quality and fidelity in implementation, evaluated using ENACT/EQUIP methodology to ensure competency standards. Triangulation of all data (psychometric, technical, and narrative) will be documented in quarterly reports to facilitate adaptive adjustments, and a comprehensive evaluation at 6 and 12 months will measure ownership, well-being, and sustainability of the *Training to Care* project.

Ethical Conditions

Forms to be used

Informed consent forms and standardized data collection protocols will be used.

Procedure for information management and protection

The official and secure information repository will be secure platforms of the Catholic University of Colombia. Security measures will be implemented to protect personal data, including encrypted storage and restricted access to information. Participants' identities will be anonymized in all reports and publications.

Regulatory compliance

The study will adhere to the following standards and regulations:

- **Resolution 008430 of 1993:** currently governs health research involving human beings in Colombia.

- **Law 1090 of 2006:** establishes provisions related to ethics in human subjects research, ensuring respect for and protection of participants' rights from the perspective of Psychology.
- **Statutory Law 1581 of 2012:** regulates the protection of personal data in Colombia, guaranteeing the privacy and security of participants' information.
- **Agreement 302 of 2020:** updates the regulations of the Research Ethics Committee of the Catholic University of Colombia, establishing procedures and standards for ethical review of research projects at the university.