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CONTEXTUALIZATION OF MENTAL HEALTH INTERVENTIONS IN GLOBAL MENTAL HEALTH

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Key Takeaways

- ✔ The term "cultural adaptation" has historically applied to the modification of Western-based interventions to fit across cultures, yet may not consider the constantly evolving and diverse experiences, values, and beliefs of local communities.
- ✔ Frameworks to contextualize mental health programs and practices applied in the Global South have primarily been developed by researchers from Western contexts.
- ✔ Modifications of mental health interventions can be done prior to implementing a program or be responsive to cultural or contextual mismatches that happen during intervention implementation. Responsive modifications are often not well documented. But they are important to understand unplanned barriers in program delivery.
- ✔ There is need for more documentation on best practices for the contextualization of community, systems, or population-level mental health interventions.

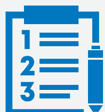
Promising Approaches

Take a local-first approach, in which mental health programs and practices are driven by and relevant to the local community.

- o Include local mental health experts, people with lived experience, and community leaders in all phases of the adaptation and contextualization processes.
- o Rely on local advisory boards to review and provide feedback and recommendations for modifications that fit the culture and context of a community.

Reconsider the term "cultural adaptation." The term cultural adaptation has historically been applied to modifications of interventions originating from outside a community. A revision of the term should consider modifications of interventions developed within a country or context that accounts for the diverse experiences, values, and beliefs of local communities.

- o A revised term should extend beyond culture and be inclusive of historical, structural, social, economic, and other contextual factors that affect mental health.



Document variations in local contextualization practices based on the type of intervention (e.g., health promotion, prevention, and treatment).

- o Develop and disseminate guidelines and standards for the contextualization of mental health services to ensure consistent and effective practices.

Local contextualization should be an ongoing and iterative co-learning process that should consider:

- o Social, economic, historical, and cultural norms, values, and beliefs of the populations being served.
- o Subcultures within each country. Seek nuanced understanding of the unique experiences, beliefs, and conceptualizations of mental health within subcultures.
- o Responsive modifications that address cultural and/or contextual nuances that may not be captured prior to delivering mental health programs.

Increase funding for research to understand best practices when contextualizing: a) minimally guided interventions such as teletherapy or bibliotherapy, and b) community, systems, and population-level mental health interventions.

- o Support community-based participatory action research to help ensure that interventions are contextually appropriate and fit the needs and priorities of local communities.
- o Invest in qualitative research examining the social, economic, and cultural factors that influence the contextualization of these interventions within and across settings.

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Introduction

Background

The process of contextualization plays a pivotal role in tailoring interventions to diverse cultural settings. Cultural adaptation should not be misconstrued as adapting Western models to fit local contexts. We use the term "contextualization" to subtly underscore the importance of adapting interventions without favoring any single model, recognizing an inclusive and equitable approach to addressing mental health on a global scale. This brief delves into the nuanced landscape of contextualization, shedding light on its role in creating holistic and culturaly sensitive mental health solutions.

The process of modifying psychological interventions to increase relevance and acceptability to local contexts emerged in global mental health in the 1990s and has evolved over the past 30 years. Cultural adaptation, one of the most commonly used terms to describe contextualizing interventions, is defined as the "systematic modification of an evidence-based treatment to account for language, culture, and context in a way that is consistent with the client's cultural patterns, meanings, and values."[1] This evidence brief provides an overview of current concepts, terms, and accepted practices for the contextualization of mental health interventions. It also discusses barriers and limitations when contextualizing interventions, challenges regarding use of the term cultural adaptation in global mental health, and promising approaches to consider.

Search Strategy

This evidence brief used a mix of search terms including cultural adaptation, mental health, low and middle-income countries, community, engagement, cultural, framework, adapt, harmonization, local adaptation, and best practices. Databases searched included EBSCO, PsycINFO, Social Work Abstracts, and PubMed. The 26 articles that are part of this brief include meta-analyses, scoping reviews, primary research, and theoretical and conceptual reviews. Primary authors were from Western settings including the United States and Europe and from the countries where USAID works including Malawi, Brazil, Nepal, Chile, Uganda, Jordan, Pakistan, and India. The articles reviewed were published in English, Portuguese, French, Arabic, and Spanish.

Findings

Contextualization of mental health programs and practices may be responsive or planned. The core difference between these two approaches is the timing of the modifications. While both approaches aim to ensure that mental health interventions are contextually appropriate and effective, modifications can be made proactively and/or reactively based on feedback and input from stakeholders.

Responsive contextualization addresses issues that emerge during the intervention delivery.[2] These include unplanned changes to the intervention during implementation that address logistical limitations, or that may be viewed as more culturally or contextually appropriate for participants. Responsive contextualization is often needed due to unplanned barriers to program delivery such as offering make-up sessions or adapting content to be receptive to the needs of participants. Although responsive contextualizations are rarely documented by program facilitators, these can heavily influence the efficacy of mental health services and programs.

Planned contextualization is conducted during the planning and pre-intervention phase. This includes structured steps taken in advance to proactively contextualize interventions. Planned modifications are typically well documented and numerous frameworks exist to guide the process. Two primary frameworks that guide planned local harmonization practices include:

1. **Content** that should be considered for modification.
2. **Process** by which mental health interventions should be delivered or modified across contexts.

Content Adaptation Frameworks

Content adaptation frameworks focus on addressing specific beliefs, behaviors, values, and salient issues relevant to a specific population. Surface and deep structural modifications are two broadly accepted content adaptation approaches.

- **Surface Adaptations** address top-level aspects of an intervention to reflect the distinct characteristics of a target population (e.g., language, people, and places). These adjustments may include translating curricula and materials or changing graphic material or scenarios to reflect ethnically similar populations.[3,4,5,6] In Uganda, for example, surface adaptations made to an interpersonal psychotherapy (IPT) intervention for depression included using conceptually-similar but culturally-based terms for depression (e.g., *'y'okwetchawa'*).[7] In Pakistan, surface-level modifications of a cognitive behavioral intervention (CBT) for individuals with depression included the addition of folk stories from the Qur'an to clarify issues related to comprehension.[8]
- **Deep Structural Adaptations** are changes in the content of an intervention that address environmental, social, cultural, and historical factors, or specific stressors, such as displacement, that influence a target population's comprehension of mental health conditions and health behaviors. For example, a deep structural modification of a mobile-based intervention to treat psychological distress among Albanian migrants included a goal setting task that addressed not only the needs of the individual in question, but also the needs of their family and friends.[9]

Other surface and deep structural adaptations address the sociocultural context, language and literacy, values and norms, and environmental contexts of participants.

- **Sociocultural considerations** address local beliefs, values, and norms. These may be surface or deep structural and can include designing and modifying content to address local expressions of distress. For example, in many cultures physical or somatic symptoms are common expressions of mental health conditions. Therefore, sociocultural considerations may focus explicitly on physical distress symptoms.
- **Cognitive modifications** increase understanding of the content of the intervention based on language, literacy, and age or developmental level. This may include language translations, the addition of visual aids, or adjustments of content to adjust for literacy comprehension.[10]
- **Affective-motivational modifications** consider characteristics that are harmonious with the values and norms of a community or context. Specific characteristics examined in affective-motivational modifications include religion, gender, and ethnic background.[11] In Jordan, for instance, participants in a group-based mental health awareness intervention were separated by gender in respect of local norms.[12]
- **Environmental considerations** recognize the unique needs of community spaces where a mental health intervention is being delivered. Modifications may include adjustments to the physical location where the program is delivered (e.g., outside vs. inside), changing its layout, lighting, or decor to reflect local preferences and values. These modifications may also consider offering transportation or other accessibility services for those with physical disabilities, sensory impairments, or other special needs.

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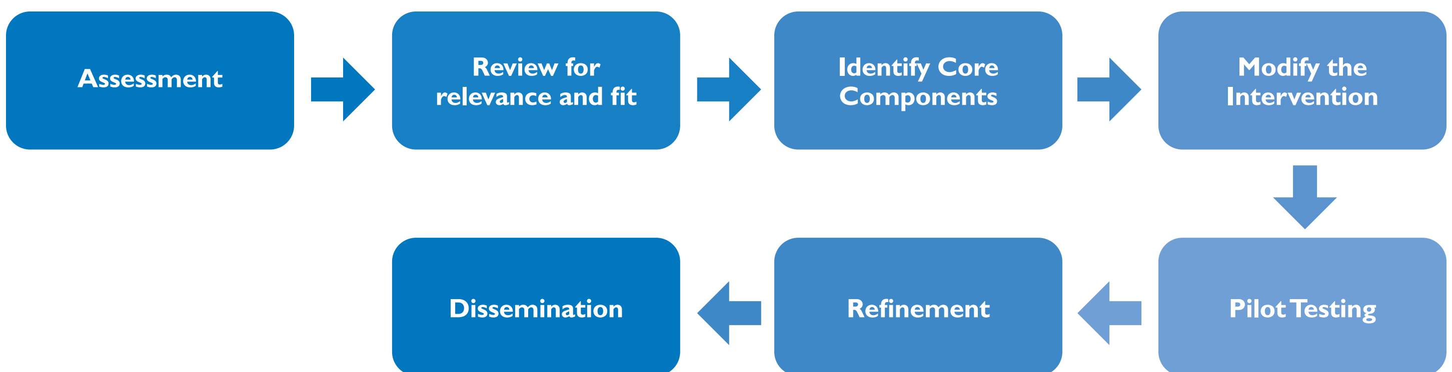
Process Adaptation Frameworks

Process adaptation includes sequential steps to modify mental health interventions to distinct local and contextual circumstances. While content-specific guidance is not always detailed in these frameworks, it is expected that content adaptation is included when contextualizing mental health programs and practices. Commonly recommended steps included in process adaptations frameworks are:

1. **Assessment** includes identifying the needs, specific norms, values, and beliefs of a community. Assessment may be done through literature searches, qualitative interviews within the community, and engagement with local stakeholders, including mental health experts, people with lived experience, and care providers.
2. **Review of the intervention's relevance based on context** includes reviewing the material and assessing whether the program is relevant and may need to be adjusted or modified to fit the local context.
3. **Identify core components** involves recognizing the essential elements of an evidence-based intervention necessary to achieve desired outcomes. Core components are directly connected with an intervention's theory of change, which identifies mechanisms that make the program work. Core components of evidence-based interventions are generally pre-established and operationalized from prior research. For a mental health intervention, these components may be contextual (e.g., the intervention must have parental or community involvement), structural (e.g., eight sessions are required to achieve outcomes), or intervention specific (e.g., teaching problem solving skills).[13]
4. **Modify the intervention.** This step is informed by steps 1-3 along with engagement with community members, and input from local stakeholders and mental health experts. This input is integrated to modify the program to fit local cultures, norms, and values while maintaining the core components of the intervention.
5. **Pilot testing, refinement, and dissemination.** After the intervention has been modified, it may be pilot tested to evaluate appropriateness, feasibility, and acceptability within the local context. The intervention may then be further refined based on additional modifications needed. Once pilot testing and refinement are complete, the intervention may be more widely disseminated within the community for which it was contextualized. However, the intervention should be continuously monitored, assessed, and modified as needed to ensure it remains contextually appropriate.

Figure 1. Process Adaptation Model



Tension between fidelity and fit

Responsive adaptations have the potential to compromise the integrity of the original intervention, thus negating the value of the accumulated evidence that supports the intervention's effectiveness. This tension has generated a need for strategies to create fit while ensuring fidelity.[19] Creating and maintaining this balance may be tricky; while planned adaptations are ideal for maximizing fidelity and fit, they are limited in availability, and responsive adaptation may be necessary to tailor the intervention for fit. When tailoring is needed, systematic adaptation strategies, such as employing process harmonization frameworks, may help retain fidelity while improving fit for recipients.[3]

Additional considerations when contextualizing mental health interventions

In addition to maintaining fidelity, several additional considerations must be considered when contextualizing mental health interventions, including:[14]

- **Translation into the appropriate language.** Interventions must be translated into the appropriate language of the community. The intervention should also be translated and back translated to ensure the content is accurately portrayed.
- **Inclusion of metaphors or cultural symbols.** The inclusion of locally understood metaphors can be helpful to increase comprehension of concepts presented in an intervention. For example, in the adaptation of a cognitive behavioral intervention, the inclusion of the phrase "Don't drown in a glass of water" ("*no se ahogue en un vaso de agua*"), was integrated to teach Latino clients how rumination can be harmful when managing anxiety symptoms.[15]
- **Integration of local practices.** Adding locally accepted practices can increase acceptability and comprehension when contextualizing interventions. This may include the incorporation of massage, yoga, spiritual, or holistic practices that are well recognized and practiced in specific cultures.[14]
- **Focus on family rather than the individual.** Westernized therapeutic interventions are often conducted one-on-one. Within collectivist societies, this may not be culturally accepted or appropriate. Therefore, it is important to assess whether family involvement in the therapeutic process might be advantageous. Two considerations when including the family are: a) ensuring the client has a level of independence in decision making; and b) recognizing that family beliefs may impede access to care.
- **Ensure fit into the broader social context.** This consideration focuses on reducing practical barriers such as being flexible with time, space, and scheduling of the intervention. Other practical barriers that can be addressed are providing childcare while the participant is taking part in the program or including family members in the treatment.

Additional insights regarding research needed to inform work on mental health in different contexts can be found in a separate brief.

Limitations

Even with the burgeoning emphasis on effective contextualization of global mental health programs and practices, there are gaps in research and implementation that must be addressed.

First, there are several limitations to the use of the term "cultural adaptation." The term historically implied that Western-based interventions need to be modified to fit across cultures but did not consider the constantly evolving and diverse experiences, values, and beliefs of local communities. Thus, the use of "cultural adaptation" can result in the integration of Western values and practices, rather than relying on the expertise and agency of local communities. Additionally, the term creates a dichotomy between "Western" and "non-Western" cultures which can lead to oversimplification of contextual and cultural differences and promote stereotypes.

Second, most research on mental health intervention adaptation and contextualization has been carried out in the Global North due to greater resources to design, conduct, and test interventions. This limitation transfers over to issues that occur on the ground in low- and middle-income countries, where contrasting and persistent constraints on resources and personnel impact outcomes, cultural considerations aside.[3] Furthermore, modifying an intervention doesn't always solve problems present in interventions. Sometimes an entirely new intervention may be necessary if adaptation efforts fail to resolve issues of fit for target populations.[20] While progress has been made in this area, more research is needed to increase understanding of best practices for ensuring appropriate contextualization of mental health programs and practices within and across regions where USAID works.

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