

Integration of livelihood support with MHPSS in rehabilitation of torture survivors in LMICs: Addressing poverty and mental health dynamics

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Key points of interest

- Torture survivors experience significant psychological and economic consequences.
- Poor economic condition and mental health interact in a negative cycle in torture survivors.

Abstract

Introduction: The integration of livelihood support with mental health and psychosocial support (MHPSS) seems crucial for the rehabilitation of torture survivors in low- and middle-income countries (LMICs). This study aimed to explore the intersectionality of poverty and mental health, and the integration of livelihood support within MHPSS frameworks related to the rehabilitation of torture survivors in LMICs. *Method:* A cross-sectional study was conducted using a semi-structured questionnaire distributed to members of the International Rehabilitation Council for Torture Victims (IRCT) in LMICs (n=25). The questionnaire explored the perception of IRCT centres in LMIC countries regarding the extent to which poverty contributes to poor mental health outcomes among torture survivors and the effectiveness of integrating livelihood support into MHPSS interventions. *Results:* The study highlighted the significant economic challenges faced by torture survivors, indicating a high prevalence of extreme poverty among this group. The study found that 92% of respondents believed that poverty and mental health outcomes of torture survivors are strongly linked. Economic and social inequalities were identified as key determinants of mental health, emphasizing the need to address these inequalities in rehabilitation programs for torture survivors. *Discussion:* The study underscores the critical connection between poverty, mental health, and the experience of torture. In the view of most IRCT centres, the integration of livelihood support with MHPSS is essential for addressing economic disparities and promoting long-term resilience among survivors. The results highlight the need to conduct long-term longitudinal studies that provide support to this perception. The study recommends enhancing coordination among stakeholders, addressing cultural and social barriers, securing sustainable funding, and developing strategies to integrate livelihood support with MHPSS for torture survivors. According to participants, rehabilitation programmes should include economic empowerment, mental health support, and social integration, to contribute to a holistic recovery, long-term resilience, and overall well-being.

Keywords: Integration of livelihood support, mental health and psychosocial support, rehabilitation, torture survivors, economic

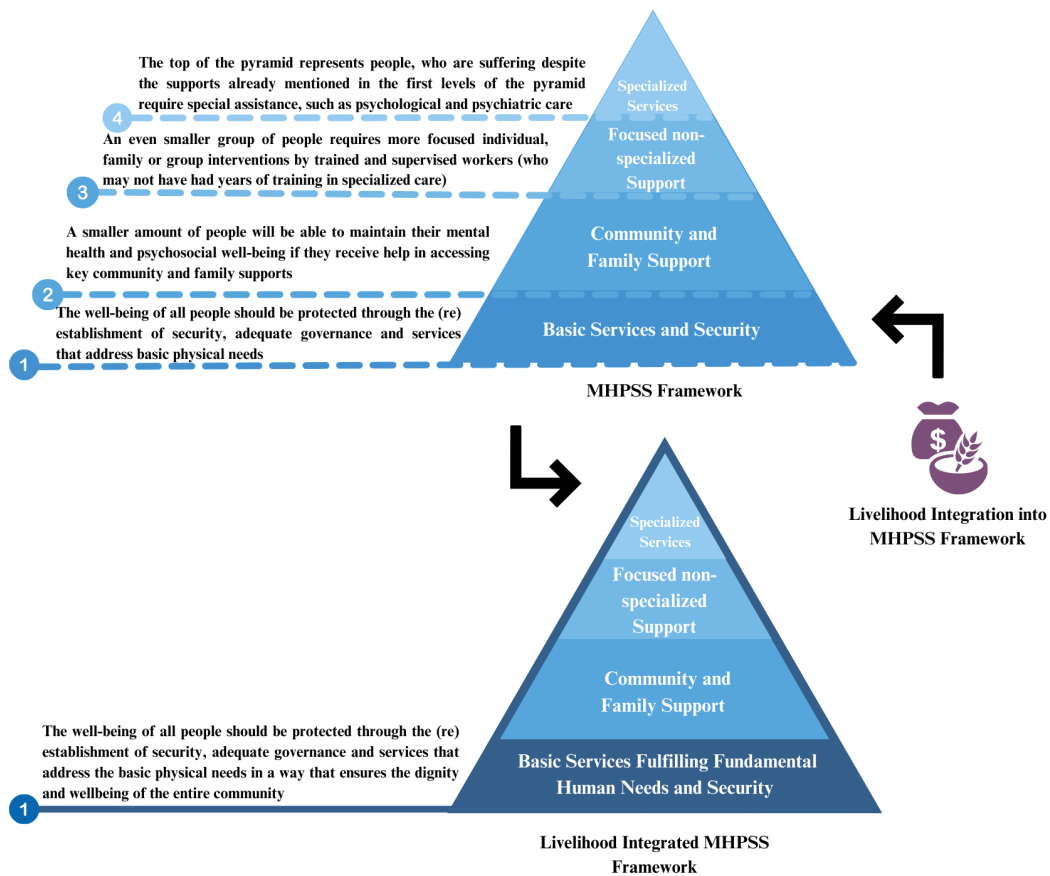
Background

Torture represents a severe infringement of human rights and persists as a prevalent practice across the globe (Amnesty International., 2023). The hardships and violence experienced by individuals during a humanitarian crisis can have a negative impact on their mental, physical, and spiritual health, as well as their ability to take advantage of economic opportunities (IOM Iraq., 2021). An exposure to torture during these crises — such as armed conflict and forced displacement — cause significant acute and long-term health consequences for millions of individuals, primarily affecting those in low and middle-income countries (LMICs) (Kohrt al., 2019). Growing international evidence shows that poor economic condition and mental health interact in a negative cycle all over the world in general and particularly in LMICs (Lund et al., 2011). However, little is known about the interventions that are being implemented to break this

cycle and which are examples of good practice and elements of success from evidence-based studies.

MHPSS is increasingly recognized as a critical component of effective humanitarian response (Nemiro et al., 2022). However, historically, MHPSS research has focused largely on identifying the rates of post-traumatic stress disorder (PTSD) and major depression (Moore et al. 2020) while non-specific forms of psychological distress and psychosocial problems that are associated with several economic and social limitations (McVeigh et al., 2006), have been less well-addressed, despite being the target of most MHPSS programs in emergencies (Nemiro et al., 2022, Tol et al., 2011). Livelihoods are the capabilities, assets and activities required for individuals to earn money and secure a means of living (Islam et al., 2016). Combining livelihood support with psychosocial support can be effective for the rehabilitation of torture survivors in conflict-affected coun-

Figure 1. Livelihood Integrated MHPSS Framework



tries (IOM Iraq., 2021, Kumar et al., 2016) but this approach is not widely implemented. There are resources available for implementing psychosocial support in these settings, but it does not address the need of integrating livelihood with psychosocial support or how to integrate the two (IOM Iraq., 2021) specially in LMICs. Literature reveals that livelihoods are one of the backbones of the person's dignity both during a crisis and in ordinary situations. Psychosocial and medical services can have positive lasting effect if basic human needs are covered in parallel to these (Hassan et al., 2016). That is why it is a shared responsibility to provide the necessary resources along with MHPSS to guarantee a dignified life to the people in situation of vulnerability (UNHCR., 2015) The Inter-Agency Standing Committee (IASC) Guidelines in Mental Health and Psychosocial Support in Emergency Settings emphasize the significance of meeting basic needs and restoring social supports as fundamental for the recovery of individuals affected by crises claiming the natural healing of the majority of individuals affected by crises over time, once basic safety and survival needs are met, and community/family supports are restored (IASC., 2007, Schafer et al., 2014). Although IASC framework was designed for humanitarian settings, we suggest that it can be applied to the rehabilitation domain due to various cultural and contextual similarities (Einolf et al., 2023) and integration of livelihoods into MHPSS could lead to strengthening the fundamental of IASC MHPSS pyramid (Figure 1). While many humanitarian aid agencies support IASC guidelines, the evidence base for the effectiveness of such interventions/integrated approach in improving wellbeing and psychosocial health is limited (Tol et al., 2011). Likewise, implementing measurement models for these programs remains a persistent challenge due to the lack of funding, among other reasons.

The study aimed to explore the perception of IRCT centres in LMIC countries regarding the impacts of socioeconomic status on mental health in rehabilitation of torture survivors through a survey (see Annex 1). Central to this, are two research questions: firstly, the extent to which poverty contributes to poor mental health outcomes among torture survivors in LMICs, and secondly, the perception of the effectiveness of integrating livelihood support into MHPSS interventions during the rehabilitation of torture survivors.

Method

We employed a cross-sectional design, utilizing a semi-structured questionnaire (Annex 1) distributed to IRCT members in LMICs through a secure online survey platform, ensuring ease of access, anonymity, and efficient data collection.

Sample: A total of 25 members responded to the survey, representing a diverse range of geographical locations, cultural backgrounds, experiences¹ and perspectives.

Analysis. We used the Tableau software program for the description of results. Sample size did not allow for complex analysis.

Results

Integrating livelihoods into rehabilitation: what do we mean? Why?

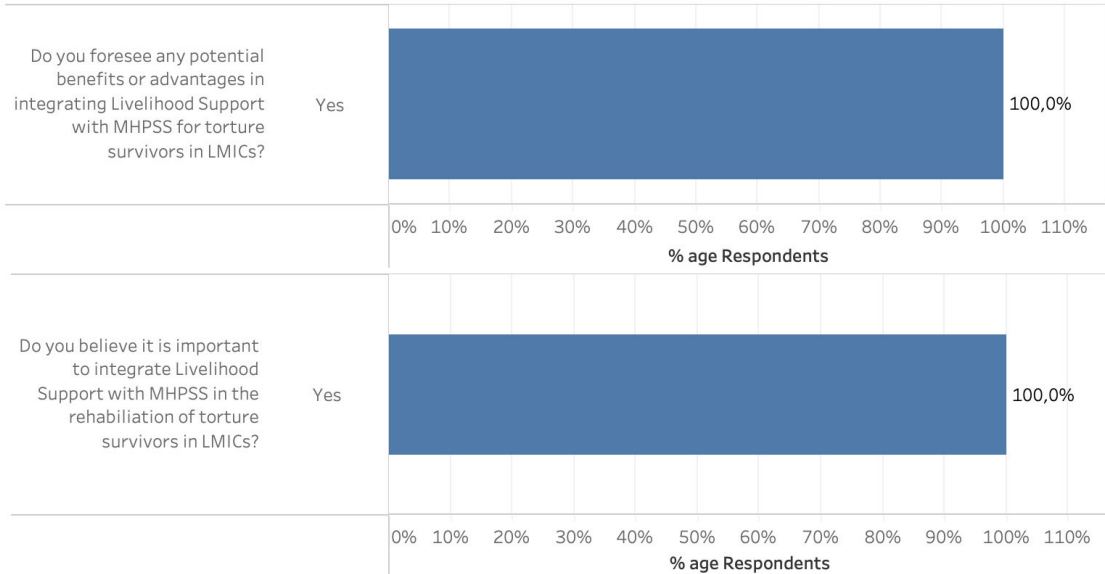
The integrated approach is expected not only to improve the mental health outcomes of torture survivors, but it is believed that its potential benefits also entail holistic recovery, long term resilience and overall well-being, enabling them to develop their full psychosocial potential and effectively enhance their rehabilitation (Figure 2). Through this approach, beneficiaries are expected to realize their capabilities, manage life's stress contribute to their community, and support their families with a stable income, purpose, and healthy emotional well-being.

Poverty and Mental Health Dynamics:

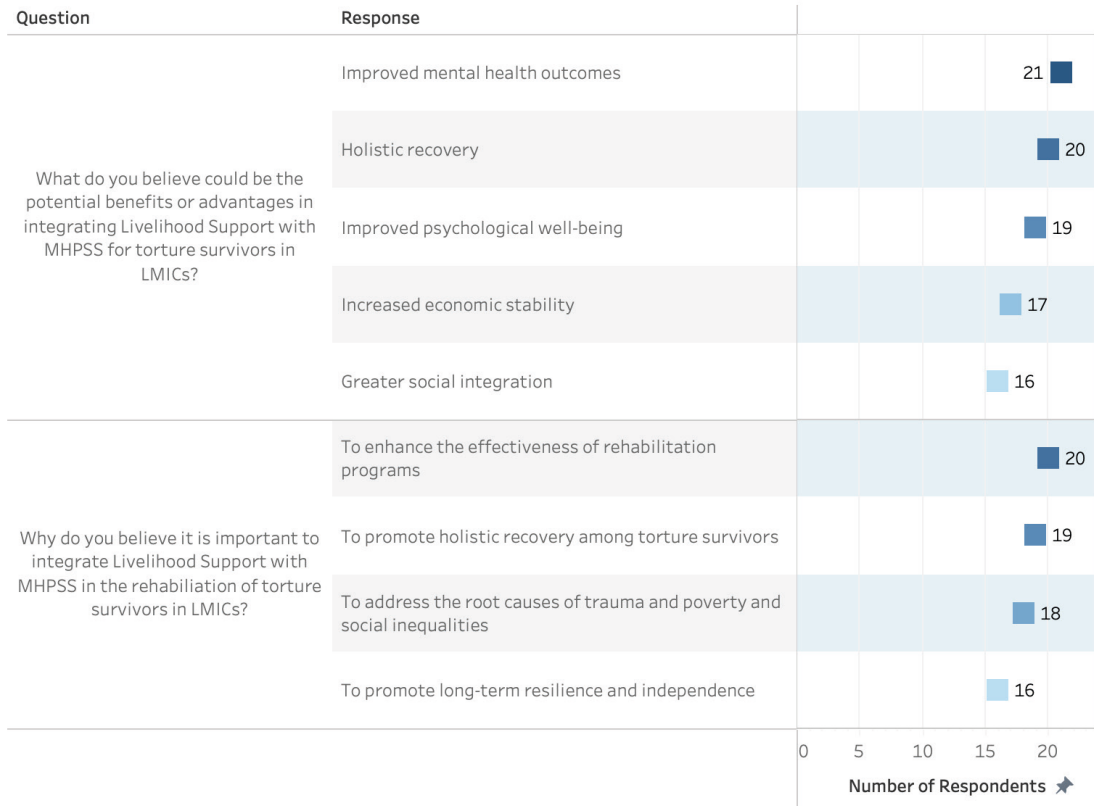
A majority (92%) of respondents believed that poverty and mental health outcomes of torture survivors are strongly linked. Economic and social inequalities were identified as key determinants of mental disorders in the country by 19 (90.48%).

1 Centro de Atención Psicosocial (CAPS, Peru), Counselling Services Unit (CSU, Zimbabwe), Federation Des Femmes Pour Le Developpement Integral Au Congo (FEDICONGO, Democratic Republic of Congo), Friends of Victims of Humans Rights Violations (AVVDH, Pakistan), Human Development Organisation (HDO, Pakistan), Human Rights Development Centre (HRDC, Bangladesh), Independent Medico Legal Unit (IMLU, Kenya), Instituto de Terapia e Investigación sobre las secuelas de la tortura y violencia de Estado (ITEI, Bolivia), International Medical Rehabilitation Center for Victims of Wars and Totalitarian Regimes (IRC, Ukraine), Liberia Association of Psychosocial Services (LAPS, Liberia), Medical Action Group (MAG, Philippines), Mwatikho Torture Survivors Foundation (MATESOF, Kenya), Regroupement Des Mamans De Kamituga (REMAK, Democratic Republic of Congo), Rescue Alternatives Liberia (RAL, Liberia), Restart Centre for Rehabilitation of Victims of Violence and Torture (RESTART, Lebanon), Society for Social Research Art and Culture (SOSRAC, India), Struggle for Change (SACH, Pakistan), The Tunisian Rehabilitation Institute for Survivors of Torture Survivors (NEBRAS, Tunisia), Trauma Centre Cameroon (TCC, Cameroon), Tree of Life (ToL, Zimbabwe), Vasavya Rehabilitation Centre for Torture Victims (VRCT, India), Women and Children Protection (WCP, Democratic Republic of Congo).

Figure 2: Potential Benefits and Advantages in Integrating Livelihood Support with MHPSS

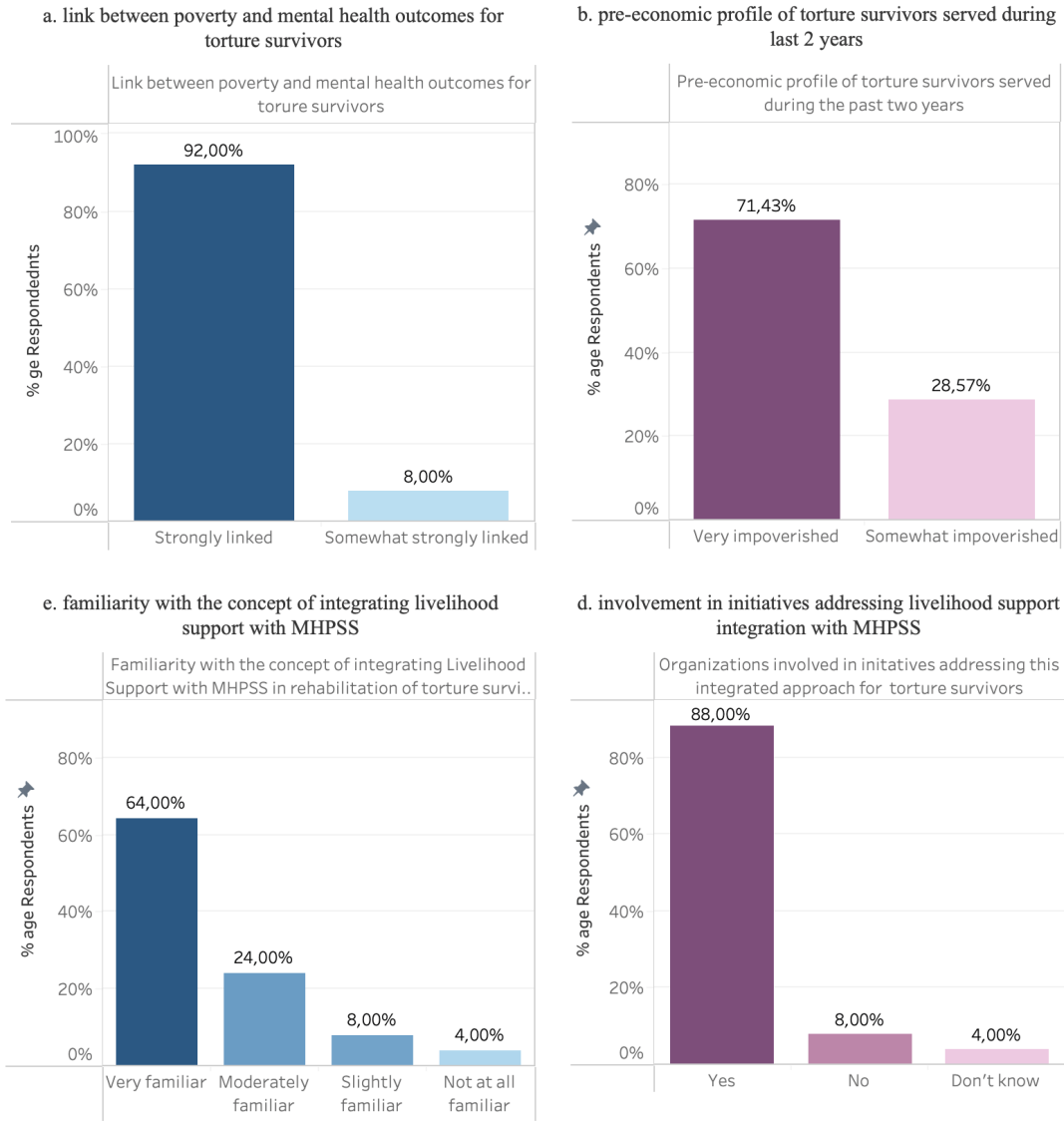


Potential Benefits and Advantages in Integrating Livelihood Support with MHPSS

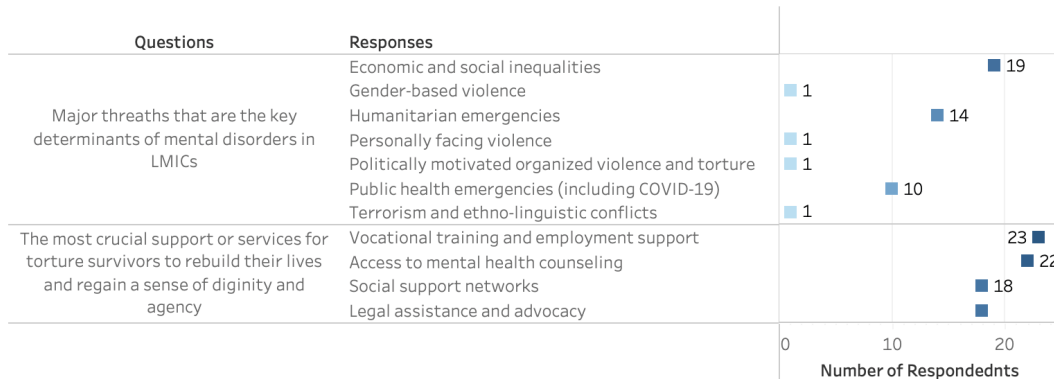


21 Respondents responded to above Questions. Number of Respondents for each Response broken down by Question. Color shows Number of Respondents agreed to particular Response. The view is filtered on Response, which excludes NA.

Figure 3: Key Findings of the Study



key determinants of mental disorders & crucial support or services for the torture survivors in humanitarian settings in LMICs



Need of Integrating Livelihood Support with MHPSS

Two-thirds (71.43%) of respondents indicated that the torture survivors served during the past two years were very impoverished, while the rest 28.57% responded to somewhat impoverished (Figure 3 (b)). This data highlights the high prevalence of extreme poverty among survivors attended in IRCT centers.

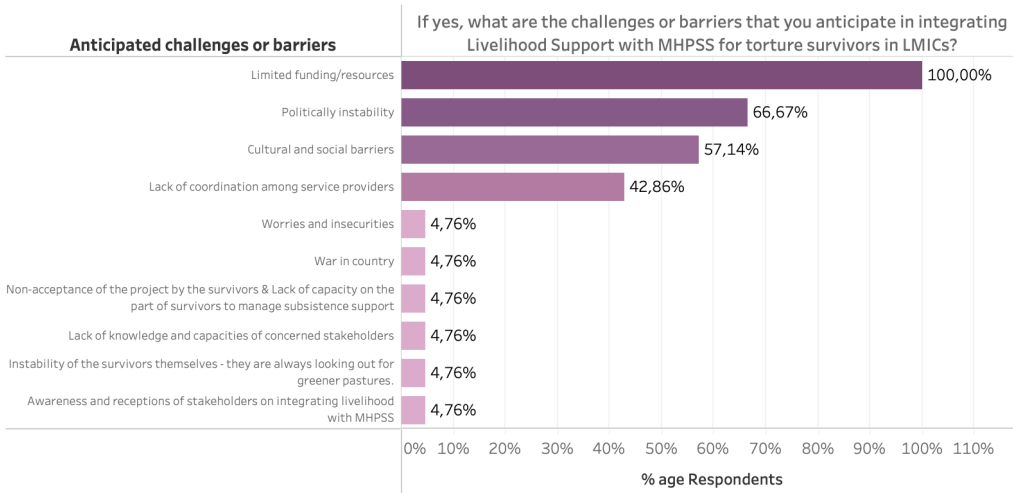
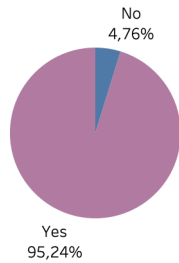
A majority (88%) of respondents were either very familiar or moderately familiar with the concept of integrating livelihood support and a similar percentage had been involved in such initiatives.

The most commonly anticipated benefits include improved mental health outcomes (100%), holistic recovery (95.24%), improved psychological well-being (90.48%), increased economic stability (80.95%) and greater social integration (76.19%) (Figure 2).

Out of 25, 23 respondents (92%) identified vocational training and employment support, 22 (88%) recognized Access to mental health counseling while 18 (72%) highlighted Social support networks and 18 (72%) identified Legal assistance and advocacy as crucial support services for survivors to rebuild their lives and regain a sense of dignity and agen-

Figure 4: Anticipated Challenges or Barriers in Integrating Livelihood Support with MHPSS for Torture Survivors in LMICs

Are there any specific challenges or barriers that you anticipate in integrating Livelihood Support with MHPSS for torture survivors in LMICs?



cy (Figure 3 (e)). The high percentage of respondents identifying vocational training and employment support as crucial aligns with the need to integrate livelihood support with MHPSS for rehabilitation of torture survivors.

Recommendations

Based on the results of the survey most IRCT centres find essential to improve livelihoods programmes. The results provide support to the need to enhance coordination among stakeholders, addressing cultural and social barriers, securing sustainable funding, and developing strategies to overcome anticipated challenges or barriers in integrating livelihood support with MHPSS for torture survivors in LMICs. However, 100% of the respondents have recognized limited funding and resources as one of the highly anticipated challenges or barriers (Figure 4). Therefore, it is recommended to develop sustainable funding mechanisms through partnerships with donors, international organizations, and government agencies to ensure adequate financial resources for integrated interventions. Establishing fundraising initiatives, grant applications, and advocacy campaigns to secure funding for comprehensive support programs is suggested.

Apart from the aforementioned major recommendation, some additional suggestions provided by the respondents were:

- Prioritize the safety and security of torture survivors engaging in economic activities by conducting thorough risk assessments and ensuring a secure environment for their livelihood initiatives.
- Evaluate if the rehabilitation services offered to survivors allow them to engage in economic activities effectively and ensure that these services support their participation in livelihood programs.
- Organize training programs to equip survivors with the necessary skills and knowledge to manage economic activities successfully, fostering their capacity for sustainable livelihoods.
- Provide survivors with sufficient start-up funds for their economic ventures and establish mechanisms for regular monitoring and support to ensure the effective utilization of resources.
- Empower survivors through capacity-building initiatives focused on livelihood management skills, financial literacy, and entrepreneurship to enhance their economic self-sufficiency.

Conclusion

The integration of livelihood support with MHPSS in the rehabilitation of torture survivors in LMICs is a critical and under-explored area that requires urgent attention. The study underscores the profound impact of torture on individuals' economic well-being and the perception by most IRCT centres of the need

for a comprehensive approach that addresses both economic and psychosocial needs. Furthermore, the results advocate for developing coordinated initiatives and long-term longitudinal research to collect evidence on which are the elements of success of the integrated programmes.

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Annex 1: Questionnaire

**1. In your experience, what are the primary challenges faced by torture survivors in LMICs during their rehabilitation and reintegration process?
(please be as detailed as possible)**

2. In your opinion, to what extent are poverty and mental health outcomes of torture survivors linked?

Strongly linked Somewhat strongly linked Slightly linked Not at all linked

**3. What specific support or services do you believe are most crucial for torture survivors to rebuild their lives and regain a sense of dignity and agency?
(select all that applies)**

Access to mental health counseling Vocational training and employment support
 Social support networks Legal assistance and advocacy

4. How familiar are you with the concept of integrating Livelihood Support with MHPSS in rehabilitation programs for torture survivors?

Not at all familiar Slightly familiar Moderately familiar Very familiar

5. Has your organization been involved in any initiatives that integrate Livelihood Support with MHPSS for torture survivors?

Yes No Don't know

6. Do you agree that socioeconomic status and Mental Health & Psycho-Social (MHPSS) wellbeing are inter-related with one another?

Strongly Disagree Disagree Neither Agree Strongly agree

6.a. Provide the reason to choose the option above. (please be as detailed as possible)

7. Does your country have health specific budget?

- Yes No Don't know

8. If yes, what is the percentage of budget allocated for mental health in your country?

- Less than 1% 1-2% 2-3% 3-4% 4-5% More than 5%
- Other (please specify) _____

9. Is mental health integrated in primary health care system in your country?

- Yes No Don't know

10. If yes, in what ways mental health is integrated into the primary health care system in your country? (please be as detailed as possible)

11. Which of the following major threats are key determinants of mental disorders in your country? (select all that applies)

- Economic and social inequalities Public health emergencies (including COVID-19)
- Humanitarian emergencies (including conflict and forced displacement)
- Other (please specify) _____

12. How many of your torture survivors (clients) were engaged in survival crime?

- Less than 1% 1-10% 10-20% 20-30% 30-40% 40- 50%
- More than 50% Other (please specify) _____

13. How many torture survivors did your center serve during the past two years?

- Please specify _____

14. According to your national poverty line, what is the pre-economic profile of torture survivors you have served during the past two years?

- Very impoverished Somewhat impoverished
 Moderately affluent Very affluent

15. Do you believe it is important to integrate Livelihood Support with MHPSS in the rehabilitation of torture survivors in LMICs?

- Yes No

**16. If yes, why do you believe it is important to integrate Livelihood Support with MHPSS in the rehabilitation of torture survivors in LMICs?
(select all that applies)**

- To address the root causes of trauma and poverty and social inequalities
 To promote long-term resilience and independence
 To enhance the effectiveness of rehabilitation programs
 To promote holistic recovery among torture survivors

17. Do you foresee any potential benefits or advantages in integrating Livelihood Support with MHPSS for torture survivors in LMICs?

- Yes No

**18. If yes, what potential benefits or advantages do you foresee in integrating Livelihood Support with MHPSS for torture survivors in LMICs?
(select all that applies)**

- Improved mental health outcomes Greater social integration
 Increased economic stability Improved Psychological Well-being
 Holistic recovery

19. Are there any specific challenges or barriers that you anticipate in integrating Livelihood Support with MHPSS for torture survivors in LMICs?

- Yes No

20. If yes, what are the challenges or barriers that you anticipate in integrating Livelihood Support with MHPSS for torture survivors in LMICs? (select all that applies)

- Limited funding/resources Lack of coordination among service providers
 Political instability Cultural and social barriers
 Other (Please specify) _____

21. Based on your expertise, what recommendations would you offer to ensure effective integration of Livelihood Support with MHPSS for torture survivors in LMICs? (please be as detailed as possible)

22. What, if any, are there any specific strategies or approaches that you believe would enhance the sustainability and impact of integrated interventions for torture survivors in LMICs? (please be as detailed as possible)

23. In your view, what role can organizations like IRCT, governments, NGOs, and other stakeholders play in supporting the integration of Livelihood Support with MHPSS for torture survivors in LMICs? (please be as detailed as possible)

