



2020 **GLOBAL MENTAL HEALTH PROGRAM**

FACULTY AND PUBLICATIONS

**DEPARTMENT OF
PSYCHIATRY AND BEHAVIORAL SCIENCES**

School of Medicine
& Health Sciences

THE GEORGE WASHINGTON UNIVERSITY

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DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

AT THE GW SCHOOL OF MEDICINE AND HEALTH SCIENCES

Our Washington context makes global mental health (GMH) a natural mission for our George Washington University (GW) Department of Psychiatry. Washington and its suburbs have extraordinarily multicultural populations with over a hundred languages represented in multiple school districts (*USA Today*, September 24, 1997). Many of our faculty are leading figures in cultural psychiatry, trauma treatment, ethnopharmacology, torture-survivor rehabilitation, and human rights advocacy. Our physical proximity to the National Institute of Mental Health (NIMH), other governmental agencies, and international nongovernmental organization's (NGO's) provide unique resources (Griffith, 2014). Most of all, GMH expresses our ethical commitment to further mental health for those who stand outside mainstream America – a commitment to leave no one behind. This commitment includes those who live in low-income countries, in zones of armed conflict, and as immigrants and refugees in our country.

In 1998, our department began providing care at Northern Virginia Family Services, whose Program for Survivors of Torture and Severe Trauma enabled our psychiatry residents to aid in the recovery of political torture-survivors. Residents studied cultural psychiatry, learned therapies for post-traumatic symptoms, and conducted asylum evaluations for political refugees in our Human Rights Clinic. In 2016, the American College of Psychiatrists awarded its 24th Annual Award for Creativity in Psychiatric Education to our GW GMH Program for its teaching innovations in psychiatric education. This award noted how the program had matured into a national model as a four-year residency curriculum of didactic seminars, supervised clinical training, research, and human rights advocacy.

Brandon Kohrt, MD, PhD, Charles and Sonia Akman Professor of Global Psychiatry, now leads a GMH division with grant-funded research in 15 countries. Most recently, Kohrt's research team was awarded an NIMH R01 \$2,900,000 grant. As further detailed, Kohrt's mental health services research spans access, availability, affordability, and acceptability of mental health services for those who live in low- and middle-income countries.

Our GMH curriculum provides all our psychiatry residents with expertise that is as usable within the U.S. as it is in low income countries. First, GMH skill sets are also those needed for multicultural urban populations and underserved rural populations in the U.S. GMH training is ideal preparation for future community psychiatrists. Second, GMH requires clinicians to learn how to address adversities other than psychiatric illnesses, such as demoralization, grief, loss of dignity, and human rights violations. Third, global mental health requires skills for engaging families and communities as units of treatment, not just as individual patients. Fourth, GMH relies upon building resilience, not just treating psychopathology. Drawing upon patients' spiritualities for resilience can be vital for promoting mental health in many cultures.

Global mental health has been a good fit for the natural strengths of our department. It also has extended the reach of our person-centered commitment into the wider world. The training that our residents have gained has outfitted them well for psychiatric careers at home or abroad. After 21 years, our global mental health program has shown how the global is also local for psychiatry.

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OUR FACULTY



Brandon Kohrt, MD, PhD, an anthropologist and psychiatrist, holds the Charles and Sonia Akman Professorship in Global Psychiatry at the George Washington University, where he is associate professor of psychiatry and global health and director of the Division of Global Mental Health. Kohrt has worked with children and families affected by war and political violence, disasters, and other forms of adversity in Nepal, Haiti, Liberia, Nigeria, Uganda, Ethiopia, South Africa, Brazil, and Mongolia. Since 2006, he has served as technical adviser

to Transcultural Psychosocial Organization (TPO) Nepal, where he works to develop and implement mental health and psychosocial support programs for former child soldiers and earthquake survivors. Since 2010, Kohrt has worked with The Carter Center Mental Health Program in Liberia, where he designs anti-stigma programs to increase utilization of mental health services. In Liberia, he helped establish the first Crisis Intervention Team (CIT) training program for the Liberian National Police; this was the first CIT program in a low-income country. Kohrt has received funding from the National Institute of Mental Health, the Fulbright Program, the United Kingdom Medical Research Council, the World Health Organization (WHO), and the Bill & Melinda Gates Foundation. Kohrt serves as the scientific co-chair of the Health Research in Humanitarian Crises initiative at the Fogarty International Center at the National Institutes of Health (NIH). He is also the scientific adviser for the World Health Organization's EQUIP program, which is establishing global competency standards for non-specialists delivering psychological interventions. Kohrt has more than 140 peer reviewed publications including in *JAMA*, *Lancet*, *Proceedings of the National Academy of Sciences*, *the British Journal of Psychiatry*, and *Psychiatric Services*. With Emily Mendenhall, PhD, MPH, a professor at Georgetown University, he co-edited the book, *Global Mental Health: Anthropological Perspectives*.



James L. Griffith, MD, is the Leon M. Yochelson Professor and chair in the Department of Psychiatry and Behavioral Sciences at the George Washington University (GW) School of Medicine and Health Sciences. As a psychiatric educator, Griffith developed a psychiatry residency program at GW that has been distinguished for its curriculum in cultural psychiatry, global mental health, psychosocial care for medically-ill patients, and building resilience to adversity. In his clinical research, Griffith has published extensively on family centered treatment of

psychosomatic disorders and chronic medical illnesses, including a book, *The Body Speaks: Therapeutic Dialogues for Mind-Body Problems*. His most recent book, *Religion that Heals, Religion that Harms*, addressed destructive uses of religion and ideology in clinical settings and received the Creative Scholarship Award from the Society for the Study of Psychiatry and Culture. Since 1998, Griffith has provided psychiatric care for immigrants, refugees, and survivors of political torture at Northern Virginia Family Services in Falls Church, Virginia. Following the 1999 war, he helped lead a five-year program to train mental health professionals and develop family centered community mental health services in Kosovo. He has helped conduct long-term training programs for mental health professionals and primary care physicians in West Bank Palestine and Jordan. He has provided lectures and workshops on family centered mental health services, resilience-building interventions, and care of torture-survivors in numerous countries. His scholarship has focused upon translation of neuroscience research into practical interventions that promote mental health, ranging from "hope modules" for managing chronic, uncontrollable stressors, to interventions for countering social exclusion from stigma and prejudice.



Amir A. Afkhami, MD, PhD, is associate professor of psychiatry with joint appointments in the GW Milken Institute School of Public Health at GW and the GW Department of History. His work focuses on the intersection of diplomacy and international development, particularly on the role of psychiatric education and the mental health consequences of conflict. Afkhami planned and led implementation of the U.S. Department of State's funded Iraq Mental Health Initiative to rebuild Iraq's mental health delivery capabilities and the psychosocial

wing of USAID's Afghanistan Civilian Assistance Program (ACAP-II). He serves as an adviser to the U.S. Department of Defense on regional stabilization issues and is a term member of the Council on Foreign Relations. His most recent projects have evaluated refugee mental health care policy and the opiate crisis through a transnational lens. He is also the author of *A Modern Contagion: Imperialism and Public Health in Iran's Age of Cholera* (Baltimore: Johns Hopkins University Press, 2019).



Allen Dyer, MD, PhD, is professor and vice-chair for education in the George Washington University Department of Psychiatry and Behavioral Sciences. Dyer's long career as a bioethicist, psychoanalyst, and palliative care specialist has focused upon educational and humanitarian missions to humanitarian emergencies due to natural disasters or armed conflict. Dyer has received national awards for his extensive work in Iraq developing educational programs and rebuilding medical infrastructure. He has developed educational

programs and resilience workshops for communities affected by complex emergencies, including the Great Sichuan earthquake in China, the Haiti earthquake, the Japan tsunami/triple disaster, the refugee crisis in Greece, and more recently has helped communities affected by hurricanes in the Caribbean. Under Dyer's mentorship, psychiatry residents and psychiatry faculty have served as team members on four humanitarian missions to the Greece refugee crisis and on two missions to hurricane-afflicted British Virgin Islands in the Caribbean. Dyer has helped lead our educational missions to Jordan and West Bank Palestine to provide training for primary care physicians in mental health. Dyer has published extensively in ethics and medical ethics, most notably *Ethics and Psychiatry: Toward Professional Definition*, which has served as a benchmark for medical professionalism, as medical ethics has evolved into bioethics. Dyer is nearing completion of an edited textbook, *Global Mental Health: Ethical Principles and Best Practices*, which is expected to serve as a foundational work in the emerging field of global mental health. With Kohrt, Dyer teaches the GW PGY-II residency seminar in Global Mental Health.



Eindra Khin Khin, MD, is program director for the GW psychiatry residency program. Khin Khin, a forensic psychiatrist, directs the GW Human Rights Clinic. Since 2013, the clinic has provided psychiatric services for refugees, asylum seekers, and immigrants from around the world. Pro bono mental health evaluations are provided as part of the asylum process in collaboration with Physicians for Human Rights, the George Washington University Law School, and Georgetown University Law Center.

Psychiatry residents learn how to conduct a document review, mental health evaluation, and written report; consult with attorneys; and give a deposition with potential court testimony. Long-term career follow up from our global mental health curriculum found that GW psychiatry residency graduates commonly continue to provide volunteer psychiatric services with organizations such as Physicians for Human Rights that provide support for political asylees.



Zeina Saliba, MD, is medical director for the George Washington University Hospital's psychiatric services. Saliba completed a combined family medicine and psychiatry residency at the University of Pittsburgh, which has provided a broad background for both her work in global mental health and inpatient psychiatry. She holds an addiction medicine subspecialty certification and serves as a Bloomberg Fellow in the Johns Hopkins Bloomberg School of Public Health. In our global mental health program, Saliba has conducted OB-GYN and mental

health missions to Kenya and Guyana, as well as a recent humanitarian mission to the Greek refugee crisis. She is fluent in French, Spanish, and Arabic. Saliba is providing leadership in developing GW's telehealth capabilities to create distance learning and clinical supervision for primary care teams working in remote settings. She currently serves as the mental health/addiction specialist for ECHO (Extension for Community Healthcare Outcomes), a substance use disorders telehealth program for the Northwest Portland Area Indian Health Board in Oregon; as the mental health expert for a GW diabetes ECHO program collaborating with La Clinica and Unity Healthcare in the District of Columbia; and as an addiction specialist for a new ECHO program in Hungary.



Suzan J. Song, MD, MPH, PhD, is director of the Division of Child, Adolescent, & Family Psychiatry and associate professor in the George Washington University Department of Psychiatry and at the Milken Institute School of Public Health at GW. Song is also a humanitarian protection adviser for youth and families of forced migration globally with humanitarian agencies; technical adviser to multiple domestic refugee and survivor of torture programs; and subject matter expert to the U.S. federal government on child trafficking. Her two decades

of global mental health work span Sierra Leone, Liberia, Ethiopia, KwaZulu-Natal, Haiti, Burundi, Syria/Jordan, the Democratic Republic of the Congo, and forcibly displaced youth and families in the U.S. Song received her MD from the University of Chicago Pritzker School of Medicine, her MPH from Harvard T.H. Chan School of Public Health, and her PhD in social and behavioral medicine from the University of Amsterdam, Netherlands. She completed a psychiatry residency in the Harvard Longwood Medical Center and a child and adolescent psychiatry fellowship at Stanford University. Clinically, Song has provided care to survivors of torture, refugees, youth and families seeking asylum, unaccompanied and reunified minors, and survivors of human trafficking for 10 years. Song is a national leader and internationally recognized for her clinical, policy, and research work with youth and families of forced migration, unaccompanied minors, and child trafficking. She is spokesperson for refugee mental health for the American Psychiatric Association, provides subject matter expertise on child trafficking to the U.S. State Department, and has testified as an expert witness before the Department of Homeland Security congressional committee. Song's Children of Crisis Program focuses upon clinical care and advocacy for trafficked children and families struggling with forced displacement.



Vanessa Torres-Llenza, MD, is assistant professor of psychiatry, hospitalist for the George Washington University Hospital's consultation-liaison and emergency psychiatry services, and attending supervisor for the immigrant and refugee clinic at Northern Virginia Family Services. Torres completed a psychiatry residency at the Boston University Medical Center and a consultation-liaison psychiatry fellowship in the INOVA-George Washington University program. During her training, she received an American Psychiatric

Association/SAMHSA Fellowship that funded a community-based mental health program in Puerto Rico. She has since developed a nonprofit, CrearConSalud, that has expanded mental health education in Puerto Rico. With the catastrophe of Hurricane Maria, this work has taken on an added mission to strengthen psychological recovery from the devastation. Currently, Torres and Dyer are collaborating with the Pan-American Health Organization more broadly to provide resilience-building mental health programs for hurricane preparedness in anticipation of future storms that may strike Caribbean islands with increasing frequency due to global warming.

Enhancing Assessment of Common Therapeutic Factors (ENACT) Project

ENACT is a tool for assessing mental health workers' competencies for enacting "common factors" of therapeutic change during training and supervision in global mental health task-sharing initiatives. Task-sharing is the recruitment of non-specialist providers to deliver mental health services in low-resource settings that lack mental health specialists. A challenge for task-sharing programs is to achieve and maintain clinical competencies of non-specialist mental health workers, including primary care workers, paraprofessionals, and lay providers. Decades of psychotherapy outcome research has established that a clinician's capabilities for enacting the "common factors" of therapeutic change are highly predictive of therapeutic success. Such common factors include empathy, genuineness, collaborative goal-setting, and mobilization of social support. Thus, there has been a critical need to develop methods for assessing a mental health worker's effectiveness in enacting the common therapeutic factors. Such an assessment would provide a valid method for deciding who to hire and who to retain as a mental health worker. The 18-item ENhancing Assessment of Common Therapeutic factors (ENACT) tool was developed and validated by Kohrt's research team. ENACT has been adopted by the World Health Organization as its standard assessment method in workforce development as its funded programs recruit and train mental health workers. Kohrt currently supervises development of ENACT tools contextualized to local cultures and languages in 14 countries.

Bill and Melinda Gates Foundation Project

The Gates Foundation project integrates passive sensing data into a clinical program to identify young mothers with postpartum depression who may benefit from psychological interventions. There is a high prevalence of untreated postpartum depression among adolescent mothers in low- and middle-income countries. Recent studies have demonstrated the potential of non-specialists to provide mental health services for postpartum depression in these low-resource settings. However, there is inconsistency in short-term and long-term benefits from the interventions. Passive sensing data generated from wearable digital devices can be used to more accurately distinguish which mothers will benefit from psychological services. In addition, wearable digital sensors can be used to passively collect data to personalize care for mothers. The Gates Foundation project pilot tested wearable sensors to generate passive sensing data that distinguish adolescent mothers with depression in Nepal from those without depression. Wearable digital devices collected data in four domains: 1.) the physical activity of mothers using accelerometer data on mobile phones; 2.) the geographic range and routine of mothers using GPS data collected from mobile phones; 3.) the time and routine of adolescent mothers with their infants using proximity data collected from Bluetooth beacons; and 4.) the verbal stimulation and auditory environment for mothers and infants using episodic audio recordings on mobile phones. These data were then downloaded to mental health workers' devices. The data could then be used to guide a behavioral activation intervention to the depressed adolescent mothers.

IDEA Project

As part of the IDEA project, the George Washington University (GW) is conducting a comprehensive systematic review of predictors of depression among adolescents around the globe, especially in low- and middle-income countries (LMICs). This review aims to identify evidence for biological, psychological, and contextual risk factors for the development of depression among adolescents and young adults (10-24 years of age) in high-income countries (HICs) and LMICs, ultimately contributing to a.) identification of potential mechanisms underlying depression development; b.) selection of

common risk and protective factors as targets for detection; and c.) refinement of risk models that can be evaluated through existing cohorts in HICs and LMICs. In addition to the systematic review, GW is also implementing a qualitative study as part of its IDEA project portfolio. This study will explore three domains of inquiry: 1.) cultural heterogeneity of biopsychosocial risk factors, lived experience of adolescent depression, and health systems and policy considerations for identification and management of adolescent depression in HIC and LMIC settings; 2.) the feasibility, acceptability, and ethics of a risk calculator tool for adolescent depression that can be used in LMICs and HICs; and 3.) capacity for biological research into biomarkers for depression risk among adolescents in LMICs. This multi-site qualitative study is being conducted in Brazil, Nepal, Nigeria, and the United Kingdom. The IDEA project is funded by the MQ Charity, United Kingdom.

Measurement of Mental Health Among Adolescents at the Population Level Project

GW Department of Psychiatry researchers are supporting the work of UNICEF, which is leading an effort to develop a data collection tool known as MMAP (Measurement of Mental Health Among Adolescents at the Population Level) to capture information on adolescents' mental health at a population level in low- and middle-income countries. There is a gap of validated tools and prevalence data for measurement of adolescent mental health conditions at the population level. Validation and adaptation of the tool in different contexts will involve a mix of qualitative and quantitative approaches, including clinical validation of depression, anxiety, and suicidality. Specifically, the tool will provide robust, standardized data at the population level for anxiety and depression, functional impairment due to mental health conditions, and suicide ideation and attempt. The final outcome will be a tool for use in household surveys to assess the prevalence of mental health conditions among adolescents ages 10-14 and 15-19 that will be disaggregated by demographic, socio-economic characteristics, and subnational geographic areas to capture equity patterns. Website: <https://data.unicef.org/resources/mmap-august-2019/>

Reducing Stigma Among Healthcare Providers (RESHAPE) Project

The GW Department of Psychiatry has developed RESHAPE as a version of the World Health Organization's (WHO) mhGAP training for primary care health workers that includes a new stigma reduction component. For regions where there are few or no mental health professionals, WHO developed the mental health Gap Action Programme (mhGAP) to train primary care workers to deliver evidence-supported treatment. However, research to date suggests that implementation strategies for mhGAP have failed as evidenced by low detection rates, with multiple studies showing fewer than 10% of persons with mental illness detected after training. Our preliminary work suggests that reducing primary care workers' stigma against persons with mental illness may improve accurate detection of mental illness. We developed a version of mhGAP training that includes a stigma reduction component: "REducing Stigma among HealthcAreProvidErs" (RESHAPE). In RESHAPE, persons with mental illness (i.e., mental health service users) are trained to share recovery stories, conduct myth-busting sessions, and promote mental health advocacy. Our preliminary studies of RESHAPE confirm that involvement of mental health service users in training primary care workers reduces stigma, and that stigma reduction may mediate improved detection of mental illness. This newly awarded \$2,900,000 RO1 NIMH grant will fund a hybrid implementation-effectiveness (Type-3) cluster randomized controlled trial in Nepal to compare mhGAP standard implementation with the RESHAPE implementation strategy. Target conditions will be depression, generalized anxiety, psychotic disorders, and alcohol use disorder.

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