among military caregivers. Randomized controlled trials are needed to confirm these results.

Making Scalable Digital Mental Health Interventions Culturally Appropriate: A Programme to Reach Filipinos in China

Brian Hall

University of Macau, China

Background: Digital mental health interventions offer scalable solutions to meet the needs of diverse populations living in contexts of adversity and where there are few mental health providers. *Objective*: This presentation will describe the cultural adaptation of the World Health Organization's digital mental health programme, Step-by-Step, currently being piloted tested among Filipino transnational migrants. *Method*: Cultural adaptation was carried out in several phases: (1) Consultations with expert Filipino psychologists; (2) Preliminary content adaptation; (3) Iterative content and illustration adaptations based on focus groups with 28 migrants working in diverse industries; and (4) Stakeholder feedback. In each FGD, cognitive interviewing was used to probe for relevance, acceptability and comprehensibility. *Results*: We made a number of key adaptations. To enhance relevance, we adapted the programme narrative to match migrants' experiences, incorporated Filipino values, and illustrated familiar problems and activities. To increase acceptability, our main characters were changed to wise elders rather than health professionals, potentially unacceptable content was removed, and the programme was made suitable for a variety of migrants. To increase comprehension, we used English and Filipino languages, and simplified the text to ease interpretation of abstract terms or ideas. We retained the core elements and concepts included in the Step-by-Step programme to maintain completeness. *Conclusions*: This study showed the utility of using the four-point framework that focuses on acceptance, relevance, comprehensibility and completeness. We achieved a culturally-appropriate adapted version of the Step-by-Step programme for OFWs. We discuss lessons learned in the process to guide future cultural adaptations of digital mental health interventions.

S5.4

Building Evidence-Based Treatments for Refugee Populations: Results and Pitfalls from the Field

Rina Ghafoerkhan[a], Jetske van Heemstra[a], Nadine Stammel[b], and Maja Nordbrandt[c]

[a]Equator Foundation, Arq Psychotrauma Expert Group, the Netherlands; [b]Freie Universitat Berlin, Germany; [c]Competence Centre for Transcultural Psychiatry, Denmark

Track: Transcultural & Diversity

Numbers of refugees are growing worldwide, many of whom suffer from mental health problems. The need for evidence-based treatment for this population is urgent. However classical designs and guidelines for building evidence-based treatment do not fit this population. Well-known challenges are cultural and language barriers and high drop-out rates due to uncertain living conditions. As a result treatment studies are scarce, and its participants do not necessarily represent the population as a whole (i.e. selection bias). Challenges in designing and carrying out refugee treatment studies are rarely represented in the scientific literature. In the current symposium, we will present findings from several European refugee treatment studies and discuss the many pitfalls and compromises it takes to carry out such studies. Considering these refugee treatment studies, put forward realistic recommendations for future studies. A general introduction beforehand and a discussion afterwards will be part of the symposium.

Multidisciplinary Treatment for Traumatized Refugees in a Naturalistic Setting: Symptom Courses and Predictors

Nadine Stammel

Freie Universitat Berlin, Germany

Background: Multidisciplinary treatment (MT) approaches are commonly used in specialised psychosocial centres for the treatment of traumatized refugees, but empirical evidence for their efficacy is inconsistent (Nickerson et al., 2011; van Wyk & Schweitzer, 2014). *Objective*: To obtain evidence on the effectiveness of MT approaches for traumatized refugees, symptom courses of posttraumatic stress disorder (PTSD), anxiety, depression, somatoform symptoms subjective quality of life (QoL) were investigated in the course of a naturalistic MT. It was also analysed if sociodemographic variables predicted changes in symptomatology and quality of life. *Method*: $N = 76$ patients of the outpatient clinic of Center Überleben receiving regular MT were surveyed at three measurement points in a single-group design. Pitfalls during study execution: Due to a high amount of missing data and irregular time intervals between the assessments (e.g. range of second assessment: 4.4–17.3 months), multilevel analysis was applied (Hox, 2010). *Results*: We found significant improvements of PTSD symptoms, depression, anxiety (all $p < .001$) and somatoform symptoms