ACTI's Cost Effectiveness

How ACTI allocates funding

Action for Child Trauma International (ACTI) empowers communities to effectively treat post-traumatic stress disorder (PTSD) in children. Our core offering is training in Children's Accelerated Trauma Treatment (CATT), a child-centred therapeutic treatment aligned with World Health Organisation (WHO) guidelines that combines play and arts therapy techniques with trauma-focused cognitive behavioural therapy (TF-CBT) and children's rights principles. CATT is unique in having been designed specifically for children and is distinguished by both its ability to effectively treat PTSD, and its ability to be delivered by people without prior clinical training, such as schoolteachers. This makes it uniquely suitable for delivery in areas affected by disaster, conflict, or state failure, where the world's concentrations of children with PTSD and lack of access to adequate mental health services are typically found. ACTI is the only organisation teaching these techniques in these contexts.

CATT is an intensive one-to-one treatment that demonstrably reduces symptoms of PTSD in children presenting with symptoms above the threshold for clinical diagnosis to levels below the threshold for diagnosis. Audit of the activities of practitioners trained by ACTI in Uganda and Gaza have each shown success rate of 100%. The nature of CATT is such that while ACTI's training costs can be kept low, the time commitment required of practitioners is high relative to drug and group treatments that can be applied successfully for less severe mental health disorders. We apply a 'cascade' model of service delivery, which enables professionals we have trained to train others, multiplying the impact of our efforts. ACTI has developed an Anxiety & Resilience Programme, in use in Syria and Yemen, which can be applied in a group setting, reducing the cost of delivery for teams on the ground. This programme addresses anxiety, rather than PTSD while still providing psychoeducation relating trauma for children, parents and others involved in education and caregiving.

We prioritise opportunities and requests for support on a regular basis and due to limited funds must decline several each year. When comparing opportunities, we will consider the expected benefit of a particular action, typically prioritising efforts in areas where little or no mental health support exists, and the introduction of psychoeducation and a Child's Rights model has transformation potential. This gives us a relatively broad portfolio for an organisation of our size, in keeping with our global focus.

How ACTI measures effectiveness

Measuring the effectiveness of our initiatives – ACTI's Monitoring, Evaluation and Learning (MEL) Framework

ACTI has an MEL framework that can be applied to multiple contexts.

The key principle underlying the framework is that when evaluating the actions of ACTI, the scope of evaluation should not be limited to the action itself (e.g., a CATT training course) and its direct output (e.g., participants trained in CATT), as this would not capture the entire scope of the impact of the action. The impact of an individual trainee is affected by complex sets of variables that differ across contexts: some trainees and training programmes will have much greater impacts than others. ACTI needs to not only evaluate itself for its direct output i.e., evaluating the effectiveness of the training, but also the broader outcomes of this training. The value of the former is to improve the training and become more effective, while the value of the latter is the impact on the child's wellbeing and that of their family and community.

Table 1 - Illustration of ACTI's key evaluation principle

Action	Outputs	Outcomes
CATT training	Participants trained in CATT	Improvement in the wellbeing of children in the context of their families and communities

When determining the relative cost-effectiveness of potential interventions, then, ACTI considers relative effectiveness in terms of expected outcomes. Our cost-effectiveness goal is to maximise, per dollar spent, the improvement in the wellbeing of children in the context of their families and communities. Rather than, for example, the number of participants trained.

Our training model of education is itself sustainable in that qualified staff who receive the training are equipped to train others to use the specialist techniques, as well as apply the skills themselves. The training supports the achievement of long-term development aims as it is delivered within a framework of Children's Rights, helping to empower children and promote citizenship. Previous phases have demonstrated that our work improves the ability of families and communities to relieve children's suffering & manage the impact of trauma in their everyday lives.

See https://actinternational.org.uk/mel for more details on our MEL framework or contact us directly.

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Measuring clinical effectiveness of CATT - CRIES-8

For measuring clinical results of PTSD treatment, we use the eight-item Children's Revised Impact of Event Scale (CRIES-8), which is a brief child-friendly measure designed to screen children at risk for PTSD, developed by the Children and War Foundation (Perrin et al. 2005). This is a self-assessment scale, and measures are taken pre- and post-treatment. The assessment provides a score and diagnostic threshold.

See https://www.corc.uk.net/outcome-experience-measures/child-revised-impact-of-events-scale-cries/ for more details on CRIES-8 or contact us directly.

Measuring clinical effectiveness of the Anxiety & Resilience (A&R) Programme – SCAS

For measuring clinical effectiveness of the A&R Programme we use the abbreviated version of the Spence Children's Anxiety Scale (SCAS), which is a psychological questionnaire designed to assess the severity of anxiety symptoms broadly in line with the dimensions of anxiety disorder proposed by the DSM-IV.

See https://www.scaswebsite.com/ for more details on SCAS or contact us directly.

Cost effectiveness assessment 1: CRESS team in northern Uganda – CATT training

Background

Over half of Uganda's population are under 15 years old and many have been subjected to traumatic events leading to a high rate of mental health disorders. The country's history of prolonged armed conflicts such as the war involving the Lord's Resistance Army, has left a legacy of children who grew up in a brutalised environment without their parents and who face discrimination and social stigma.

Uganda's open-door policy has swelled the number of orphans bringing almost one and a half million refugees from countries like Sudan, Rwanda, Burundi, Ethiopia, Somalia, and the Democratic Republic of Congo. According to the Ugandan Government, the burden of mental and neurological disorders has been increased by the effects of war, exposure to violence including defilement, poverty, physical, emotional, and sexual abuse, commercial sex and sex for survival, addiction to substances such as alcohol and cannabis, infection or being affected by HIV/AIDS and other disease like malaria resulting in psychological and/or intellectual handicap, bereavement, and separation. Depression among secondary school students and anxiety disorders, particularly among girls, are high.

When ACT International (then Luna Children's Charity) began to work in Uganda in 2011, child and adolescent mental health services were inaccessible to most Ugandans and there was only one psychiatrist specialising in child and adolescent mental health. From 2012, ACT International worked as a partner of East London NHS Foundation Trust on its mental health link with Butabika National Referral Hospital in Kampala, training the country's first children's mental health specialists.

Child and adolescent mental health services in Uganda have vastly improved over the last decade and ACTI International has played a part in this change, training more than 160 health and social care professionals to deliver CATT. 14 have become trainers themselves, spreading practice across the country. There are now CATT counsellors in every region of the country helping trafficked children, children suffering from domestic violence and abuse and those who've fled conflict in neighbouring countries.

> "We work in tough times and tough situations. So, because of the love for the work and the love for the children, we have to accept and just continue doing the work to save the lives of the children so they can really cope positively and to build the resilience of the children. That's why I said, we go through tough times, tough situations, but we have to persevere. And our pleasure is seeing children coming up and coping positively. And that becomes our pride."
> - Beatrice Kiden (CATT practitioner)

Although CATT training is specifically designed to help children suffering from PTSD, a social impact assessment carried out in 2016 (https://actinternational.org.uk/s/SIA-Uganda-2016.pdf) showed that it increased counsellors' psycho-social knowledge, improved their understanding of children's rights and promoted child-centred practice.

In 2017, the Ugandan Ministry of Health set out ambitious policy guidelines for child and adolescent mental health. The recent pandemic offers a stark reminder that there is still much to be done. School closures, social distancing, curfews, and lockdown led to an upsurge in domestic violence, child abuse, teenage pregnancies, and suicide yet, far from throwing more resources into mental health, administrators did the opposite. In most of the country's regional referral hospitals, wards for psychiatric patients were turned into COVID wards, and psychiatric patients could not access services.

Initiative

In IDP and refugee settlements on the border between Uganda and Sudan, ACTI's partner CRESS UK employs a team of nine trauma counsellors trained in CATT by ACT International. These counsellors work under the auspices of the Diocese of Liwolo exiled in Uganda, offering trauma therapy and emotional health guidance for a small remuneration of $15 a month. The most common causes of trauma they see are child neglect, rape, and sexual abuse.

In two years of pandemic, between November 2019 and December 2021, they saw 858 children, whose treatment is documented in case files. All of them had high CRIES-8 scores at the first assessment, indicating a diagnosis of PTSD. After treatment with CATT, a marked reduction in CRIES-8 scores was seen in all cases, to below the threshold for PTSD, indicating significant improvement or total removal of many of the main symptoms of PTSD such as re-experiencing and avoidance. The large drop in mean scores indicates that CATT is a successful and appropriate technique for treating PTSD in these communities, and that this group of CATT counsellors is very effective.

The CRESS CATT model is exceptional for Uganda in having a dedicated team of practitioners, who are themselves refugees with first-hand experience of trauma who live in the communities they serve. They are led by a co-ordinator who travels across the West Nile district monitoring progress and have the additional support of Fiona Sheldon, a psychotherapist who advises CRESS on mental health issues. Details of cases are sent to CRESS headquarters on a regular basis, giving the age and gender of each child, number of CATT sessions and CRIES-8 scores before and after therapy.

Although 20 counsellors completed the initial CATT training programme in 2018, within a year almost half had dropped out and others followed, perhaps daunted by the demanding nature of the work in refugee camps where the level of need is high but basic resources are in short supply. This is a relatively high attrition rate compared with other areas we work in, but also a larger group size and a particularly challenging environment. The nine that now remain are highly motivated.

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In 2021 CRESS responded to requests for help by offering counsellors a monthly stipend of $15, paid every two months. The charity also provided gifts such as biscuits and pens for the children. To enable counsellors to cover the lengthy distances between settlements and remain in touch with children and their families, counsellors were equipped with bicycles and mobile phones. As a result, their motivation increased but so too did the number of referrals, bringing new pressures.

The ACT International training programme for CATT emphasises the need for self-care to avoid compassion fatigue or burn-out. Supervision is also an element of good practice. This is often a problem for isolated practitioners working outside a hospital setting but the CRESS model fosters a sense of co-operation and mutual support.

Considering cost-effectiveness

The outcome of our investment in training for CRESS UK was the establishment of a specialist CATT team of nine counsellors which has now 616 children. ACTI's expenditure on behalf of this CRESS team since 2019 has been £6,450. ACTI's contribution has been focused on the training element of the work, including community awareness and training two trainers to train others. The team has reached over 2,345 children and young adults through its community emotional health programme.

This gives a cost of £10.50 per treated child, or £2.75 per impacted child. Measures of costs avoided due to the provision of treatment are beyond the scope of this assessment, and literature on this theme is lacking. One systematic review of 13 cost-of-illness studies and 18 economic evaluations estimated annual direct excess costs expressed in 2015 US-$ purchasing power parities (PPP) between 512 US-$-PPP and 19,435 US-$ PPP and annual indirect excess costs at 5,021 US-$ PPP per person (https://doi.org/10.1080/20008198.2020.1753940).

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Cost effectiveness assessment 2: Gaza Children's Trauma Clinic

Background

International organisations estimate the number of children in Gaza needing psychological intervention exceeds a quarter of a million. Issues faced by children include recurring hostilities, the ongoing siege, shortage of water, electricity and medicines, extreme poverty, child labour, the impact of the coronavirus pandemic and bombardments.

Initiative

In July 2019, a Children's Trauma Clinic was set up in Gaza, funded by 3 NGOs (ACT International, Firefly International, and IMET 2000). Psychosocial counsellor Mohammad El Sharef was trained to use CATT in UK in November 2018, and subsequently we remotely trained his colleague, psychologist Haitham Shamiyah who had been unable to leave Gaza. The two of them together provide CATT treatment to c hildren and trauma awareness raising sessions for their wider families and communities. Due to our international networks, we were able to arrange fortnightly support via skype by joint Project Managers Tamara Curtis and Coco Burch and clinical supervision from Jordan by Dr Ghalia Al Asha.

69 children and young people completed CATT treatment for PTSD between July 2019 and December 2020. At initial assessment, all 69 children received total scores on CRIES- 8 of over 17, the cut off for a likely clinical diagnosis of PTSD. (Range: 18-40/40) At post-treatment review, the score for every child had fallen to below 17 (range: 4-16/40). Mean reduction in CRIES -8 scores from pre to post intervention assessment was 19.01 (SD= 5.1). The Post-Catt assessment scores (M=10.26, SD= 2.53) were significantly lower than the Pre-CATT scores (M= 29.48, SD= 5.10), indicating that CATT significantly reduced symptoms of traumatic stress, measured using CRIES-8, to below the 17-point cut-off for probable PTSD.

The analysis shows that CATT was an effective treatment for symptoms of trauma in children and young people, including several who had lived with the effects of PTSD for 4 or more years, and despite continued exposure to potentially traumatising events. Parents and children also reported progress in life skills and psychosocial adjustment after CATT. A small group of children were seen for a follow-up review six- to-seven months after finishing CATT. The gains reported after finishing CATT treatment, and low CRIES-8 scores, were maintained in 9 of the 10 children, and further positive gains were reported. This indicated that CATT may help children and young people to develop their psychological resilience to cope with further traumatic events.

Gaza – clinical audit 2021

At initial assessment, all 69 children received total scores on CRIES- 8 above the cut off for a likely clinical diagnosis of PTSD. At post-treatment review, the score for every child had fallen to below the cut-off. The Post-CATT scores were significantly lower than the Pre-CATT scores indicating that CATT significantly reduced symptoms of traumatic stress, measured using CRIES-8, to below the cut-off for probable PTSD.

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No child in the group of 69 showed an adverse mental health event (e.g., marked mood swings, or high levels of anxiety) during the treatment period, indicating that CATT is a safe treatment in this environment.

Considering cost-effectiveness

ACTI's investment in Gaza between July 2019 and December 2020 was approximately £7,000, meaning a cost to ACTI of around £100 per child treated. The clinic's costs approximately averaged $295 per child treated. Activity was limited due safety issues during November 2019 and the impact of lockdowns due to the coronavirus pandemic. In May 2021, The Children's Trauma Clinic in Gaza was tragically destroyed during 11 days of bombardment. Mercifully no one was hurt, but all written records were lost. That the clinic was able to open again only two weeks later (in temporary accommodation) was due to the swift action of IMET2000 and Firefly International, the dedication of the two clinicians and excellent online record keeping. The clinicians contacted all families whose children had been treated for trauma previously at the clinic. Remarkably only two of these children had signs of trauma despite high levels of trauma experienced by people in Gaza generally after the bombardment. This demonstrated, better than any research study, the impact of CATT on building children's resilience to cope with further adversity and confirmed our view of its appropriateness for traumatised children in areas of ongoing and intermittent conflict.

Despite deteriorating living conditions and spasmodic recurrences in conflict, the clinic has grown over the year thanks to additional investment by IMET and Firefly, and now employs two part-time psychologists (who have been trained to use CATT) with the input of a psychiatrist (also now CATT trained). It continues to provide trauma awareness-raising and education events, receives a steady flow of referrals for PTSD treatment, including from Médecins sans Frontières and the Ma'an Development Centre, and has been visited by the International Red Cross. This growth would not have been possible had it not been for the commitment and funding of the service by IMET and Firefly. As a small training charity, this goes beyond our capacity and in January 2022 we withdrew from operational responsibility for the service. However, we continue to provide trauma training and clinical supervision via Dr Ghalia Al Asha, and to advise the Project Team.

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