

**MHPSS**  
Academy



## **Problem Management Plus (PM+)**

**Brief individual or group intervention  
to address psychological or daily problems**



# Problem Management Plus.

## What is it?

Problem Management Plus (PM+) is a brief individual or group intervention developed to address psychological or daily problems. It is delivered through five sessions based on cognitive behavioural therapy strategies. In the sessions, participants learn skills to manage stress, manage problems, get active, and strengthen their social support.



Problem Management Plus (PM+)

### Who designed PM+?

PM+ was developed by colleagues working at the World Health Organization (WHO), in collaboration and consultation with hundreds of practitioners and experts working with people in adversity, including refugees, populations living in high conflict areas, and populations living in poverty.

### Why was it developed?

PM+ is part of WHO's work to develop scalable interventions for people with limited access to mental health support, such as communities exposed to adversity and settings with a lack of mental health professionals.

PM+ is an intervention at the third level of the Inter-Agency Standing Committee (IASC) intervention pyramid for mental health and psychosocial support (MHPSS), and regarded as focused, non-specialised support.

### For whom is PM+ designed?

Adults with distress, such as depression, anxiety or stress. PM+ addresses a broader variety of symptoms and problems that may result from adversities, instead of targeting one specific mental disorder.

### For whom is PM+ NOT designed?

PM+ is not for someone who has a severe impairment related to a mental, neurological or substance use disorder (e.g. psychosis, alcohol or drug use dependence, severe intellectual disability, dementia). PM+ is also not for someone who has a plan to end their life in the near future.

### Is it effective and safe?

PM+ has more evidence to support its use than any other scalable intervention currently. Randomized controlled trials were done to test the effectiveness and reliability of PM+ before it was publicly released.

After its release, research has continued, finding that PM+ is safe and reduces general distress, symptoms of depression, anxiety, post traumatic stress, disability, and self-identified problems, both in low- and middle-income countries as well as among refugee populations in high-income countries.\*

For more information on PM+ research, please see a list of studies on PM+ under *Further readings* (page 7).



\* Schäfer, S. K., Thomas, L. M., Lindner, S., & Lieb, K. (2023). World Health Organization's low-intensity psychosocial interventions: a systematic review and meta-analysis of the effects of Problem Management Plus and Step-by-Step. *World Psychiatry*, 22(3), 449-462.





## Steps to implement PM+

WHO specifies five major steps to implementing scalable psychological interventions. These steps are planning; adaptation; workforce; identification, assessment and delivery; and monitoring and evaluation.

Also see the infographic on the next page from WHO Psychological interventions implementation manual *Integrating evidence-based psychological interventions into existing services* (to be found online on [who.int/publications/i/item/9789240087149](https://who.int/publications/i/item/9789240087149)).

## Easy to adapt

PM+ has been adapted for use in different populations, settings and contexts. An overview of the PM+ manuals is provided on under *Further readings* (page 7). PM+ is easy to adapt and use in different contexts and cultures. Examples of aspects to adapt are illustrations, language in recordings, case examples, idioms, and cultural sayings.

## Who can deliver it?

People without previous training in mental health care can effectively deliver low-intensity interventions, such as PM+, as long as they are trained and supervised.

## How do you get trained in PM+?

There are different ways to be trained in PM+ for different roles.

### PM+ helper or group facilitator

There are two different paths to becoming trained in PM+ as a PM+ helper or group facilitator:

- If you are a **mental health professional** with experience in cognitive behavioral therapy, you can be trained in about 40 hours (5 days) of classroom training.
- If you have **no experience** with mental health work, you can be trained in 80 hours (10 days) of classroom training.

Upon completion of classroom training, you have two practice clients or groups, with close supervision. After that you can continue delivering PM+, but always with ongoing supervision.

### Training of trainers (ToT)

When you have some experience working with PM+ and feel confident in training others, then you can join a *Training of Trainers* (ToT) workshop. This takes between 3 – 5 days, depending on the levels of experience and skills of the participants.

### Training of supervisors

Training as a supervisor of scalable interventions is part of the ToT, or you can attend this as a separate training if you have experience with PM+ and with supervision.

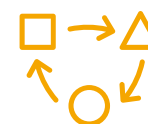
## Steps to implement psychological interventions.

### Planning



Choose one or more psychological interventions for a specific setting and plan how to deliver them to a target population.

### Adaptation



Adapt the psychological interventions for use in a specific context, including translating them into local languages.

### Workforce



Prepare and sustain a competent workforce to deliver the psychological interventions by selecting, training, assessing and supervising providers.

### Identification, assessment and delivery



Identify potential beneficiaries of the psychological interventions and ensure they are directed to the right source of support.

### Monitoring and evaluation



Monitor and evaluate the outcomes and impacts of the service with integrated psychological interventions.

Community engagement: engage local communities.



Overview of trainings

Training	Background or needed experience	Length of classroom training	Additional practical application
PM+ helper or group facilitator	Mental health professionals	40 hours (5 days)	Two practice clients or groups with supervision
PM+ helper or group facilitator	High school	80 hours (10 days)	Two practice clients or groups with supervision
Training of Trainers (ToT)	PM+ delivery Trainer experience	24 – 40 hours (3 – 5 days) depending on experience level	Provides one training of others with supervision
Training of Supervisors	PM+ Supervision experience	16 hours (2 days)	None



Training: where and how?

We offer the Training of Trainers (ToT) directly at MHPSS Academy. To help facilitate the training of PM+ helpers, we have a growing **global network of trainers** that can provide PM+ helper or group facilitator trainings.

Feel free to discuss the options for your team or check our online **training calendar** for upcoming local, regional, or global trainings.

Interested?

Do you want to know more about PM+ and how we can help you build the skills of your team? Please contact us via [info@mhpsacademy.org](mailto:info@mhpsacademy.org) or visit [mhpsacademy.org](https://mhpsacademy.org).

Further readings

PM+ Manuals

PM+ manual (individual format): [who.int/publications/i/item/WHO-MSD-MER-18.5](https://who.int/publications/i/item/WHO-MSD-MER-18.5)

PM+ manual (group format): [who.int/publications/i/item/9789240008106](https://who.int/publications/i/item/9789240008106)

Research on PM+

Note that this list is not complete, but provides an overview of a few significant studies.

Overview studies:

Schäfer, S. K., Thomas, L. M., Lindner, S., & Lieb, K. (2023). World Health Organization’s low-intensity psychosocial interventions: a systematic review and meta-analysis of the effects of Problem Management Plus and Step-by-Step. *World Psychiatry*, 22(3), 449–462. [onlinelibrary.wiley.com/doi/full/10.1002/wps.21129](https://onlinelibrary.wiley.com/doi/full/10.1002/wps.21129)

Akhtar, A., Koyiet, P., Rahman, A., Schafer, A., Hamdani, S. U., Cuijpers, P., ... & Bryant, R. A. (2022). Residual posttraumatic stress disorder symptoms after provision of brief behavioral intervention in low-and middle-income countries: an individual-patient data meta-analysis. *Depression and anxiety*, 39(1), 71–82.

Clinical studies on individual PM+

Rahman, A., Hamdani, S. U., Awan, N. R., Bryant, R. A., Dawson, K. S., Khan, M. F., ... & Van Ommeren, M. (2016). Effect of a multicomponent behavioral intervention in adults impaired by psychological distress in a conflict-affected area of Pakistan: a randomized clinical trial. *Jama*, 316(24), 2609–2617.

Hamdani, S. U., Huma, Z. E., Masood, A., Zhou, K., Ahmed, Z., Nazir, H., ... & Minhas, F. A. (2021). Effect of adding a psychological intervention to routine care of common mental disorders in a specialized mental healthcare facility in Pakistan: a randomized controlled trial. *International journal of mental health systems*, 15, 1–12.

Bryant, R. A., Schafer, A., Dawson, K. S., Anjuri, D., Mulili, C., Ndogoni, L., ... & Van Ommeren, M. (2017). Effectiveness of a brief behavioural intervention on psychological distress among women with a history of gender-based violence in urban Kenya: a randomised clinical trial. *PLoS medicine*, 14(8), e1002371.

De Graaff, A. M., Cuijpers, P., Twisk, J. W., Kieft, B., Hunaidy, S., Elsayy, M., ... & Sijbrandij, M. (2023). Peer-provided psychological intervention for Syrian refugees: results of a randomised controlled trial on the effectiveness of Problem Management Plus. *BMJ Ment Health*, 26(1).

De Graaff, A. M., Cuijpers, P., Elsayy, M., Hunaidy, S., Kieft, B., Gorgis, N., ... & Sijbrandij, M. (2024). The effectiveness of Problem Management Plus at 1-year follow-up for Syrian refugees in a high-income setting. *Epidemiology and Psychiatric Sciences*, 33, e50.

Spaaij, J., De Graaff, A. M., Akhtar, A., Kiselev, N., McDaid, D., Moergeli, H., ... & Morina, N. (2023). The effect of a low-level psychological intervention (PM+) on post-migration living difficulties—Results from two studies in Switzerland and in the Netherlands. *Comprehensive Psychiatry*, 127, 152421.

Clinical studies on group PM+

Rahman, A., Khan, M. N., Hamdani, S. U., Chiumento, A., Akhtar, P., Nazir, H., ... & van Ommeren, M. (2019). Effectiveness of a brief group psychological intervention for women in a post-conflict setting in Pakistan: a single-blind, cluster, randomised controlled trial. *The Lancet*, 393(10182), 1733–1744.

Bryant, R. A., Bawaneh, A., Awwad, M., Al-Hayek, H., Giardinelli, L., Whitney, C., ... & STRENGTHS Consortium. (2022). Effectiveness of a brief group behavioral intervention for common mental disorders in Syrian refugees in Jordan: a randomized controlled trial. *PLoS Medicine*, 19(3), e1003949.

Acarturk, C., Kurt, G., Ilkkurşun, Z., de Graaff, A. M., Bryant, R., Cuijpers, P., ... & Uygün, E. (2024). Effectiveness of group problem management plus in distressed Syrian refugees in Türkiye: a randomized controlled trial. *Epidemiology and psychiatric sciences*, 33, e43.





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