Evidence Report

OPPORTUNITIES FOR INNOVATION: STRENGTHENING MENTAL HEALTH AND ADDRESSING ALCOHOL USE THROUGH IPV PREVENTION CURRICULA

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PREVENTION COLLABORATIVE
feminist inspired | evidence driven

INTRODUCTION

Harmful alcohol use and poor mental health are important risk factors for intimate partner violence (IPV). Alcohol use, particularly binge drinking by men, is associated with an increased frequency and severity of perpetrating violence. Alcohol may also contribute to an increased risk of women experiencing IPV, although the relationship is bidirectional: women may use alcohol to cope with experiences of violence, and women who drink may be more vulnerable to experiencing violence. Similarly, common mental health problems– including depression, anxiety, and trauma-related symptoms such as post-traumatic stress disorder (PTSD)— can influence the risk of both perpetrating and experiencing IPV. Common mental health problems and harmful alcohol use are closely related and often co-occur.

Addressing poor mental health and harmful alcohol use are promising yet underutilised strategies for preventing IPV or reducing its frequency and severity. A review conducted by the Prevention Collaborative of various group-based IPV prevention curricula **(see Box A)** highlights significant opportunities to integrate and/or strengthen mental health and alcohol reduction strategies into existing curricula, There is an extensive body of evidence of interventions that can reduce alcohol use and improve mental health, which can be applied to strengthen violence prevention programmes.

This report captures initial findings and reflections from interviews we conducted with experts in the fields of mental health and alcohol reduction. Through these interviews, we sought to better understand the state of knowledge in these respective fields, the key pathways and mechanisms that make interventions in these fields effective, and recommendations or lessons that can be applied to group-based IPV prevention programming and their curricula.

Read our evidence reviews to learn more about the links between poor mental health and IPV, poor mental health among parents and violence against children, and alcohol use and IPV.

EXPERT CONSULTATIONS

We interviewed 15 experts involved in developing and/or evaluating alcohol reduction (n=8) and mental health strategies (n=7); one expert was interviewed twice, once on each topic. Experts were selected based on two evidence reviews conducted by the Prevention Collaborative, which explored the evidence and pathways linking alcohol use and mental health as risk factors for IPV. The interviews focused on individual and community-based alcohol and mental health interventions that could potentially be integrated into or complement group-based IPV prevention curricula. This focus was warranted, since curricula are one of the most widely used violence prevention strategies. Thus, policy-level interventions were not included, although they are common and necessary strategies to reduce alcohol use and improve mental health. We strove to include a range of views based on specific expertise, experience, and geographic diversity, including promising programme examples from the Global South.

Two members of the Prevention Collaborative who led the aforementioned evidence reviews on alcohol use and mental health conducted the interviews between February and August 2024. Interviews were conducted remotely in English, recorded with the interviewee's consent, and transcribed electronically. Findings were compared and consolidated across the alcohol use and mental health expert interviews. This report reflects the authors' interpretations of these interviews, with findings anonymised throughout.

While we reached a level of saturation needed to produce this report, we see this as only a starting point. We hope the findings will foster dialogue, learning, and innovation within the IPV prevention field. If you are interested in contributing or sharing your experiences as part of this ongoing work, please do get in touch with us.

BOX A: CURRICULUM REVIEW

Group-based programmes that take a participatory, gender-transformative approach are a common, evidence-based strategy to prevent IPV. These programmes are typically guided by a structured curriculum or manual. However, little is known about how the content of these curricula and their delivery compare. We conducted a comprehensive review of more than 50 curricula from group-based IPV prevention programmes in the Global South and found many similarities in content and methodology despite differences in location, population, or facilitators. The review highlighted opportunities to strengthen or enhance the content and methodologies used in these programmes to better address key risk and protective factors – including the underutilised strategies of reducing alcohol consumption and strengthening mental health.

While IPV prevention curricula commonly referenced alcohol use when discussing violence or gender norms, fewer than a quarter included specific activities or sessions designed to reduce or manage alcohol use. For example, the *Bandebereho* (Rwanda) and *Do Kadam Barabari Ki Ore* (India) curricula include activities in which male participants reflect on why men use alcohol, the negative consequences of excessive drinking for men and their families, and actions men can take to reduce their alcohol consumption.

The review also found that mental health was commonly referenced in IPV programme curricula. Some curricula identified mental health consequences of violence or recognised that support for equitable relationships could include care for one's physical and mental health to strengthen oneself, one's partner, and one's family. Mental health services were also identified as community resources in some curricula. However, only a few curricula explicitly integrated approaches designed to improve participants' mental health. For example, the *Indashyikirwa* couples' curriculum (Rwanda) drew on the evidence-based Cognitive Behavioural Therapy (CBT) model, and the *Safe at Home* curriculum (Democratic Republic of Congo) includes activities dedicated to developing coping strategies.

Interestingly, evaluations of several IPV programmes included in the curriculum review demonstrated positive impacts on mental health and/or alcohol reduction, even in the absence of specific content on these topics.

Findings: Learning from Alcohol Reduction and Mental Health Strategies to Strengthen IPV Prevention Programming

The remainder of this report is structured around:

1. **Effective strategies for addressing alcohol and mental health, as highlighted by experts.**
2. **Core elements that make these strategies effective.**
3. **Programme design considerations for integrating these strategies in group-based IPV prevention programming.**
4. **Recommendations for the field.**

1. EFFECTIVE STRATEGIES FOR ADDRESSING ALCOHOL USE AND STRENGTHENING MENTAL HEALTH

ALCOHOL

The expert interviews highlighted a range of approaches used in the alcohol field to reduce harmful drinking, including:

- **Individual psychological or behavioural interventions**, such as brief interventions (which typically aim to reduce harmful alcohol use among drinkers not specifically seeking help for alcohol problems), structured psychological or behavioural interventions, and pharmacological treatments.
- **Group-based/peer support systems** like Alcoholics Anonymous (AA).
- **Community interventions** that aim to reshape the drinking environment
- **Structural or policy interventions** are widely seen as the most effective approaches to reducing harmful alcohol use but are less relevant for strengthening curriculum-based programmes.

Experts cited a range of effective individual (and sometimes group-based) interventions that address a spectrum of drinking behaviours. They noted that brief interventions are quite effective for risky drinking but less so for severe alcohol disorders, which require more intensive interventions. Different psychosocial or therapeutic models —such as **Cognitive Behavioural Therapy (CBT)**[1] and **Motivational Interviewing**[2] —were identified as equally effective in addressing harmful alcohol use. These models are also common evidence-based approaches to addressing poor mental health, indicating their potential to address both challenges simultaneously.

Alcohol interventions in the Global South often combine multiple therapeutic approaches. For example, one interviewee referenced a scoping review of alcohol reduction interventions in Africa, describing how a programme might start with motivational interviewing, followed by problem-solving therapy[3], family-based interventions, and education on the harms of alcohol use. Experts emphasised the benefits of a "transdiagnostic intervention" – offering a menu of options rather than focusing on a particular approach.

Group-based **peer support interventions** like AA were noted as highly effective, although their impact has mostly been assessed in the Global North, despite implementation of many AA groups across the Global South. While AA is the best-known and most researched peer support model, other group-based models vary in approach, framing, and delivery. Experts suggested that the specific model may be less important than how well it appeals to and engages participants. These interventions are particularly promising given their potential for scale at a low cost.

More **holistic community approaches** – including with different stakeholders and at multiple levels in the community – were discussed less but were highlighted

as necessary, especially in contexts where the alcohol industry has strong marketing efforts. Some experts described community approaches that:

- Raise awareness of the links between alcohol and violence in the family
- Challenge social norms and expectations around drinking, violence, and gender roles.
- Promote community monitoring and advocacy for policies and regulations to reduce harmful alcohol use.

MENTAL HEALTH

Experts highlighted **extensive evidence** on strategies demonstrated to improve mental health, including models with 20 to 30 years of rigorous evidence – exceeding the existing evidence base for IPV prevention strategies. However, they noted that the most robust evidence relates to interventions designed to address depression and anxiety (the most common mental health problems). While most evaluated mental health interventions were developed in the Global North, increasing evidence supports their effectiveness when adapted and delivered in the Global South.

Experts suggested that part of the reason mental health interventions are effective across different settings is by addressing common human needs – such as by fostering validation, empathy, connection, and offering access to safe spaces.

However, some experts cautioned that the existing rigorous evidence is largely based on **talk-based and cognitive therapies**, which may neglect other important and holistic forms of mental health care. For example, CBT encourages individuals to identify and challenge unhelpful thoughts, helping them respond to challenges more effectively. While CBT is highly effective for treating anxiety and depression, some experts argue that it engages the brain and cognitive functions but gives inadequate attention to other parts of the body where trauma resides.

Evidence for alternative therapies for mental health including expressive arts therapy, music therapy, animal therapy, body-based or somatic therapies including eye movement desensitization and reprocessing therapy (EMDR) is growing, but is not as prolific or widely accepted in mainstream mental health groups. Some experts emphasized the importance of these approaches to **access, organize, and resolve trauma**, which is especially relevant for IPV prevention programmes in the Global South where participants are commonly dealing with trauma after experiencing violence and ongoing or legacies of conflict and colonisation.

Similar to alcohol interventions, some experts identified a growing interest in the field of mental health in single interventions that address different mental health needs (e.g. address depression, anxiety, and PTSD at the same time), particularly given the limited number of mental health specialists in the Global South. This includes interventions that address both mental health and substance abuse.

For example, the Common Elements Treatment Approach (CETA) combines strategies for addressing a range of mental health issues within a single model, offering tailored care based on individual needs. Experts emphasised that training and ongoing supervision of lay providers delivering mental health care is one of the largest costs. A holistic approach–where the same providers are equipped to offer multiple strategies–can be cost-effective and scalable, enabling integration into primary healthcare services in the Global South.

EXAMPLE SESSION: BREATHING EXERCISE

A simple yet evidence-based way to support mental health and emotional regulation that could be integrated into violence prevention group-based curricula is breathing exercises. For example, in a breathing exercise from the *Women Rise Toolkit*, participants are asked to sit in a comfortable position and feel where their body makes contact with the floor. They are then guided to bring attention to their breath, including its quality and pace. Next, they are instructed to use their breath to fill their stomach, ribs, and, lastly, their chest, repeating these deep inhales and exhales three times. Finally, they return to their natural breath and notice how they feel.

Facilitators then ask discussion questions such as:

- What did you notice in your body while doing this breathing exercise? Does anyone feel calmer or more relaxed afterwards?
- What did you notice about your thoughts or feelings during the exercise? What about now?
- Based on what you felt in your body, thoughts, and feelings, when might we use this type of breathing?

In summary, facilitators remind participants that breathing exercises can help them stay calm or regain calmness when feeling overwhelmed.

2. CORE ELEMENTS OF EFFECTIVE MENTAL HEALTH AND ALCOHOL INTERVENTIONS

The interviews identified overlapping core elements and therapeutic approaches across alcohol and mental health interventions. Understanding these core elements and the mechanisms of change that support mental health and reduce harmful alcohol use is an important step in considering how they could be integrated into IPV prevention programmes to amplify impacts.

ALCOHOL

Interviewees described several key elements or approaches for reducing alcohol use that are critical in both individual and group-based interventions. These included:

- **Tracking and monitoring drinking while receiving feedback:** One expert highlighted that taking an alcohol use assessment and receiving an actual score can be very important to change one's drinking behaviour. One programme focused on tracking and monitoring alcohol use while discussing and practising concrete strategies for understanding and reducing alcohol use. In some settings, tracking spending on alcohol was also helpful, as was tracking positive behaviours unrelated to drinking but aligned with the individual's goals (such as spending time looking for work, listening to music to relax, and helping a child with homework).

- **Building on existing motivations:** Experts commonly referred to applying motivational interviewing to discuss the pros and cons of drinking behaviours. For example: "What's important in your life? How does drinking fit or not fit into it?" The provider engages in reflective listening, summarising, and sharing the person's words back to them to reinforce positive motivations. As one expert explained, "You might ask: 'On a scale of 1 to 10, how ready are you to change your drinking behaviour?' If they respond with, 'three', instead of asking, 'Why aren't you more ready?', you would say 'Okay, tell me why you are not a two?' and build from there." Several experts noted that linking alcohol consumption to finances (e.g. monitoring or discussing spending on alcohol) can be helpful. However, one interviewee pointed out that motivational interviewing can be challenging for lay workers in settings where literacy rates are very low.

- **Linking values or aspirations to more positive behaviours:** One expert identified behavioural activation as an especially promising approach. It involves helping participants to define their personal values and then identify activities aligned with those values that could replace drinking behaviours that lead to negative feelings and consequences. Behavioural activation encourages the participant, when they feel the urge to drink, to instead turn to activities that feel good or calm them or work towards their values; this process builds positive feedback and reinforces the will to change. However, another expert was skeptical about the effectiveness and/or hypothesised mechanisms of behavioural activation, noting that evidence is still emerging. This expert suggested a key mechanism for change may be through distraction – by engaging the participant in activities that distract them from drinking.

- **Planning for difficulties in achieving and maintaining behaviour change:** Many interventions explore motivations to reduce alcohol use, but understanding the reasons why someone drinks and what is hindering alcohol reduction was highlighted as particularly important. Approaches should help participants identify potential challenges and develop strategies to face them, such as practising refusal skills, especially when social pressure to drink is high. It can also include encouraging participants to think about who can support them in drinking less and

who they can reach out to for help. At both the individual and community levels, interventions can support people to recognise and challenge (often gendered) expectations around alcohol, such as expectations of drinking with friends.

- **Strengthening emotional and relationship skills or competencies:** Experts highlighted the importance of building life skills that address alcohol consumption. These include self-regulation, distinguishing between thoughts and feelings, coping with distress and uncomfortable feelings, reflecting on urges and behaviours, and practising mindfulness. As one expert said: "Never underestimate the power of providing psychoeducation around why we [have] these urges and engage in these behaviours." Another expert highlighted the need to build capacities to cope with changing circumstances and manage strong or distressing emotions including shame and embarrassment. One expert stressed that these transferable life skills should be taught to everyone, including in schools. Additionally, mutual support programmes like AA have also been successful at strengthening self-regulation and coping skills.

- **Building connection and support and reducing shame:** In the context of mutual support groups like AA, the camaraderie and common bond among people who share a similar experience was highlighted. These groups can foster a sense of connection and belonging and help reduce common feelings of guilt, shame, and self-stigma.

- **Advocating for better policies and implementation:** Experts also identified the importance of facilitating meaningful community engagement in alcohol regulation. For example, in South Africa, young community members were trained to conduct alcohol outlet density mapping. This initiative provided employment and new skills and also contributed to a community-centred approach and useful information for additional alcohol reduction activities. In Sri Lanka, community mobilisation efforts engaged community members in monitoring the implementation of existing alcohol related policies, such as sales of alcohol to minors, and holding the government accountable for implementing existing policies.

MENTAL HEALTH

Some experts related the challenge to identify core mechanisms or pathways that address poor mental health, as there are many different mental health conditions and symptoms, and the same approach does not work for every condition. Nonetheless, common mechanisms or pathways to effectively address poor mental health were identified.

- **Build mental health literacy:** In many settings, mental health is not openly discussed, and many people do not know what services exist, how to access them, or when they should be accessed. Experts identified the importance of increasing acknowledgement and understanding of mental health, distress, and trauma, as well as strategies, interventions, and services to address these symptoms and experiences. This includes helping people to recognise and identify their emotions.

For example, the Women Rise toolkit, designed to provide mental health support, healing, and resilience to women and girls, includes seven sessions covering topics on being a woman, understanding emotions, stress reactions, exploring difficult emotions, shame and self-blame, anger, and grief. It is followed by five optional sessions, including topics on safety and IPV. Throughout the Women Rise toolkit, there are check-in points where participants reflect on what they have learned and what feels helpful, building emotional awareness.

- **Create safe spaces for people to share their stories:** Creating safe spaces can support healing and help individuals reflect on their own agency. Supporting people to feel comfortable being vulnerable and having someone who listens empathetically can be extremely powerful. One of the core principles of many IPV prevention groups is to create safe spaces for participants to share and be heard. As a result, group-based IPV programmes may improve mental health through this mechanism, even if unintentionally.

- **Draw on body-based approaches:** Body-based approaches can improve awareness of the mind-body connection and help release negative emotions stored in the body. These approaches are based on the belief that emotions experienced during trauma can become trapped in the body, affecting how the nervous system responds in the future.

  Some experts noted that body-based approaches have been shown to enhance emotional regulation and strengthen self-efficacy, agency, and resilience. For example, HaRT is a 12-week intervention that has been implemented with women and girls who have experienced human trafficking. It aims to create a nurturing environment where participants can strengthen their inner resilience, build a supportive community, and overcome the psychological effects of trauma. This group-based programme involves weekly sessions that integrate yoga poses, breathwork, visualisations, mindfulness practices, and theme-based discussions.

- **Consider how intimate relationships can contribute to poor mental health:** One of the core elements of interpersonal therapy (IPT) is understanding how relationships can be both a root cause of and a source of recovery from depression. IPT has been demonstrated to be highly effective and has been adapted across multiple countries.

  A key underlying mechanism of IPT is that improved relationship satisfaction, communication, and support from close connections enhances mental health. This includes strengthening intimate partnerships as well as broader social relationships.

- **Strengthen awareness and skills to identify thought-emotion-behaviour connections:** Recognising how emotions connect to thoughts and how these influence behaviours is the key premise of CBT, which has been culturally adapted and used in many settings. One expert emphasised that “so

much of it is that 'humans are humans';—we all have emotions and thoughts which can affect our mood and behaviours".

- **Teach coping skills to deal with common mental health symptoms:** Mental health strategies often include coping skills for managing trauma, anxiety, and depression, such as emotional regulation and problem-solving skills. For example, Women Rise groups incorporate coping mechanisms at the start and end of every session, including relaxation techniques, self-awareness exercises for handling difficult emotions and stress, and strategies for encouraging positive and compassionate self-talk. Another expert noted that the NGO Somatic Experiencing International offers valuable skills-based training in emotional regulation and stabilisation.

- **Provide a framework for people to understand their distress:** Both IPT and problem-solving therapy are effective for providing a framework to help people understand their distress and how it relates to life problems such as grief, life transitions, experiences of gender based violence (GBV), or living in humanitarian settings. These strategies provide frameworks to encourage people to reflect on what problems are within their control and to prioritise those they are positioned to address.

Experts highlighted similar core elements to strengthen mental health and reduce harmful alcohol use, such as strengthening emotional literacy and regulation, building coping skills, and creating opportunities for sharing and connection. Many group-based IPV prevention programmes similarly aim to build some of these skills and foster peer support. This may help explain why some IPV programmes have demonstrated improvements in mental health and reductions in alcohol use, even with limited content designed explicitly for these purposes. These synergies present an opportunity to build on existing evidence and experiences from the alcohol reduction and mental health fields to further strengthen group-based IPV prevention programming.

3. PROGRAMME DESIGN: CONSIDERATIONS FOR INTEGRATING MENTAL HEALTH AND ALCOHOL WITHIN IPV PROGRAMMING

Experts highlighted the significant potential for group-based IPV prevention programmes to address harmful alcohol use and strengthen mental health. They also offered key considerations for integrating these strategies in order to guide programme implementation.

- **Group processes that foster connection are especially promising for both reducing alcohol use and strengthening mental health.** Indeed, the evidence of effectiveness and the potential for scaling mutual support groups like AA make them particularly promising for low-resource settings. While some elements of programmes to reduce alcohol use and strengthen mental health are individual-based, others can be more effective in a group setting.

For example, role-playing scenarios one-on-one with a provider can feel very vulnerable, whereas practising in a group may feel safer. Groups can also provide accountability, support, and a network of people addressing similar challenges. In addition, they can help individuals feel less isolated and learn from each other's experiences. As in the IPV prevention field, implementing group-based alcohol and mental health programming should aim to foster group cohesion. For example, groups may be encouraged to pick a ritual opening, such as a culturally significant song or dance. Group structures often focus on introducing safety and rapport before diving into curriculum content.

- **Consider combining group-based and individual programming.** Group-based alcohol and mental health strategies often provide opportunities for complementary individual programming as needed. Individuals may require personalised sessions to help them cope with specific trauma and trauma-related symptoms, such as flashbacks or freezing, before participating in group-based curricula. For example, the Friendship Bench approach trains grandmothers, and other lay counsellors to provide supportive counselling to community members. Friendship Bench starts with six scripted sessions of individual problem-solving therapy, followed by optional six-session peer support group meetings. Similarly, an alcohol expert proposed a programme structure that includes an individual intake session and a brief motivational interview, followed by participation in a group that covers discussions about gender, behavioural activation components, and skill-building exercises. It is also important to consider issues that may be taboo or stigmatised in a group setting, which might be better addressed through individual sessions.

- **Group composition and dynamics must be carefully considered.** Some people may benefit more from intensive individual-level interventions rather than group participation, depending on their mental health condition, level of trauma, or severity of alcohol use. People experiencing acute mental health crises can be triggered or re-traumatised in a group setting and/or may disrupt the group dynamic, which is why it can be important to have screening processes. For example, some group-based mental health interventions, such as group-based IPT, often exclude people with suicidal tendencies. Similar to violence prevention interventions, it is important to consider how factors such as age, socioeconomic status, and gender may affect group composition and cohesion. Bringing men and women together can work well, but the feasibility and appropriateness depends on the context. Facilitators must also be trained to navigate group dynamics, including different levels of alcohol use and mental health conditions. In alcohol-focused programmes, family dynamics require careful consideration. While experts emphasised the impact of alcohol on the whole family, the benefit of directly or indirectly engaging family members may vary by context or specific situation.

- **Lay counsellors can effectively address mental health and alcohol but require sufficient training and support.** Given the significant shortage of mental health professionals in many contexts,[4] experts emphasised the promise of – and the evidence around – working with lay counsellors and facilitators. For

example, the Counselling for Alcohol Problems (CAP) programme in India, a four-session motivational interviewing intervention delivered by lay counsellors, had sustained positive effects on alcohol use. As in violence prevention programming, experts noted that intervention uptake improves when providers or staff are respected in their communities. It is also valuable to engage lay providers with relevant lived experiences, such as former drinkers offering care and counselling. For example, in Ukraine, CETA Global trained veterans and internally displaced persons (IDPs) to provide mental health care to this population, recognising that they are considered more relatable and approachable. As in IPV prevention programming, facilitator and counsellor skills–such as empathy, genuineness, and reflective listening—are critical for delivering alcohol reduction and mental health strategies. Ensuring sufficient training and supervision for providers and facilitators is important. Experts cautioned that pressures in both the global mental health and alcohol reduction fields to implement shorter, cheaper, and easier approaches could undermine programming quality, including the time needed for quality supervision, structure and training of those providing the care or facilitation.

- **Programmes should be contextually adapted and culturally rooted.** Many evidence-based mental health and alcohol reduction strategies were originally developed in the Global North but have increasingly demonstrated effectiveness in the Global South after careful processes of cultural adaptation. For mental health strategies, using contextually relevant terms and language in messaging is important to reduce the associated stigma and increase attractiveness and accessibility. It is important to consider how to draw on community-based and culturally accurate experiences and resilience-building aspects to strengthen mental health and address trauma in ways that are rooted in participants' lived experiences. Some experts described how individual, group, or community alcohol reduction interventions build on community norms, aspirations, and practices to address harmful alcohol use.

- **Digital delivery options should be explored.** Group and individual-based alcohol reduction and mental health strategies are increasingly offered through digital platforms. Many organisations began providing digital interventions during the COVID-19 pandemic and have continued to offer such interventions due to their observed benefits. For example, digital alcohol reduction programming has been used to engage men, such as the UK-based ADVANCE-D programme, which integrates violence and alcohol reduction strategies for perpetrators of violence.[5] One expert highlighted informal online networks, such as Reddit groups focused on reducing alcohol use, as drawing large numbers of people and potentially promising. Another expert noted that men and youth, in particular, continue to use the digital platform of the Friendship Bench for individual and group sessions.

- **Engaging men in mental health and alcohol reduction interventions is critical.** Experts in both fields asserted the importance of working with men and the need to address common barriers men face in accessing mental health services and care. These barriers include difficulties reaching or engaging men,

gendered stigma, and norms that discourage men from seeking help. One expert underscored that men's poor mental health often has significant consequences on their families' well-being. However, another expert noted there can be reluctance in the mental health field to work with men, as they are sometimes perceived as 'difficult' or as taking away limited resources. Similarly, an alcohol expert observed that men are often reluctant to seek support or discuss their challenges, and when they cannot cope with stress, they may "project onto their families." Addressing societal pressures on men to be providers–along with the feelings of purposelessness and shame that arise when they struggle to fulfil this role– were identified as important for both mental health and alcohol reduction interventions. This approach is often included in gender-transformative violence prevention programmes that engage men, including fatherhood interventions, some of which have shown important reductions in men's alcohol use and strengthened men's mental health.

- **Opportunities to intervene early to address poor mental health and alcohol abuse should be explored.** Experts noted the significant impact of early recognition and referral to mental health and alcohol-reduction interventions to reduce the severity of symptoms and related consequences. It is also critical to regularly follow up with individuals referred, including to understand any barriers faced accessing mental health care and support. An important mechanism to facilitate early intervention is the inclusion of screening and identification of mental health needs across different sectors, such as health and education, and within violence prevention programmes. Similarly, an alcohol expert highlighted the benefit of alcohol reduction education, regardless of an individual's drinking habits. A few experts identified the importance of working with youth to foster healthy attitudes and practices toward alcohol and efforts to counter the normalisation and glamorisation of drinking fostered in communities and through alcohol marketing to young people.

EXAMPLE SESSION: SUMMARISING VALUES AND REASONS FOR CHANGE AND SCHEDULING ACTIVITIES TO REPLACE ALCOHOL USE OR UNHEALTHY BEHAVIOURS[6]

The **Learn, Engage, Act, Dedicate (LEAD)** programme was a five-session individual treatment programme for men in Kenya to address harmful alcohol use, depression, and family challenges. The activity described below takes place in the second session, building on a previous activity where participants define a vision for their family, select important values, and identify reasons for wanting to change their drinking (or other) behaviours.

In this session:

- The counsellor/facilitator **summarises** what the participant highlighted as important in the previous session and asks for confirmation or additional information.
- Participants then **prioritise** one value for themselves and one value for their families.

  "Which of these [values] is most important to you right now? These will be your compass for finding and building paths to being a strong leader for yourself and your family and finding new ways to reduce drinking."

- The participant then **brainstorms** activities that are consistent with selected values and help him make progress towards them. The goal is to identify at least two small, clear activities: one for self (fun) and one for the selected family value (important).

  "Let us think together of activities that fall on the path toward these values... These are the steps on our new path that will help us leave our drinking path."

  - First, what are you already doing that follows these values? [E.g., looking for work, talking with my wife].
  - What activities do you think are steps on the path to this value?
  - What non-drinking things do you do that are fun and enjoyable?

- The participant then **schedules** the selected activities in a calendar and discusses any needed support.

  "What day do you want to try to complete it? And what time of day? Tell me, what will help you be successful in completing these activities?"

4. RECOMMENDATIONS FOR THE FIELD: ADDRESSING MENTAL HEALTH AND ALCOHOL FOR IPV PREVENTION

Expert consultations highlight the value of holistic IPV prevention programming that addresses both poor mental health and alcohol abuse to reduce violence and promote the well-being of both women and men. They also emphasise the urgent need – and opportunity – to do so. The interviews offer insights into how mental health strengthening and alcohol reduction strategies can be integrated into IPV prevention programming, particularly in manualised group-based programmes. These insights also have implications for the wider field of violence prevention programming.

Recommendation One: Build Upon Existing IPV Prevention Programmes
The interviews highlighted multiple ways in which effective alcohol reduction and mental

health strengthening strategies could be integrated into IPV prevention programmes, improving their ability to address key risk factors for IPV. Specific recommendations for strengthening IPV prevention curricula that emerged are highlighted in **Box B**.

Experts also highlighted that integrating mental health strategies may increase programme participation and retention. For example, people experiencing depression often have lower energy levels, which may inhibit their attendance and participation with interventions. Addressing mental health challenges can, therefore, help support participation and retention in group-based IPV programmes.

Recommendation Two: Strengthen Collaboration Across the Fields of IPV, Mental Health, and Alcohol Reduction, and Build Practitioner Expertise. The fields of violence prevention, alcohol reduction, and mental health can all benefit from closer collaboration and shared learning. This collaboration can strengthen awareness and expertise in the violence prevention field on mental health and alcohol use, their relationship with IPV, and effective ways to address them.

Similarly, increased awareness and expertise on GBV can support the work of alcohol and mental health practitioners. For example, alcohol reduction service providers are generally not well-equipped to address IPV. There is a need to build service providers' capacity in both violence prevention and alcohol reduction and to train more providers in both areas. One interviewee suggested screening for IPV among alcohol users and for alcohol use among those joining IPV programming. Some experts also identified the need to improve mental health literacy among GBV practitioners, including training them to recognise signs and symptoms of common mental health problems and how to offer appropriate referrals for specialised mental health care when necessary.

Recommendation Three: Develop IPV Prevention Programming in Collaboration with the Alcohol and Mental Health Fields. There is considerable opportunity to collaborate with alcohol and mental health practitioners to co-develop new strategies or programmes beyond integrating elements of mental health and/or alcohol reduction strategies in existing IPV prevention programmes.

Expert consultations highlighted only a few programmes intentionally designed to integrate IPV, alcohol use, and mental health, such as **Happy Families** in Sri Lanka and **CETA** in Zambia. However, there is limited understanding and experience of how to implement integrated programmes. One interviewee suggested strengthening the co-development of programmes to better reflect the needs and voices of intended participants and to support more contextually relevant programmes. This could involve community conversations and building spaces where people can talk about alcohol, mental health, coping strategies, and violence.

Recommendation Four: Measure the Impact of Existing IPV programmes on Alcohol Use and Mental Health. Some IPV prevention programmes have demonstrated improvements in mental health and reductions in alcohol use–alongside reductions in IPV–even without being intentionally designed to do so. As highlighted in these consultations, many group-based IPV prevention programmes already integrate

some core elements that experts identify as effective alcohol reduction and mental health strengthening strategies.

The field can learn more about existing impacts of violence prevention programmes by measuring alcohol use and mental health in programme evaluations, including to understand how these work as mechanisms to reduce IPV. There are also opportunities to measure the impacts of existing mental health and alcohol reduction strategies on IPV. Further research on these topics may help us better understand promising avenues for intervention.

Recommendation Five: Explore Layered or Complementary Strategies. Complementary strategies that address the underlying risk factors of IPV, common mental health problems, and/or alcohol abuse should be considered. For example, offering economic empowerment or livelihood activities in contexts where food and/or economic insecurities are significant drivers of chronic stress could improve mental health outcomes.

Several experts also identified that a lack of income or economic opportunities–particularly in contexts where men are expected to be providers—can contribute to men's harmful alcohol use. Linking IPV prevention with alcohol reduction, mental health support, and livelihood strategies may lead to more effective positive outcomes across these intersecting domains.

BOX B: OPPORTUNITIES TO STRENGTHEN THE CONTENT OF GROUP-BASED IPV PREVENTION CURRICULA

Expert consultations highlighted specific recommendations for strengthening existing IPV curricula content.

- **Incorporate a strong awareness of emotions and well-being** within IPV prevention curricula, **including understanding physiological reactions, triggers, and coping strategies.** Encouraging men and boys to name and express their emotions and to reflect on how they cope with emotions (including through alcohol use) may be especially important for IPV prevention efforts. Violence prevention curricula should place a stronger emphasis on teaching skills that help individuals manage stress and difficult emotions to strengthen resilience and coping mechanisms. Additionally, curricula should acknowledge how poor mental health and stress can be risk factors for IPV. Developing awareness and skills in these areas is also important for reducing alcohol use and its harmful consequences.

- **Integrate evidence-based mental health and alcohol reduction approaches** – such as problem-solving therapy, CBT or IPT – into group-based IPV programming. For example, one of IPT's four problem areas focuses on resolving disputes with intimate partners, and this content could be adapted and integrated into couples-based IPV prevention curricula. Similarly, encouraging people to recognise alternative ways to perceive and respond to conflict triggers using the CBT model could help them manage relationship conflicts more effectively.

- **Incorporate psycho-education** – sharing information on mental health challenges, including understanding symptoms and strategies – within group-based IPV curricula. One expert gave the example that many people do not appreciate the importance of good sleep practices or physical exercise and how these factors can influence mental health. Psycho-education topics can be identified by group members based on their own experiences. For example, an expert noted that a common psychoeducation topic identified through the Friendship Bench support groups is substance use and better appreciating the role alcohol can play in fueling mental health issues.

NOTES AND REFERENCES

1. Cognitive behavioural therapy is a common form of psychological treatment which teaches coping skills for dealing with different programmes. The therapy aims to build participants' understanding of how thoughts, beliefs and attitudes affect one's feelings and actions.
2. Motivational interviewing is an evidence-based counselling method that takes a non-judgmental, personalised, strengths-based approach and builds on a person's motivation and readiness for change. It focuses on exploring and resolving ambivalence and centers on motivational processes within and individual that facilitate change, in a manner congruent with the person's own values and concerns.
3. Problem solving therapy teaches individuals a series of sequential steps and empowering skills, which encourage people to take responsibility and control over their lives. The steps and skills also promote active participation in the change making process so that individuals learn to use whatever influence they have to effectively make decisions and achieve defined goals.
4. Oram, Sian, Hind Khalifeh, and Louise M. Howard. 2017. "Violence against Women and Mental Health." The Lancet Psychiatry 4 (2): 159–70. doi.org/10.1016/S2215-0366(16)30261-9.
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6. This activity is adapted from: Giusto, A. M., Ayuku, D., & Puffer, E. S. (2022). Learn, Engage, Act, Dedicate (LEAD): development and feasibility testing of a task-shifted intervention to improve alcohol use, depression and family engagement for fathers. International Journal of Mental Health Systems, 16(1), 16. Current Collaborators: Florence Jaguga, Dan Aburi, Mercy Korir, Winnie Maina, Wilter Rono & Moi Teaching and Referral Hospital.

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