



Impact of CVT Services on Afghan Clients in Georgia: Mental Health Improvements and Key Insights

Program Description

In August 2021, rising violence in Afghanistan displaced many Afghans, with over 1,500 resettling in Georgia as humanitarian parolees. High rates of PTSD, anxiety, and depression affect this community, and language and cultural barriers often hinder access to care (Qais Alemi, 2023). Effective MHPSS interventions are essential to address exposure to potentially traumatic events and improve well-being among Afghans in Georgia (Shameran Slewa-Younan, 2017).

In Clarkston, Georgia, CVT provides culturally adapted interdisciplinary services to address challenges resulting from the conflict. This includes individual psychotherapy to recently resettled Afghans. The program aims to reduce mental health symptoms and improve wellbeing and coping skills among Afghan conflict survivors. The anticipated outcomes and impacts are:

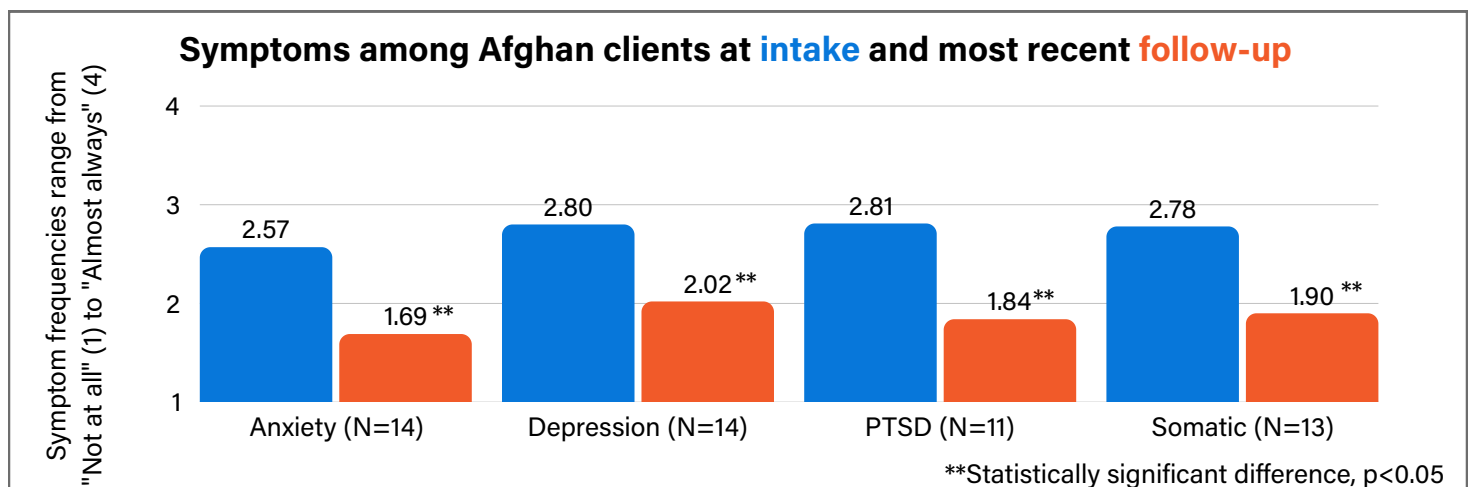
- Reduction in PTSD, depression, and anxiety symptoms and somatic issues
- Improved psychosocial functioning

Evidence Collected

Data were collected between May 2023 and February 2025 through pre- and post-intervention assessments using standardized psychological measures, including the Posttraumatic Stress Diagnostic Scale (PDS) and the Hopkins Symptom Checklist-25 (HSCL-25). Clients are contacted for a follow-up assessment every 6 months while they participate in services. Data reported here compare symptom levels at intake to symptom levels at each client's most recent follow-up assessment.[^] As data collection is ongoing, this brief may be updated in the future.

Interpretation of Evidence

- **Key Findings:**
 - Clients showed a statistically significant reduction in mental health symptoms after initiating psychotherapy and other supportive services with CVT.



[^] Most of the data in this analysis (for 9 of 14 clients) comes from a 6-month assessment. For three clients, 12-month assessment data was used, and for two clients, data from a 3-month assessment (which is no longer collected).

As shown in the preceding chart, pre-post data indicate a significant reduction in mental health symptoms after the start of CVT individual psychotherapy and associated services. Specifically, clients reported marked statistically significant decreases in all symptom areas, with the largest decreases in post-traumatic stress and somatic symptoms.

At the time of this analysis, 58 clients had received individual psychotherapy. Among them, 48 had reached the six-month timepoint, 14 of whom provided follow-up data, resulting in a response rate of 29%.

Impact in Clients' Own Words

Between September 2023 and January 2025, CVT conducted a survey with Afghan clients in Georgia focused on service experience. Of 17 respondents (out of 23 contacted, for a response rate of 74%), 94% reported agreement with treatment goals, and indicated improvements in physical health, mental health, and/or mood since start of services. See illustrative quotes below:



Conclusion

Based on pre-post data, follow-up respondents report significant reduction in mental health symptoms after starting to receive individual therapy and related services from CVT. Specifically, significant reductions are reported in symptoms of depression, post-traumatic stress, anxiety, and somatic concerns.

The evidence suggests the culturally adapted integrated mental health services CVT provides may play an important role in supporting mental health and wellbeing among Afghan community members in Georgia.

Statement about Interpreting Evidence

While results are promising, without a control comparison group it is difficult to determine the role CVT services played in reducing symptoms relative to other factors. Additionally, analysis is based on a subsample (29%) of those who participated in services and were able to be reached during follow ups conducted 3, 6, or 12 months after service initiation (noting the 3-month follow-up is no longer administered).

A bias analysis of clients who received follow up assessments vs. those who did not revealed that clients who got at least one follow-up assessment were, to statistically significant levels, slightly older than those who did not (43 vs. 31) and had higher PTSD symptoms at intake (average of 2.9 vs. 2.4). The two groups did not differ significantly by gender; immigration status; time in the U.S.; personal exposure to conflict, war, or combat; or other intake symptom levels.

The limited follow-up response rate as well as the profile of who participates in follow-up assessments is related to clients closing out of services with CVT, which happens for a variety of reasons, or being challenging to reach for a follow-up conversation outside of normal service receipt.

References

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2. Alemi, Q., Panter-Brick, C., Oriya, S., Ahmady, M., Alimi, A. Q., Faiz, H., Hakim, N., Sami Hashemi, S. A., Manaly, M. A., Naseri, R., Parwiz, K., Sadat, S. J., Sharifi, M. Z., Shinwari, Z., Ahmadi, S. J., Amin, R., Azimi, S., Hewad, A., Musavi, Z., Siddiqi, A. M., ... Ventevogel, P. (2023). Afghan mental health and psychosocial well-being: thematic review of four decades of research and interventions. *BJPsych open*, 9(4), e125. <https://doi.org/10.1192/bjo.2023.502>

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