

Focused psychosocial interventions for children in low-resource humanitarian settings: a systematic review and individual participant data meta-analysis

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Summary

Background Results from studies evaluating the effectiveness of focused psychosocial support interventions in children exposed to traumatic events in humanitarian settings in low-income and middle-income countries have been inconsistent, showing varying results by setting and subgroup (eg, age or gender). We aimed to assess the effectiveness of these interventions, and to explore which children are likely to benefit most.

Methods We did a systematic review and meta-analysis of individual participant data (IPD) from 3143 children recruited to 11 randomised controlled trials of focused psychosocial support interventions versus waiting list. We searched the Cochrane Central Register of Controlled Trials, MEDLINE, PubMed, PsycArticles, Web of Science, and the main local low-income and middle-income countries (LMICs) databases according to the list of databases relevant to LMIC developed collaboratively by Cochrane and WHO Library, up to November, 2016. We included randomised controlled trials that assessed the effectiveness of focused psychosocial support interventions in children exposed to traumatic events in LMICs, compared with waiting lists (eg, inactive controls). We excluded quasi-randomised trials, studies that did not focus on psychosocial support interventions, and studies that compared two active interventions without control conditions. We requested anonymised data from each trial for each of the prespecified variables for each child who was randomly assigned. The main outcomes considered were continuous scores in post-traumatic stress disorder (PTSD) symptoms, depressive symptoms, and anxiety symptoms assessed with rating scales administered immediately (0–4 weeks) after the intervention. We harmonised all individual items from rating scales using item response theory methods. This study is registered with PROSPERO, number CRD42013006960.

Findings We identified a beneficial effect of focused psychosocial support interventions on PTSD symptoms (standardised mean difference [SMD] -0.33 , 95% CI -0.52 to -0.14) that was maintained at follow-up (-0.21 , -0.42 to -0.01). We also identified benefits at the endpoint for functional impairment (-0.29 , -0.43 to -0.15) and for strengths: coping (-0.22 , -0.43 to -0.02), hope (-0.29 , -0.48 to -0.09), and social support (-0.27 , -0.52 to -0.02). In IPD meta-analyses focused on age, gender, displacement status, region, and household size we found a stronger improvement in PTSD symptoms in children aged 15–18 years (-0.43 , -0.63 to -0.23), in non-displaced children (-0.40 , -0.52 to -0.27), and in children living in smaller households (<6 members; -0.27 , -0.42 to -0.11).

Interpretation Overall, focused psychosocial interventions are effective in reducing PTSD and functional impairment, and in increasing hope, coping, and social support. Future studies should focus on strengthening interventions for younger children, displaced children, and children living in larger households.

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Introduction

Humanitarian crises involve a broad range of emergencies, including wars, armed conflicts, and disasters triggered by natural or industrial hazards. These crises disproportionately affect populations living in low-income and middle-income countries (LMICs)¹ and can have a wide range of effects on children's mental health and psychosocial wellbeing. Studies^{2–4} have found high

prevalence of symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety in conflict affected populations^{2,3} and in other humanitarian crises in LMICs.⁴ Much less is known about resilience processes, including factors associated with reduced likelihood of mental illness.^{3,5}

Mental health and psychosocial support (MHPSS) is a composite term used by humanitarian practitioners to

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Research in context

Evidence before this study

Previous randomised studies on the effectiveness of focused psychosocial support interventions for children exposed to traumatic events in humanitarian settings in low-income countries (LICs) have had conflicting results. Evaluations of school-based interventions found promising improvements in child mental health, indicated by reduced distress symptoms and by increased protective factors, such as peer and family support. However, focused psychosocial support interventions might be effective only for specific subgroups.

Added value of this study

To the best of our knowledge, this is the first study that systematically assessed randomised controlled trials on focused psychosocial support interventions for children exposed to traumatic events in humanitarian settings in LICs, and did individual participant data (IPD) meta-analyses in subgroups identified by age, gender, displacement status, regions, and household size. All individual items from rating

scales were harmonised for common domains (ie, post-traumatic stress disorder, depression, and anxiety) across datasets using the item response theory method, an innovative approach that enables questions more strongly correlated with other questions (within and across the datasets) to be weighted differently.

Implications of all the available evidence

Focused psychosocial support interventions are effective in reducing PTSD symptoms and functional impairment, and in increasing hope, coping, and social support. IPD meta-analyses highlight a stronger improvement in PTSD symptoms in older children (aged 15–18 years), in non-displaced children, and in children living in smaller households. Future studies should focus on strengthening interventions for younger children, displaced children, and children living in larger households—eg, through a better understanding of the intervention mechanisms and their interaction with contextual vulnerabilities and strengths.

describe “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder”.⁶ Consensus guidance developed by international humanitarian agencies have emphasised the importance of delivering different types of MHPSS to address the diverse needs of populations.⁶ The idea of multilayered supports has been depicted with a pyramid, which indicates the affected populations at large benefit from humanitarian services that are safe, socially appropriate, and protect dignity, while simultaneously recognising that smaller sections of affected populations will require more focused and, for some, clinical supports.⁶ The third layer in this pyramid is labelled focused psychosocial supports (figure 1).⁷ Focused psychosocial support interventions have generally been developed pragmatically to meet conditions in humanitarian settings—ie, settings with overwhelming needs and few resources. These interventions might be characterised by their implementation by lay workers or by targeting people with psychological distress or other psychosocial problems broadly, as opposed to people identified with specific mental disorders.

Given the observation that people in humanitarian settings will continue to encounter substantial stressors, interventions often also focus on building strengths (eg, social support, pro-social behaviour, self-esteem, emotional regulation, coping, and hope). A core principle of the much used Inter-Agency Guidelines for Mental Health and Psychosocial Support⁶ is building capacities of affected people. A wide range of focused interventions are implemented in practice and most have not been subject to study.² However, a subset of focused interventions among children and adolescents have been trialled and these tend to involve techniques from

evidence-based psychotherapeutic interventions, such as cognitive behavioural therapy, but not following complete standard treatment protocols (eg, trauma-focused cognitive behavioural therapy including exposure-based techniques), and the inclusion of additional techniques aimed at establishing strengths, such as creative expressive techniques (eg, drama, dance, music, art, and games), social support-building activities (eg, cooperative games, trust-focused activities, sharing difficulties, and coping methods), or mind–body oriented skills (eg, meditation and breathing exercises).^{3,8}

The results from focused psychosocial support evaluations have been diverse.^{8,9} For example, evaluations of school-based interventions have found promising improvements in child mental health, indicated by reduced PTSD and distress symptoms and by increased protective factors such as peer and family support. However, results have been inconsistent across settings, with different results for specific subgroups (eg, by gender, age, or previous trauma exposure) or outcomes.^{10–12} This inconsistency might partly be due to lack of power in subgroup analyses of single randomised controlled trials (RCTs).

Although single RCTs are crucial steps in the process of ensuring the delivery of evidence-based interventions, an analysis based on the combined data for all children included in trials with similar aims and methods is likely to lead to major advances in our knowledge of what works, where, for whom, and under what conditions. Individual participant data (IPD) meta-analysis could generate a more precise estimate of changes on primary outcomes and allow to explore the effects of variables that moderate primary outcomes, as effectiveness studies are commonly powered only for analysis of primary outcomes and not for moderation analyses.

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