

Affective Disorders Reports and Child Mental Health

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Abstract

The prevalence and severity of child mental health and psychosocial difficulties are significantly impacted by Complex Humanitarian Emergencies (CHEs). There is still a significant lack of evidence-based interventions that are both feasible and effective for this population, despite strong evidence that CHEs have a negative impact on children's mental health. A recent meta-analysis of randomized controlled trials of focused psychosocial support interventions in humanitarian settings with limited resources revealed the following: i) positive effects on children's PTSD symptoms and functional impairment, and ii) improvements in hope, coping, and social support. However, the authors recommended that additional research be conducted on interventions for younger children, children who have been relocated, and children who live in larger households.

Keywords: Disorders; Child; Mental Health; Humanitarian

Introduction

In humanitarian settings, primary caregivers and caregiver's capacity to provide positive care to their children are frequently adversely affected. In high-income, stable contexts, across cultures, as well as in low- and middle-income countries, caregiver interventions are widely used for a variety of child mental health issues. This suggests that caregiver interventions might also be useful and relevant in CHEs, which calls for more research [1].

Eight international mental health staff from Médecins Sans Frontières (MSF) were interviewed using an exploratory qualitative method to learn about the challenges and needs faced by primary caregivers and staff in humanitarian settings regarding parenting and child mental health. The results confirmed and expanded on previous research describing the difficulties of parenting CHEs as a result of three main issues: I) the flimsiness, stress, and absence of help related with living in a CHE setting, (ii) changes in youngster mental and psychosocial working (counting close to home, conduct, physical, and mental hardships), and (iii) changes in guardian profound and mental wellbeing and working. In addition, this study demonstrated that, in the face of these significant negative shifts for families, caregivers lack the knowledge and skills necessary to modify their parenting strategies in order to provide children with appropriate care. Positively, they found that caregivers want more guidance and support to understand how to help their children and manage their children's difficult behavioral and emotional responses [2, 3].

Discussion

Few evidence-based parenting programs that specifically address the needs of caregivers in CHEs who are concerned about their child's mental health have been implemented and evaluated thus far. There are a small number of studies that provide initial support for this approach, according to a review of caregiver interventions to address child mental health (including interventions with significant caregiver involvement) that were developed for or implemented in CHE settings and that have reported evaluations. There were a total of 18 interventions found (see supplementary material), 13 of which were general or aimed specifically at children due to their exposure to potentially traumatic experiences (n = 13, 72.22 percent). Four of the five interventions targeted children with elevated psychosocial distress or trauma symptoms (n= 4, 22.22 percent), and one intervention targeted parents who were identified as having difficulty parenting (n = 1, 5.56 percent) based on the existence

or severity of child mental health difficulties or caregiver difficulties [4, 5].

Initial support for such an approach is provided by the four child and caregiver-focused mental health issues-based interventions. Early Adolescent Skills for Emotions (EASE), a brief, non-specialist group psychological intervention developed by the World Health Organization (WHO), provided seven sessions for young adolescents aged 10 to 14 in addition to three sessions for caregivers. Accordingly a feasibility cluster randomized controlled trial and a process evaluation of EASE that were carried out in Tanzania with Burundian refugees and the caregivers for those refugees found that the intervention was feasible, acceptable, and had the potential to reduce adolescent psychosocial distress. EASE was found to be a safe and acceptable intervention in a Jordanian feasibility study with Syrian refugees. The effectiveness of EASE in a variety of humanitarian contexts will be evaluated by additional research. Teaching Recovery Techniques (TRT) offered five sessions for children over the age of eight in addition to two sessions for caregivers. It was found to be acceptable in this setting and significantly reduced posttraumatic stress, depression, and grief in children in the West Bank, Palestine, in a randomized controlled study. Accordingly a cluster randomized controlled study with children ranging in age from 10 to 13 in Gaza, Palestine, found that the intervention reduced posttraumatic stress in boys and girls with low levels of peri-traumatic dissociation, 2012 [6, 7].

Conclusion

Five sessions for caregivers and five sessions for children over the age of eight were offered as part of an intervention called TRT+ Parenting, which was based on TRT but enhanced with additional support for caregivers. The intervention may potentially reduce child posttraumatic stress, increase caregivers' parental self-efficacy, and

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improve caregivers' use of effective parenting strategies, according to a pilot study that was carried out with families residing in Turkey who had been displaced by the Syrian conflict 2018). Two caregiver sessions were provided for parents of children between the ages of 10 and 14 by a brief parenting psycho education intervention. Accordingly a controlled Burundi study, the intervention reduced boys' aggression but had no effect on child depressive symptoms or family social support, 2013). Together, these examinations propose that guardian mediation to address youngster psychological wellness challenges might be doable and satisfactory in settings of CHE, and furthermore have expected benefit on kid as well as parental figure emotional well-being [8].

Preliminary evidence of the potential benefits of the caregiver group intervention on the mental health of both the child and the caregiver was provided in this study in order to determine whether or not a caregiver group counseling intervention for the treatment of child mental health was feasible, acceptable, and effective [9, 10].

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Conflict of Interest

None

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