



Who benefits from psychosocial support interventions in humanitarian settings?

In this issue of *The Lancet Global Health*, Marianna Purgato and colleagues¹ evaluate the outcomes of focused psychosocial support for children and adolescents in humanitarian settings. This support is a vital area of research for global health because of the disproportionate burden in humanitarian settings of mental and physical health problems entangled with negative outcomes in education and livelihood, as well as vulnerability to and perpetration of violence. Focused psychosocial support can have an important role in protecting against negative outcomes and promoting wellbeing. Purgato and colleagues find moderate effect sizes of focused psychosocial support for improvement in psychosocial outcomes: functioning, hope, coping, and social support. Post-traumatic stress disorder (PTSD) symptoms show reductions, which were maintained at follow-up. Their findings raise three important questions regarding how focused psychosocial support is conceptualised and evaluated.

First, are focused psychosocial support interventions a repackaging of clinical interventions, with the inclusion of psychosocial secondary outcomes—ie, psychiatric symptom improvement mediates improved psychosocial outcomes (figure A)? Framed in this way, focused psychosocial support operates via pathways similar to clinical services, with a range of indirect psychosocial benefits. Purgato and colleagues¹ observed that many of the focused psychosocial support interventions evaluated were based on clinical cognitive psychotherapy treatments. However, as clinical interventions, focused psychosocial support has limitations. Depression and anxiety outcomes were not significant compared with waiting list controls, and effects for PTSD were predominantly among older adolescents (15–18 years old; standardised mean difference –0.43, 95% CI –0.63 to –0.23), presumably because of this reliance on cognitive mechanisms. Moreover, the conditions under which focused psychosocial support interventions work favourably—among youth who are not displaced and living with small household sizes—do not represent severe humanitarian emergencies, which are characterised by displacement and large numbers of family members in crowded living conditions.

Second, are focused psychosocial support interventions intended to address psychosocial outcomes as protective factors for the prevention of or recovery from mental illness—ie, psychosocial factors mediate protective effects on mental illness (figure B)? Most humanitarian practitioners would not frame focused psychosocial support as a substitute for clinical services. The mental health and psychosocial support pyramid differentiates focused psychosocial support as a distinct approach, which benefits a larger population compared with clinical services. From this perspective, Purgato and colleagues¹ findings can be interpreted as focused psychosocial support improving psychosocial outcomes and subsequently reducing severity of PTSD symptoms, mitigating the need for some clinical services. However, available focused psychosocial support interventions are

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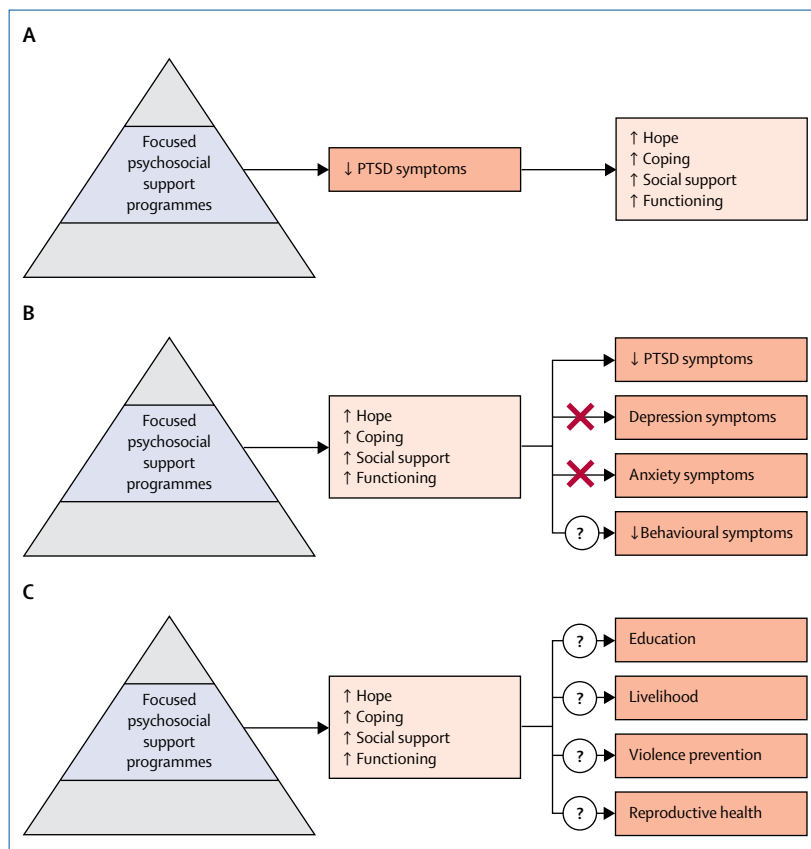


Figure: Conceptual pathways to frame the role of focused psychosocial support programmes. Figure is based on the findings of Purgato and colleagues.¹ (A) Clinical treatment pathway. (B) Protective factors pathway. (C) Promotive factors pathway. PTSD=post-traumatic stress disorder.

not significantly protective for depression and anxiety, which might reflect a restricted ecological scope of some focused psychosocial support programmes. For younger children, youth affected by forced displacement, and youth with depression and anxiety, focused psychosocial support might require greater involvement of families and community members.^{2,3} Targeting of mental health and psychosocial wellbeing of caregivers, teachers, and other community members has benefitted children in humanitarian settings.^{4,5} Additionally, Purgato and colleagues do not address behavioural disorders, which might be the mental health outcome most sensitive to focused psychosocial support. Behavioural disorders are the most common child and adolescent class of conditions and are associated with vulnerability to and perpetration of violence. A meta-analysis⁶ of interventions in low-income and middle-income countries, including many of the studies in Purgato and colleagues' analysis, shows that psychosocial interventions have a large beneficial role in prevention and treatment of behavioural disorders, including improvement for younger children and positive subgroup outcomes for family approaches through parenting interventions.

Finally, what are the roles of psychosocial outcomes as promotive factors for positive effects in multiple areas of life—ie, psychosocial outcomes mediate improvements across life domains (figure C)? The previous two pathways emphasise psychiatric symptoms as mediators or outcomes, however, a contribution of focused psychosocial support is its conceptualisation beyond clinical processes. Many life domains require investigation in focused psychosocial support intervention research. One example is education, which is prioritised in psychosocial programmes in humanitarian settings. In one focused psychosocial support programme,⁷ included in Purgato and colleagues' analysis, a major benefit was improved school attendance. A second domain is economic productivity. A retrospective study⁸ found that social integration and economic opportunity had similar outcomes among former child soldiers in Burundi. A third domain is reduced engagement in criminal and political violence, including youth's involvement in armed groups, which is likely to be affected by hope, social support, and coping.^{9,10} Finally, these psychosocial outcomes could affect reproductive health, including

vulnerability to HIV/AIDS and adolescent pregnancies, which is vital to address given intergenerational effects on youth.^{3,11}

Ultimately, focused psychosocial support interventions do not need to be pigeonholed as having a single function related to clinical, protective, or promotive functions, but greater clarity is needed in the design, implementation, and evaluation of interventions. In particular, a coherence among conceptualisation, hypothesised mechanisms, and outcomes is indispensable. Overlaying of psychiatric clinical trial designs and outcomes onto focused psychosocial support misses opportunities to identify the unique contribution of this field. Lessons learned from the current systematic review and meta-analysis should inform study designs to elucidate why focused psychosocial support interventions are important to comprehensively address health and wellbeing of children and adolescents in humanitarian settings.

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