



Research article

Mental health and psychosocial interventions for children and adolescents in street situations in low- and middle-income countries: A systematic review



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ARTICLE INFO

Article history:

Received 18 March 2016

Received in revised form 8 September 2016

Accepted 11 September 2016

Keywords:

Mental health

Intervention

Psychosocial

CASS

Street children

ABSTRACT

This article reviews the available quantitative literature on mental health and psychosocial interventions among children and adolescents in street situations (CASS) in low- and middle-income countries (LAMIC). PRISMA standards for systematic reviews were used to search five databases as well as grey literature. There were four inclusion criteria; studies had to involve a description of an external (i.e. outside of the home) mental health or psychosocial intervention/treatment, must be focused in LAMIC, must be focused on CASS, and must empirically evaluate the effectiveness of the intervention described. A quality assessment tool was used to assess the risk of bias in included articles. Five studies were included. A multidisciplinary care approach was significant in reducing psychological distress, substance use and improving sleeping arrangements ($p < 0.001$, $n = 400$). Residency step programmes were on average 52% successful in reintegrating children back into communities ($n = 863$). Resilience training significantly increased psychological well-being components ($p < 0.001$, $n = 60$). Emotional regulation training had a beneficial improvement in emotional regulation. FORNET (Forensic Offender Rehabilitation Narrative Exposure Therapy) ($n = 32$) reduced the number of self-reported offenses committed [$t(19.26) = 1.81$, $p = 0.043$]. There are not enough credible studies available to develop a firm conclusion on the effectiveness of mental health and psychosocial interventions delivered to CASS in LAMIC. The limited amount of studies, inconsistent outcome measures, interventions and imperfect study designs maintain that this is an area in need of greater attention and research focus.

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1. Introduction

It is difficult to determine the number of children and adolescents living in street situations in low- and middle-income countries (LAMIC). It has been estimated that there are more than 100 million street children worldwide (OHCHR, 2012), however, it has been argued that figures are often inflated, particularly within LAMIC, with the intent of receiving greater donations and international funding (Aptekar & Stoeklin, 2014). The ever-changing definition used to define this population may also affect the ability to determine the prevalence of CASS (Thomas de Benítez, 2011). The term 'street situations'

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identifies every aspect of a child's life that may be affected by the street, such as living on the street, working or loitering on the street (Lucchini, 2007; Stoecklin, 2007). This term acknowledges that should a problem with a child on the street occur, it is the situation on the street in which that child finds themselves rather than the child itself (Hossain & Coren, 2015; Terres des Homes, 2010). Therefore, the definition used in this review will refer to children and adolescents in street situations (CASS), which is consistent with the term used in Berckmans, Velasco, Tapia, and Loots (2012) review and is comparable to the term used in Coren et al. (2013) review; street-connected children.

Research shows that CASS have a greater risk of developing mental health problems and impairments compared to any other group of children (Moolla, Myburgh, & Poggenpoel, 2008). Increased risk of feelings of hopelessness, depression, lack of self-worth, learning disabilities, psychiatric disorders, serious emotional and behavioural problems, self-harming behaviours and suicide can cause detrimental mental health and psychosocial outcomes for these children, which are only further intensified by the street life culture (Cauce et al., 2000; Kerfoot et al., 2007; Myburgh, Moolla, & Poggenpoel, 2015; Richter & Van der Walt, 2003; Seager & Tamasane, 2010; Sen, 2009; Tischler, Karim, Rustall, Gregory, & Vostanis, 2004; Uys & Middleton, 2010). These poor outcomes are moderated by antisocial and self-destructive behaviour, such as substance abuse, gang participation and engagement in crime (Lockhart, 2008; Schimmel, 2006). Researchers have noted a need for effective mental health and psychosocial interventions that can be offered to CASS as a pathway out of poverty (Myburgh et al., 2015; Sen, 2009; Scivoletto, Silva, Cunha, & Rosenheck, 2012; Vostanis, 2007).

Most of the literature to date examines the prevalence of CASS, the 'push' and 'pull' factors that lead children and adolescents to live life on the street, the challenges CASS face, the difficulties providing support for them and their vulnerabilities towards substance abuse (Berckmans et al., 2012; Kudrati, Plummer, & Yousif 2008; Vameghi, Sajadi, Rafiey, & Rashidian, 2014; Woan, Lin, & Auerswald, 2013). The majority of interventions promote the attainment of legal income and education, increase awareness of the health and risk factors of living on the street, and increase resiliency (Dybicz, 2005; Hiemdal, Aune, Reinfjell, Stiles, & Friborg, 2007; Lee, Liang, Rotheram-Borus, & Milburn, 2007). Coren et al. (2013) argue that underlying mental health and psychosocial factors, such as traumatic experiences of physical and sexual abuse, addiction and/or social exclusion, impede CASS from successfully completing programmes designed to support them. Permanent mental health and psychosocial services must be set in place to continuously offer support to CASS, working alongside and complementing other vocational, educational, harm reduction and/or prevention programmes.

Quantitative research evaluating the effectiveness of mental health and psychosocial interventions for CASS in LAMIC remains limited (Ferguson, Dabir, Dortzbach, Dyrness, & Spruijt-Metz, 2006; Nabors et al., 2003; Woan et al., 2013). This is in keeping with the review by Berckmans et al. (2012) which concluded that not enough effective interventions are being implemented in policies to aid children and adolescents living in street situations. The scarcity of this literature has been suggested to be due to the lack of consistent outcome measurements (Karabanow & Clement, 2004) and reliably cultural measures (O'Callaghan, 2014). A reliable cultural measure relies on much more than the mere translation of a Western psychological measure in order to use it in a non-Western culture. Summerfield (2002) disputes that mental health frameworks are developed based on cultural norms and beliefs. Western and non-Western cultural norms can be quite different; therefore using psychological measures in LAMIC that were developed in Western countries may not be very valid or indeed, reliable. Available literature has reviewed and summarised the effectiveness of various interventions for homeless youth, including interventions focusing on mental and psychosocial health (Altena, Brilleslijper-Kater, & Wolf, 2010). These authors failed to include CASS in LAMIC, despite their unrestricted inclusion criteria to all types of locations and subgroups of those living on the street and those in service-supported accommodation. However, their findings provided promising results with improved outcomes after exposure to a mental health and psychosocial intervention. However, as mentioned previously, the implementation of non-culturally relevant services from high-income countries in LAMIC may be inappropriate and unsuccessful in resource limited settings.

This review aims to encourage and inform non-government organisations (NGOs) and policy makers of the existing effective mental health and psychosocial interventions available to CASS in LAMIC, and the importance of continuous evaluation of their effectiveness, ensuring continuous 'good practice'. This review will focus on children and adolescents in street situations, with or without contact with their family. External interventions, i.e. those outside of the home, that focus on reducing psychological distress and improving psychosocial outcomes increasing overall general well-being will be examined to determine their effectiveness with this population.

1.1. Review questions

- 1 What are the mental health and psychosocial interventions available for CASS in LAMIC?
- 2 Are these interventions effective in improving mental health and psychosocial outcomes for CASS?
- 3 What are the long-term outcomes of these interventions? (A long-term outcome refers to the lasting outcome effects one year post intervention).

2. Method

An initial scoping search was conducted, developing research questions and a review protocol to act as a guideline; this is available on request by emailing the first author. This review adhered to the PRISMA standards for systematic reviews (Moher, Liberati, Tetzlaff, & Altman, 2009). The following databases were searched: PsychINFO 1806 to present, SCOPUS,

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