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Corresponding author:
Andem Duke

an349250@dal.ca

Author Affiliation:
Dalhousie University.

Effectiveness of Life Skills Education and Psychosocial Interventions in Reducing Anxiety and Depression Symptoms Among Forcibly Displaced Persons in LMICs: A Systematic Review and Meta-Analysis Protocol

Duke, AEE; Crider, R; Anjorin, O; Harri, B; Sodunke, T; Eboreime, E.

ADMINISTRATIVE INFORMATION

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Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 13 December 2024 and was last updated on 13 December 2024.

INTRODUCTION

Review question / Objective Review questions - Are life skills education and psychosocial interventions effective in reducing anxiety and depression symptoms among forcibly displaced persons in Low- and Middle-Income Countries (LMICs)? What are the common barriers and facilitators to implementing these interventions?
Objectives
1. assess the effectiveness of life skills education and psychosocial interventions in reducing symptoms of anxiety and depression among FDPs; 2. describe and identify the barriers and facilitators to implementing life skills education and psychosocial interventions among FDP populations; 3. assess the moderating effects of cultural adaptation and technological facilitation on intervention effectiveness.

Condition being studied 1. Anxiety 2. Depression.

METHODS

Participant or population Eligible participants will include adolescents and adults displaced due to conflict, living in formal camps, informal settlements, or host communities, with different displacement durations, and with baseline anxiety

symptoms, depression symptoms, or both. Refugees, asylum seekers, and internally displaced persons (IDPs) will be included. We will exclude individuals who attained forcibly displaced person status due to natural disasters or developmental projects since the study will focus on conflict-induced displacement.

Intervention We will include interventions focusing on individual counseling sessions, group-based psychosocial support, community-based mental health programs, cultural healing practices, traditional support systems, technology-enabled mental health paradigms, and combined life skills and psychosocial activities. Specifically, we will include interventions that leverage digital platforms and tools to deliver mental health support for FDPs, e.g., using digital delivery methods, technology-enhanced assessment, virtual support systems, and e-learning platforms.

Comparator Eligible comparators will include the following:

1. Treatment as Usual (TAU):
Standard mental health care available in the displacement setting,
Routine psychosocial support services,
Basic health services.

2. Waitlist Control:
Participants receive the intervention after study completion, allowing for ethical care provision while maintaining scientific rigor.

3. Active Control Conditions:
Non-specific supportive counseling;
General health education sessions;
Social activity groups.

4. Minimal Intervention:
Information materials only;
Single psychoeducation session;
Basic referral services.

5. Alternative Interventions:
Traditional healing practices;
Standard group counseling;
Non-digital versions of similar interventions.

Study designs to be included Eligible studies will include randomized controlled trials (RCTs), quasi-experimental studies, controlled before-and-after studies, interrupted time series analyses, mixed-methods studies with quantitative outcomes, and longitudinal cohort studies.

Eligibility criteria Studies must focus on forcibly displaced persons (FDPs) of all genders, including both adolescents (13-17 years) and adults (18+ years) experiencing or at risk of anxiety and depression. Mental health status will be assessed through validated screening tools such as GAD-7 and PHQ-9. We will include studies evaluating life skills education and psychosocial interventions, encompassing individual counseling, group-based support, community mental health programs, and technology-enabled interventions. All studies must report outcomes related to anxiety, depression, or psychosocial well-being using standardized measurement scales. Acceptable study designs will include randomized controlled trials and cohort studies.

Studies will be excluded if they focus on non-FDP populations, purely pharmacological interventions, or lack mental health outcome measures. We will exclude studies without comparator groups or those with significant methodological limitations that could compromise the validity of findings.

Studies will be included if they present disaggregated data allowing for extraction of results for participants aged 13 years and above. Although some studies may include participants under 13 years, we will only include those where data for our target age groups (adolescents 13-17 years and adults 18+ years) can be clearly separated and analyzed independently.

Studies consisting of participants with cognitive impairments that affect their capacity to provide informed consent and non-human studies will be excluded.

This comprehensive criteria ensures the identification of high-quality evidence while maintaining focus on our target population and interventions of interest.

Information sources Electronic bibliographic databases

We will search MEDLINE via PubMed, EMBASE, PsycINFO, CINAHL, Web of Science, Scopus, the Global Health database, the Global Health Data Exchange (GHDx) database, and the Humanitarian Evidence
Programme.

Trial registers

We will extract data from ClinicalTrials.gov, WHO International Clinical Trials Registry Platform, Pan African Clinical Trials Registry (PACTR), ISRCTN

Registry, European Union (EU) Clinical Trials Register, and Australian New Zealand Clinical Trials Registry where appropriate.

Reference lists of relevant systematic reviews and individual studies will be hand-searched. Gray literature will also be searched.

Main outcome(s) Primary outcome measures will include changes in anxiety and depression symptoms, assessed using validated scales (e.g., the Generalized Anxiety Disorder 7-item (GAD-7) Scale or Patient Health Questionnaire-9 (PHQ-9).

Additional outcome(s) Secondary outcome measures will encompass social functioning and adaptation, resilience levels, and the effectiveness of coping mechanisms. In addition, we will extract data on community integration metrics (e.g. social support networks and involvement in community activities), program adherence rates, implementation feasibility indicators, and adverse events.

Quality assessment / Risk of bias analysis We will assess methodological quality using validated assessment tools specific to each study design. The Cochrane Risk of Bias Tool 2.0 will be used for randomized controlled trials, while the ROBINS-I tool will be used for non-randomized studies. For cohort studies, we will assess the risk of bias using the Newcastle-Ottawa Scale. Two independent reviewers will conduct these assessments and resolve differences through structured discussion to reach a consensus. This approach will allow for the clear documentation of potential biases that may influence our interpretation of findings.

Strategy of data synthesis We will use various analytical approaches. Our primary analysis will begin with a narrative synthesis of study characteristics, followed by meta-analysis where studies demonstrate sufficient homogeneity in interventions and outcomes.

Subgroup analysis We will perform subgroup analyses to examine the differential effects of intervention types, enhancing our understanding of which approaches work best for specific FDP populations.

Sensitivity analysis Sensitivity analyses will test the robustness of our findings by examining the impact of methodological decisions and study quality on results. To assess publication bias, we will generate funnel plots and conduct statistical tests (e.g., Egger's test) when meta-analyses include 10 or more studies.

Country(ies) involved Canada/United States of America/Nigeria.

Keywords anxiety and depression; forcibly displaced persons; life skills education; low- and middle-income countries; mental health; psychiatry; psychosocial interventions; technology-enabled interventions.

Contributions of each author

Author 1 - Andem Duke.
Email: an349250@dal.ca
Author 2 - Raquel Crider.
Email: rcride01@rams.shepherd.edu
Author 3 - Omolayo Anjorin.
Email: om794508@dal.ca
Author 4 - Bala Harri.
Email: bharri@dal.ca
Author 5 - Temitayo Sodunke.
Email: temitayosodunke@dal.ca
Author 6 - Ejemai Eboreime.
Email: ejemai.eboreime@dal.ca