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BACKGROUND

Refugee families are at a high risk for common mental disorders including depression, anxiety, and PTSD due to violence and trauma experienced in the country of origin as well as by displacement and resettlement stressors. Upon resettlement, families experience challenges associated with adjustment, acculturation, and role changes, adding strain to family relationships. Due to these family-level vulnerabilities, there is increasing consensus that family- and community-based mental health interventions are an important and culturally appropriate way to address mental health and psychosocial related concerns and to strengthen refugee families' wellbeing.

METHODS

This study systematically reviewed ten peer-reviewed, English language, family-based mental health intervention studies for refugees across the migration continuum (humanitarian settings, Global South, and Global North). We analyzed the types of interventions, intervention components, implementation approaches and assessed effectiveness.

KEY FINDINGS

- 1. What types of family-based mental health interventions have been used with refugees and what do these interventions consist of?**



Parenting interventions

Usually delivered in a group setting, often in community-based organizations to caregivers with the purpose of promoting child development and mitigating risk of child mental health problems by strengthening the family context through parenting skills development. This was primarily accomplished through discussion of topics relevant to child development, child behavior and/or family functioning in the context of trauma and/or

resettlement and through the facilitation of positive parenting skills that aimed to enhance parent-child relationships and reduce challenging behavior.



Multiple family groups

Usually delivered in community and school settings with family members from multiple families who were experiencing similar culturally mediated family stressors such as trauma survival, displacement, and/or resettlement. The multiple family groups often focused on inter-familial discussion of stressors affecting family relationships; development of strategies and coping to improve family functioning and identification of family strengths.



Home visiting interventions

Delivered in the home setting that includes adult and child members of a singular family unit who receive services and support in the home setting to address family-related concerns stemming from trauma and resettlement related experiences.

Fourteen different intervention components were identified from our analysis to address mental health, family processes and functioning, and displacement and resettlement concerns.

**Mental Health
Components**

Family Functioning Components

**Displacement and
Resettlement
Context Components**

Anxiety and stress management	Education on child development	Education on adjustment and acculturation issues
Behavior activation	Family communication skills	Social skills training
Psychoeducation	Family goal setting	Resource navigation
	Family narrative	
	Family problem solving	
	Family roles & identity	
	Identification and activation of family strengths	
	Positive parenting skills	

2. What types of providers, training, and supervision are utilized to implement family-based mental health interventions?

- 1) Most interventions used non-specialist providers, such as community members, peer mentors, and interventionists from the refugee community.
- 2) Overall there was limited information on training strategies though some studies providing training by the research team and others providing an established training program instructed by a specialized trainer.
- 3) Most studies also reported some form of provider supervision done by a member of the primary research team.

3. How effective are the family-based strategies and what implementation challenges are encountered in delivering such interventions?

The evidence base for family-based interventions for refugees is emerging and diverse family-based models could be potentially effective for improving child and caregiver mental health and improving a range of family processes and functioning indicators. Additional studies are needed to build the evidence base.

CONCLUSION

Strengths

Feasible
Acceptable
Initial indication of positive changes in mental health

Challenges

Feasibility of recruitment- fathers not wanting to participate
Training local non-specialist intervention facilitators
Accessibility to services- lack of transportation, childcare, etc.

Family-based mental health interventions are important for refugees whose experiences have led to parenting challenges, intergenerational conflict, and poor mental health in children and caregivers. Our findings indicate different intervention models may reduce mental health problems and strengthen family functioning and social support, which is essential for long term health and wellbeing. More research is needed with culturally diverse refugee communities to build the evidence base and implementation strategies to support delivery in community settings.

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