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**CHILDREN'S
SOCIAL
CARE**

EMMIE SUMMARY

Child mental illness prevention

January 2019



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About the What Works Centre for Children's Social Care

The What Works Centre for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found

to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services,

child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

To find out more visit the Centre at: whatworks-csc.org.uk, or CASCADE at: sites.cardiff.ac.uk/cascade

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This evidence summary is based on the following systematic review

Siegenthaler, E., Munder, T. and Egger, M. (2012) Effect of preventive interventions in mentally ill parents on the mental health of the offspring: systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*. 51(1), 8-17. <https://doi.org/10.1016/j.jaac.2011.10.018b>

What is the intervention?

A range of interventions aim to prevent children from experiencing the same mental health condition as their parents. Interventions are typically based on cognitive, behavioural and psycho-educational principles, and engage participants through group work or 1:1 sessions. The content varies and can consist of educating participants about the mental health condition, improving parenting skills, and building resilience in children. Examples of the interventions include educational groups for parents, family group cognitive behavioural therapy and behavioural couples' therapy.

This narrative is based on the systematic review and meta-analysis by Siegenthaler and colleagues in 2012. This assessed how effective interventions were at preventing children from developing the same mental health condition and associated symptoms as their parent. It is the first review on this topic to conduct a meta-analysis and pool the results from multiple studies to understand the overall effect of the interventions.

Which outcomes were studied?

The review looked at three outcomes. The first was the incidence in the child of the same mental health condition as their parent. The second and third outcomes were internalising (negative emotions, depression, anxiety) and externalising (hyperactivity, aggressive, behaviour problems) symptoms of the mental health condition.

Effectiveness: how effective are the interventions examined?

Outcome 1 – Child mental health

Effect rating	1
Strength of Evidence rating	2

The review found that interventions reduced the risk of a child developing the same mental health condition as their parent by 40 per cent. Data from six randomised control trials involving 919 participants were in the meta-analysis and the overall result was statistically significant, meaning this finding is unlikely to be due to chance (RR= 0.60; CI= 0.45, 0.79; p<.001).

Outcome 2 – Children's internalising behaviours

Effect rating	1
Strength of Evidence rating	2

Outcome 3 – Children's externalising behaviours

Effect rating	0
Strength of Evidence rating	2

However, the interventions did not have a statically significant effect on externalising symptoms (SMD= -0.16; CI= -0.36, 0.04; p= .12). The results for internalising and externalising symptoms were based on seven trials. The trials that reported on internalising symptoms involved 750 children and the trials investigating externalising symptoms involved 543 children. Two sets of results from one study were used in the meta-analysis of externalising symptoms. One set of results from the study related to parents with drugs misuse concerns and the other set referred to parents who were alcohol dependent.

Mechanisms and Moderators: When, where and how does it work, and who does it work for?

The review focused on effect and did not explore the causal pathways that might lead to the differences they found. We might hypothesise that interventions work differently for different kinds of mental health conditions for example, but it is not possible, from this study, to comment on whether specific sub-groups were more or less likely to benefit from the interventions.

Implementation: how do you do it?

Although factors that may support or challenge the implementation of the programmes were not discussed in the review, it is clear that implementation of the programmes varied greatly. The programmes targeted a variety of mental health conditions (e.g. depression, anxiety and alcohol dependence) and age groups (children ranged from new-borns to adolescents). The length of the interventions also ranged from four weeks to one year (where reported). Professionals facilitating the different programmes included social workers, nurses and therapists. Despite these differences, the authors found little statistical evidence of variation between the studies for the first two outcomes. Interestingly, it was suggested that the effectiveness of the interventions might be due to factors that were common across the different programmes (such as empathy) rather than the specific techniques used.

The effect of the interventions on preventing internalising and externalising symptoms did not vary according to which family members were involved in the sessions. There was no statistical difference between the programmes that worked with the parent only, compared to those that engaged with the parents and children (p=.09 for internalising symptoms, p=.11 for externalising symptoms). Most of the trials in the review were conducted in the USA, and as only one trial took place in England it is not clear whether the findings can be generalised to the UK.

Economics: what are the costs and benefits?

No economic analysis was included in the study and cost-effectiveness was not mentioned.

What are the strengths and limitations of the review by Siegenthaler et al., (2012)?

This meta-analysis is a rigorous review of preventative interventions in mentally ill parents on the mental health of their children. The strength of the evidence provided within this review is high; all meta-analyses provided three or more studies that meet our standard of 'acceptable quality'. The search strategy was sound despite the data being extracted by one reviewer.

Nonetheless, there are limitations of the review and the underlying studies it is based on. The study did not follow the recommended Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The guidelines detail what information that should be included in a review to ensure a high standard and transparent way of reporting. Furthermore, aspects of some of the studies in the review are problematic. For example, many of the trials included active control groups where participants engaged in another form of treatment, such as individual-based psychotherapy or a brief psychoeducation session. This can make it difficult to detect an effect of the main intervention as the control group may also have benefitted from their sessions. Ideally, at least one control group in any study should receive standard care so that it can provide a fair comparator.

Furthermore, the interventions themselves varied widely across the studies, as did the mental health issue they targeted. This makes the interpretation of the intervention effects challenging as it is difficult to provide effective comparisons. The trials predominantly engaged with mothers and those with affective disorders, and so the authors of the review suggest that the findings might be most applicable to those individuals. It remains uncertain whether interventions with other family members and those with different mental health conditions would have the same outcomes.

Summary of key points

- The interventions appear to have a positive effect on preventing children from developing the same mental health condition and internalising symptoms as their parents. The review found no statistically significant effect of the interventions on externalising symptoms.
- A wide range of interventions was included in the review. We do not know whether the effectiveness of the intervention varies by the target mental condition, programme content or length.
- The findings are likely to be most applicable to interventions for mothers with affective disorders.
- Only one study was conducted in the UK so it is unclear whether the findings from the review can be applied locally.
- Future research should consider how much the interventions cost and whether they provide value for money.

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