CRD summary
This review assessed the effectiveness of interventions for children and/or families where a parent has a serious mental illness. The authors concluded that there was limited evidence to support particular interventions in specific circumstances and no evidence of harm. Methodological and evidence limitations make it difficult to be certain of the reliability of the authors' conclusions.

Authors' objectives
To evaluate the effectiveness of programmes designed to intervene with children and/or families where a parent has a serious mental illness.

Searching
The authors searched a variety of databases (unspecified) covering health, medicine, sociology, psychology and education. The reference lists of relevant papers and review articles were checked, eight journals considered particularly relevant were handsearched, and 'grey' literature was sought through an Internet search and by contacting experts in the field.

Study selection
Study designs of evaluations included in the review
No inclusion criteria for the study designs were specified.

Specific interventions included in the review
Evaluations of any intervention targeting children and/or families affected by parental mental illness were eligible for inclusion. The interventions evaluated included psycho-education sessions, focused psychological therapies, support groups, intensive case management, community development and residential programmes, singly and in various combinations. The setting for most interventions was mental health centres in large cities. The duration of follow-up ranged from 0 to 260 weeks.

Participants included in the review
Studies of families and/or children were eligible for the review. The included studies involved families, mothers with a mental illness and infants, or children or adolescents only. The majority of parents in the included studies experienced depression.

Outcomes assessed in the review
No inclusion criteria for the outcomes were specified. Where reported, the outcomes measured in the included studies were depression, understanding of parental illness, adaptive functioning and verbal IQ in children, measures of activity and responsiveness in infants, and depression scores in parents.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
Validity was assessed by rating each study as strong, moderate or weak with respect to selection bias, study design, confounders, blinding, data collection methods, and withdrawals and drop-outs. Based on the ratings of individual components, the studies were rated as strong, moderate or weak overall. The authors did not report how many reviewers performed the validity assessment.
Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative.

How were differences between studies investigated?
Differences between the studies were discussed in the text and presented in tabular format.

Results of the review
Twenty-six studies were included. Of these, twelve (185 families and 443 individuals) were described as randomised controlled trials or randomised trials, one was a controlled clinical trial (n=50), one was a case-control study (n=37), one was an interrupted time series (n=11) and eight were pre-test post-test intervention studies with no control group (8 families and 205 individuals; the sample size not reported for one study). The design of three of the studies was not reported.

Seven of the included studies were rated as methodologically strong, four as moderate and the remainder (15) as weak. Studies rated strong or moderate indicated that baby massage and toddler-parent psychotherapy were effective for infants of depressed mothers. Group cognitive-behavioural therapy (CBT) was effective for non-depressed adolescents with depressed parents, but not for depressed adolescents. There was no evidence for the effectiveness of education sessions, home visits from nurses, interaction coaching sessions for mothers, counselling, CBT or brief psychodynamic psychotherapy for children in terms of preventing mental illness in the children. Some interventions had positive effects on surrogate markers of child psychological well-being.

Authors’ conclusions
There was limited evidence to support interventions for children of parents with mental illness in specific circumstances, and no evidence of harm. There was insufficient evidence to determine what range of interventions might play a part in the primary prevention of mental illness in these children, and few data on the long-term effectiveness of the interventions.

CRD commentary
This review addressed a clear question, but the inclusion criteria for the interventions were broad and there were no criteria for the study designs and outcomes, which could have led to subjective decisions about study inclusion. The search was not reported clearly but appears adequate from the information provided. It was unclear whether language restrictions were applied, so the risk of language bias was difficult to assess. Review methods were not reported, making it difficult to comment on the risk of bias and errors arising during the study selection and data extraction processes. Validity was assessed using recognised criteria and the results were taken into account by focusing on the better quality studies.

The studies were discussed in a narrative, which seems appropriate in view of the wide range of interventions and outcomes evaluated, but the narrative focused mainly on study quality and provided limited synthesis of the study findings. Most of the included studies involved parents with depression in large cities and it is unclear whether the findings would be generalisable to other illnesses and settings. The methodological and reporting limitations of the review, together with the limited quantity and quality of the evidence found, make it difficult to be certain of the reliability of the authors’ conclusions.

Implications of the review for practice and research
Practice: The authors stated that practitioners should use a recognised theory in developing interventions, and that
components of the intervention should be linked to recognised risk factors and should be selected from across the public health spectrum. They also stated that this approach may require the involvement of a broader range of agencies and additional training for mental health clinicians. These recommendations do not appear to have been derived directly from the evidence presented in the review.

Research: The authors stated that interventions for children of parents with mental illness should be evaluated using rigorous research methods, with longer term follow-up of the participants.

Bibliographic details

Indexing Status
Subject indexing assigned by CRD

MeSH
Adaptation, Psychological; Adult; Child; Child Behavior Disorders /diagnosis; Child of Impaired Parents; Child Welfare; Family Therapy; Mental Disorders /psychology /rehabilitation; Mother-Child Relations; Mothers /education /psychology; Parent-Child Relations; Parenting; Parents /psychology /education

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.