



Review article

A systematic review of measures of mental health and emotional wellbeing in parents of children aged 0–5



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ABSTRACT

Background: A significant proportion of women with young children experience mental health problems and recent research suggests fathers may also be affected. This may have a long term negative impact on the child's development with significant costs to society. Appropriate measures are therefore needed to identify parents and children at risk.

Method: This literature review aimed to identify the most reliable, evidence based global measures of mental health for parents of infants from pregnancy to 5 years postpartum (0–5 years). Literature searches were conducted on online databases and hand searches of reference lists were also carried out. Studies were included in the review if they reported information on measures of global psychological distress or wellbeing from 0 to 5 years postpartum.

Results: A total of 183 studies were included in the review, 19 of which directly examined the psychometric validity of an outcome measure. These studies reported information on 23 outcome measures, 4 of which had been validated in parents of children from 1 to 5. These were: the General Health Questionnaire (GHQ), the Symptom Checklist (SCL), the Self-Reporting Questionnaire (SRQ) and the Kessler scale (K10/6). Reliability and validity varied across studies.

Limitations: Only a small number of studies included fathers and examined psychometric validity across the entire period of early childhood.

Conclusions: The GHQ was the most frequently validated but results suggest poor reliability and validity. The SRQ and K10/6 were the most promising measures in terms of psychometric properties and clinical utility.

1. Introduction

Pregnancy and the first year after birth are associated with increased risk of affective disorders with research indicating between 10% and 20% of women experience affective disorders during this time (Mann et al., 2010). Recent research also suggests a significant proportion of men may be affected (Cameron et al., 2016; Parfitt and Ayers, 2014). Parental mental health problems in the early years can be pre-existing, where existing mental health problems are exacerbated or retriggered during pregnancy or after birth. Alternatively, mental health problems may start during pregnancy or after birth. The most common mental health problems are anxiety, depression, post-traumatic stress disorder (PTSD), and stress-related conditions such as adjustment disorder (Cameron et al., 2016). Severe mental illness, such as puerperal psychosis, is less common but is one of the leading indirect causes of maternal death (Manktelow et al., 2015).

Parental mental health problems in the early years are a significant

public health concern due the association between such problems and a variety of adverse outcomes for women and their partners. These include parenting distress, poor physical health, financial strain, stressful life events, low social support, and low quality partner relationship (Horwitz et al., 2007a, 2007b). Children may also be affected. For example, maternal postpartum depression is associated with less sensitive and responsive interactions between the mother and baby (Barry et al., 2015), higher rates of negative emotional expression (Murray et al., 1993), and having a higher likelihood of implementing unpredictable and inconsistent parenting techniques (Beck et al., 1999). These factors are in turn associated with poor child development (Barry et al., 2015; Fihrer et al., 2009; Grace et al., 2003). Mothers with postpartum depression are also less likely to breastfeed (Dennis and McQueen, 2009) which in some cases may be related to concerns about the effects of any psychotropic medication they may be taking on their infant (Bonari et al., 2005).

Parental mental health problems are also associated with the infant

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being more likely to experience mental health problems (Lang and Gartstein, 2017; Wang, 2017). This intergenerational transmission of vulnerability may be due to a number of factors, including epigenetic, environmental and parenting factors. For example, women's mental health during pregnancy may exert specific effects on the developing foetus through neuro-biological foetal programming which may have a long-term effect on the child's development and health. There is increasing evidence for foetal programming effects from animal research and epidemiological research showing associations between anxiety and stress in pregnancy and greater risk of a range of adverse outcomes for the child. For example, longitudinal research suggests infants of women who are anxious during pregnancy are more likely to show fearful or anxious behaviour themselves and be at greater risk of poor development and adverse outcomes such as attention-deficit hyperactivity disorder (Talge et al., 2007). Poorer emotional and behavioural development may even persist into adolescence, with a study of 7944 families in England finding that maternal anxiety and depression in pregnancy was associated with the child being twice as likely to have a mental disorder (O'Donnell et al., 2014). However, most children are not affected and the mechanisms underlying which children are affected and in which way are not well understood (Glover, 2016).

Paternal mental illness has been less studied than maternal mental illness. However, there is increasing evidence it may also have a negative impact on the couple's relationship, father-child relationship and child developmental outcomes. For example, paternal stress has been associated with men having more negative perceptions of their marriage and baby (Zelkowitz and Milet, 1997). A meta-analysis of 28 studies of paternal depression found it was significantly associated with a decrease in positive parenting behaviors (such as warmth) and an increase in negative parenting behaviors (such as criticism) (Wilson and Durbin, 2010). Additionally, the early father-child relationship appeared to influence later childhood outcomes: for example, father's psychological distress has been associated with child behavioural difficulties, emotional difficulties, social functioning and development (Fletcher et al., 2011; Kvalevaag et al., 2013).

In summary, there is substantial evidence suggesting that mental illness for men and women during the early years may have an adverse impact on infant development and child outcomes across a range of domains e.g. cognitive, emotional, motor and social (Milgrom et al., 2016; Sweeney and MacBeth, 2016). There has been some debate over the importance of timing and the possibility that pregnancy and the first year may represent a sensitive period in infant development, in which the infant may be more susceptible to the effects of mental health difficulties due (in part) to the rapid and substantial neural, cognitive and socio-emotional developments that occur during this time (Sroufe, 2005; Talge et al., 2007). However, there is some evidence that sensitivity may continue up to age 5 with, for example, a study of a cohort of 937 adolescents in Canada finding that those who were initially exposed to maternal depression between the ages of 2 and 5 had a two-fold increased risk of affective disorders in adolescence (Naicker et al., 2012).

The economic argument for screening and treating parental mental health problems is compelling with evidence that the cost to society of parental mental illness is substantial. A recent economic analysis estimated the cost to UK society of not treating women's perinatal mental health problems is £8.1 billion for every annual cohort of women giving birth. The majority of this cost (72%) was attributable to long term adverse consequences for the child (Bauer et al., 2014). In Canada, O'Brien et al. (2009) estimated that approximately 2593 women discontinued their antidepressants and had a depressive relapse. This resulted in maternal healthcare costs of approximately CA\$1 million. Similar results have been found in Australia, where the financial costs associated with maternal postpartum depression were estimated to be AU\$61 million in a cohort of 70,997 women (Post and Antenatal Depression Association, 2012). Furthermore, in the USA, Dagher et al. (2014) examined the association between depression in the postpartum

period and healthcare expenditure 11 weeks after childbirth and found the mean cost for women with postpartum depression was US\$1046 compared to US\$365 for women without depression (2001 prices).

From a public health perspective, a strategy for preventing perinatal mental health problems and treating them effectively therefore has the potential to prevent significant long-term burden of ill-health and problems in parents and children. A critical aspect of this is identifying efficient and acceptable measures of mental health for use with men and women during the early years. Guidelines for screening vary in their recommendations (Milgrom and Gemmill, 2014) but most focus on specific disorders, such as depression. In the UK, national guidelines recommend asking the Whooley questions (Whooley et al., 1997) to identify depression and the General Anxiety Disorder-2 question screen (Spitzer et al., 2006) to identify anxiety (NICE, 2014). Other countries use the Edinburgh Postnatal Depression Scale to screen for postpartum depression (Milgrom and Gemmill, 2014). However, this method of focusing on a specific disorder (in this case depression or anxiety) is unlikely to identify women or men experiencing different affective disorders such as PTSD or OCD. This means only a proportion of parents are offered treatment to reduce the possible adverse impact of mental health problems on them and their child.

Another problem is that many of the clinical guidelines for screening do not continue beyond the first year and do not include screening for fathers (NICE, 2014). As we have seen above, there is evidence that children may be affected up to age 5 so screening beyond one year is important on this front as well as the possibility of mental health problems worsening long-term or being recurrent (Brennan et al., 2000; Goodman et al., 2011). Screening fathers is similarly important because of the evidence it may have an adverse impact on fathers, their families and the child (Sweeney and MacBeth, 2016).

Therefore, to improve identification of parents with mental health problems in the early years and reduce the negative impact on child outcomes, a global measure is needed that can be used with mothers and fathers across the early years from 0 to age 5. This literature review aimed to identify reliable, valid and acceptable measures of parental mental health to use with parents during pregnancy and up to 5 years postpartum to identify those with mental health problems. The results of this review will contribute to the wider literature on how best to screen and measure parental wellbeing and outcomes during pregnancy and up to 5 years postpartum.

2. Method

2.1. Identification of relevant papers

The literature searches and study selection were conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines (Moher et al., 2009). The principal method of identifying studies suitable for the review involved searching the following databases: MEDLINE, PsycINFO, PsycARTICLES, EMBASE, Web of Science, and Scopus. Searches were conducted up to and including February 2016. Search terms formed three categories (the 0–5 early years period, psychological wellbeing or distress and measures) and included, but were not limited to: *natal OR *partum OR parent* AND psychological OR mental OR problem OR disorder OR wellbeing AND measure* OR questionnaire OR scale. Combinations of all search terms and specific syntax used is available in the online [Supplementary material](#). In addition, the reference lists of identified articles and existing reviews were hand searched to identify additional relevant papers.

2.2. Inclusion and exclusion criteria

Studies were included if they were quantitative studies reporting empirical research that examined or included global measures of mental or emotional wellbeing in men and/or women who were

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