



Research report

Parenting strategies for reducing the risk of childhood depression and anxiety disorders: A Delphi consensus study

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ABSTRACT

Background: Substantial evidence that some modifiable parental factors are associated with childhood depression and anxiety indicates that parents can play a crucial role in the prevention of these disorders in their children. However, more effective translation of research evidence is required.

Methods: This study employed the Delphi methodology to establish expert consensus on parenting strategies that are important for preventing depression or anxiety disorders in children aged 5–11 years. A literature search identified 289 recommendations for parents. These were presented to a panel of 44 international experts over three survey rounds, who rated their preventive importance.

Results: 171 strategies were endorsed as important or essential for preventing childhood depression or anxiety disorders by $\geq 90\%$ of the panel. These were written into a parenting guidelines document, with 11 subheadings: *Establish and maintain a good relationship with your child, Be involved and support increasing autonomy, Encourage supportive relationships, Establish family rules and consequences, Encourage good health habits, Minimise conflict in the home, Help your child to manage emotions, Help your child to set goals and solve problems, Support your child when something is bothering them, Help your child to manage anxiety, and Encourage professional help seeking when needed.*

Limitations: This study relied on experts from Western countries; hence the strategies identified may not be relevant for all ethnic groups.

Conclusions: This study produced new parenting guidelines that are supported by research evidence and/or international experts, which can now be promoted in Western English-speaking communities to help parents protect their children from depression and anxiety disorders.

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1. Introduction

Mental disorders are the largest contributors to disability in young people, with one in four youths affected by depression or anxiety disorders during their lifetime (Patel et al., 2007). Despite relatively lower rates of anxiety disorders (3%) and depression (< 1%) in childhood (Costello et al., 2003), there is a steep increase in the rate of onset of anxiety and mood disorders (especially the former) during the primary school years (about 5–11 years; Kessler et al., 2012). Early onset disorders tend to become chronic or relapsing and contribute to a wide range of psychosocial and vocational impairments, resulting in deleterious long-term sequelae (Caspi et al., 1988; Last et al., 1997; Rao et al., 1995). With

some evidence suggesting an increase in the rates of depression, anxiety, and internalising symptoms in some countries including England (Collishaw, 2009), the United States of America (Barlow et al., 2006) and Australia (Bor et al., 2014), there is a strong impetus for effective, integrated approaches to prevent these disorders in young people. Indeed, the earlier the prevention efforts are aimed, the greater the saving in years that are lived with disability.

Based on the substantial evidence of modifiable parental factors that can increase or decrease children's risk for depression and anxiety (Yap and Jorm, 2015), it is clear that parents can play a crucial role in the prevention of these disorders in their children. Parents are also a good target for prevention because they may possess the wisdom and life experience which helps them to appreciate the value of prevention and early intervention, as well as the inherent motivation to take preventive actions for their child's mental health and well-being. However, to date, effective communication and uptake of research evidence about preventive

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actions parents can take have lagged behind the evidence (Creswell and Cartwright-Hatton, 2007; Garber, 2006; Rapee, 2012; Restifo and Bögels, 2009; Yap and Jorm, 2015). Indeed, there has been a call for more effective translation of research evidence about the importance of family processes for child depression and anxiety into preventive family interventions (Avenevoli and Merikangas, 2006; Fisak et al., 2011; Gladstone and Beardslee, 2009; Restifo and Bögels, 2009). Preventive parenting interventions can be universal, where they are delivered to all parents regardless of risk; selective, targeting parents whose children have known risk factors; or indicated, targeting parents whose children show signs or symptoms of emerging disorder (Mrazek and Haggerty, 1994; O'Connell et al., 2009). Despite an increase in parenting interventions to prevent depression and anxiety problems in children in the past two decades (many of which target parents of primary-school aged children), most of these are selective prevention programs; i.e. they are aimed at preventing disorders in children who are at higher risk due to known risk factors (e.g. parental mental illness; Beardslee et al., 1997; Solantaus et al., 2009). Various programs target a few key parental factors that influence the development of these disorders (e.g. parent–child communication, Beardslee et al., 2003; family conflict, over-involvement, and autonomy granting, Ginsburg, 2009; and warmth and inter-parental conflict, Wolchik et al., 2000), and have demonstrated promising effects, some of which were maintained for as long as six years (Wolchik et al., 2002). Although universal programs may have a smaller effect than selective or indicated programs at the level of the individual, it has been argued that they may have a great public health impact because they reach a larger proportion of the population (Phares et al., 1989; Rose, 1992), and have the potential to shift the population mean levels of depression and anxiety symptoms (Rose, 1992). When it comes to engaging parents in prevention of child mental health problems, universal programs may be advantageous as they can minimise the perceived stigma that parents fear would be attached to themselves as a 'bad' parent, or to their child as having problems needing intervention (Koerting et al., 2013). With the advance of internet accessibility, there is now a plethora of recommendations made by well-intentioned sources about what parents can do to promote their child's well-being and prevent mental health problems, e.g. parenting websites, blogs and forums. However, the evidence base behind these recommendations is often not well established. There is therefore a clear need for evidence-based universal preventive parenting interventions for child depression and anxiety.

Universal programs can be designed to cover the whole range of modifiable factors that all parents can improve in, regardless of current risk (Garber, 2006; Yap et al., 2011). These can form the foundation for multi-tiered prevention programs which target general parental factors in universal samples, then increasingly narrow their focus to different selective and indicated high-risk groups (Garber, 2006). A recent systematic review and meta-analysis found sound evidence for a range of modifiable parental factors that are associated with primary-school aged children's risk for depression and internalising problems (Yap and Jorm, 2015). Specifically, higher levels of inter-parental conflict and aversiveness were associated with increased risk for both depression and internalising problems. In addition, higher levels of abusive parenting and over-involvement and lower levels of warmth were associated with more internalising symptoms. No sound evidence linking any parental factor with anxiety outcomes was found, but there was emerging evidence for some parental factors (e.g. autonomy granting, modelling of anxiety; Yap and Jorm, 2015). Although these findings provide general guidance on parental behaviours that are influential in the development of childhood internalising, depression and anxiety problems, they do not adequately describe specific parenting strategies that can be

readily put into practise. For this research evidence to be informative for parents, the identified parental factors need to be made more explicit as specific, actionable parenting strategies. These strategies can also be integrated into interventions that support parents in implementing them with their child.

Moreover, a transdiagnostic approach to universal prevention of both depression and anxiety disorders in children may hold great promise. In addition to their phenomenological and diagnostic similarities, depression and anxiety disorders share some risk factors, including parental factors (Dozois et al., 2009; Wilamowska et al., 2010). Extant evidence also indicates that many parental factors examined in depression and anxiety research are not specific to either disorder (e.g., Bögels and Brechman-Toussaint, 2006; Restifo and Bögels, 2009; Yap and Jorm, 2015). Consequently, an increasing number of researchers have called for transdiagnostic approaches to prevention of these disorders (Dozois et al., 2009; Yap and Jorm, 2015), because of their potential to enhance the efficacy, generalisability, and cost-effectiveness of such interventions, as well as to facilitate their implementation. Furthermore, to a parent wanting to protect their child's mental health, a transdiagnostic approach to prevention is much simpler and makes more sense. Hence, this study took a transdiagnostic approach by including both depression and anxiety as outcomes of interest.

Parenting interventions to prevent anxiety and depression need to be considered in relation to particular phases of child development. Childhood (defined here as ages between 5 and 11 years) is of particular interest in this study because of the steep increase in the rate of onset of these disorders during this period of development (Kessler et al., 2012), making it an opportune time to focus preventive efforts. Furthermore, parents tend to still be relatively involved and engaged with their children during this phase. Given parents' relatively high level of involvement in their child's primary schooling, the primary school setting can also be strategically used to facilitate the dissemination of preventive parenting programs.

The current study aimed to develop specific guidance for parents on actions they can take to reduce their child's risk of developing depression and anxiety disorders. The Delphi methodology was used to establish expert consensus on parenting strategies that are important for preventing these disorders. The recommendations could then be promoted to the general public, as well as provide a sound basis for the development of preventive parenting interventions (e.g. websites, public information campaigns, parent training programs).

2. Method

2.1. Delphi method

The Delphi method (Jones and Hunter, 1995) was used to establish expert consensus on what parents can do to prevent depression and anxiety problems in their child. Over the course of three rounds of online surveys, a panel of international experts independently rated the extent to which they thought a series of parenting strategies would be important for reducing the risk of childhood depression and anxiety.

2.2. Panel formation

The Delphi panel of experts comprised of professionals with a minimum of five years' experience in either research (research experts) or clinical practise or prevention (clinical experts) involving parenting and child depression, anxiety or internalising problems. Research experts were identified through contacting

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