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Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research report

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

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ARTICLE INFO

Article history:

Received 24 June 2013

Received in revised form

20 November 2013

Accepted 21 November 2013

Available online 28 November 2013

Keywords:

Family

Prevent

Depression

Anxiety

Delphi

ABSTRACT

Background: The family setting, particularly parents, is a strategic target for preventive interventions for youth depression and anxiety disorders. However, more effective translation of relevant research evidence is required.

Method: This study employed the Delphi methodology to establish expert consensus on parenting strategies that are important for preventing adolescent depression or anxiety disorders. A literature search identified 402 recommendations for parents. These were presented to a panel of 27 international experts over three survey rounds, who rated their preventive importance.

Results: One-hundred and ninety parenting strategies were endorsed as important or essential in reducing adolescents' risk of developing depression or anxiety disorders by $\geq 90\%$ of the panel. These strategies were written into a document suitable for parents, categorised under 11 sub-headings: You can reduce your child's risk of depression and anxiety problems, Establish and maintain a good relationship with your teenager, Be involved and support increasing autonomy, Establish family rules and consequences, Minimise conflict in the home, Encourage supportive relationships, Help your teenager deal with problems, Encourage good health habits, Help your teenager to deal with anxiety, Encourage professional help seeking when needed, and Don't blame yourself.

Limitations: This study utilised an international panel of experts from Western countries, hence the strategies identified may not be relevant for families from other cultural groups.

Conclusions: This study produced a set of parenting strategies 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 adolescents from depression and anxiety disorders.

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1. Introduction

Approximately half of all lifetime mental disorders start by mid adolescence, and three quarters by the mid 20s (Kessler et al., 2007a), with affective disorders having the highest lifetime prevalence (4.8–31.0% and 3.3–21.4% for anxiety and mood disorders respectively; Kessler et al., 2007b). Moreover, recent evidence has highlighted that mental disorders are the largest contributors to disability in young people (Mathews et al., 2011). Of particular concern is that early-onset disorders have deleterious long-term sequelae (Caspi et al., 1988; Last et al., 1997; Rao et al., 1995).

As the incidence of depressive and anxiety disorders peaks during adolescence, this developmental phase is a particularly opportune time to target preventive efforts (Kessler et al., 2005). Indeed, the earlier prevention efforts are aimed, the greater the saving in years that are lived with disability, making prevention strategies more valuable.

Strategic settings for targeting preventive interventions for youth depression and anxiety disorders include the media, internet (including social media and communication technologies), schools and families. The family setting, particularly parents, is the focus of this study because many of the key risk factors for depression and anxiety disorders in young people involve families (e.g., marital conflict) or can be detected early by parents (e.g., behavioural inhibition; Garber, 2006; Rapee et al., 2009; van Voorhees et al., 2008; Wood et al., 2003). Importantly, some of these factors are within parents' control or influence, and are

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potentially modifiable (Sandler et al., 2011). Parents are also a good target for prevention because they may possess the foresight which helps them appreciate the value of prevention and early intervention, as well as the inherent motivation to take preventive actions.

In principle, it is possible that parents could take action to prevent the development of depression and anxiety disorders in their children. However, many parents may not be aware of what these actions might be. Indeed, while many parents today have extensive knowledge about what they can do to reduce their children's risk of heart disease and cancer, there is limited public knowledge about what parents can do to reduce the risk of mental disorders like depression and anxiety disorders, which are major sources of disability burden in the world (Mathers et al., 2008). There is a paucity of evidence about parents' knowledge or literacy about their child's mental health, but a recent study involving 920 parents of young people aged 12–25 years who completed a national survey of youth mental health literacy provides some preliminary insight into this issue. In particular, the study found that there are still some important inadequacies in parents' understanding about their role in preventing these disorders in their adolescent children (Yap and Jorm, 2012). Although most parents were aware of the preventive value of parental warmth, a significant minority (18–20%) did not endorse the preventive value of "Parents not having arguments in front of their child" and not "Keeping the child under tight control at all times". While there is no evidence about the degree to which actual parental behaviours are influenced by their prevention beliefs, these findings are concerning given extant evidence that parental over-involvement (akin to over-control) and inter-parental conflict are potent risk factors for adolescent depression (Yap et al., *in press*).

Notably, recent reviews indicate that depression and anxiety disorders in young people are preventable (Christensen et al., 2010; Cuijpers et al., 2008; Fisak et al., 2011; Gladstone and Beardslee, 2009; Merry et al., 2011; Stice et al., 2009), with the effects of some programs being sustained for 36 months (Barrett et al., 2006). However, few existing depression and anxiety prevention programs are family-based approaches (Cuijpers et al., 2008; Gladstone and Beardslee, 2009; Merry et al., 2011; Stice et al., 2009). The majority of existing family-based prevention programs for depression and anxiety in young people still fail to specifically target many of the key parental factors that influence the development of these disorders (Creswell and Cartwright-Hatton, 2007; Garber, 2006; Rapee, 2012; Restifo and Bögels, 2009), although there are some notable exceptions that target at least a few factors in their programs (e.g. Beardslee et al., 2003; Ginsburg, 2009; Wolchik et al., 2000). Targeting more factors in combination within the same program may be particularly important given the potential for this to enhance the effectiveness of the program. Moreover, in many family-based programs, the parenting component often involves teaching parents what their child was being taught, rather than targeting parenting factors that might increase their child's risk for depression or anxiety (Weisz et al., 2006). Indeed, there has been a call for more effective translation of research evidence about the importance of family processes for youth depression and anxiety into preventive family interventions (Avenevoli and Merikangas, 2006; Fisak et al., 2011; Gladstone and Beardslee, 2009; Restifo and Bögels, 2009; Sandler et al., 2011). In particular, effective prevention programs that aim to empower parents with actionable strategies for reducing their child's risk of developing depression and anxiety disorders are critically needed.

Our knowledge of the specific parental factors by which parenting interventions have long-term impact on child mental health is still at a rudimentary stage. Nonetheless, there is emerging evidence that targeting specific parenting processes in family-based interventions can improve some aspects of parenting, and in turn, a range

of long-term child outcomes including internalizing problems (Sandler et al., 2011). Parenting factors that have been found to mediate program effects on child outcomes include parental warmth (Zhou et al., 2008), authoritative parenting (Cowan et al., 2005), effective and consistent discipline (Bernat et al., 2007; Lochman and Wells, 2002; Zhou et al., 2008), parental monitoring (Dishion et al., 2003), and good family communication and problem solving (Brody et al., 2008; DeGarmo et al., 2009). It is also noteworthy that a recent systematic review and meta-analysis found that preventive interventions for parents with mental illness (which were mostly targeted within the family setting) seem to be effective in preventing new diagnoses of mental disorders and internalizing symptoms in their children (Siegenthaler et al., 2012). This finding suggests that despite the challenges of dealing with their own mental illness, there are preventive actions that these parents can and do take for the sake of their child's mental health, which family-based preventive interventions can facilitate.

A recent systematic review of parental factors associated with adolescent depression and anxiety identified various parental factors with a sound evidence base indicating increased risk for both depression and anxiety outcomes (Yap et al., *in press*). These include lower levels of parental warmth, and higher levels of inter-parental conflict, over-involvement, and aversiveness. In addition, there is sound evidence that lower levels of autonomy granting and parental monitoring can increase adolescent risk for depression only. Although these findings provide general guidance on parental behaviours that are influential in the development of adolescent depression and anxiety, they do not adequately describe specific parenting strategies that can be readily put into practice. For this research evidence to be informative for parents, the parental factors identified need to be made more explicit as specific, actionable parenting strategies.

The current study aimed to develop specific guidance for parents on actions they can take to reduce their adolescents' risk of developing depression and anxiety disorders. The Delphi methodology was used to establish expert consensus on parenting strategies that are important for preventing the development of adolescent depression or anxiety disorders. The recommendations could then be promoted to the general public with the ultimate goal of preventing or reducing the impact of depression and anxiety disorders on young people. The strategies could also provide a sound basis for the development of interventions (e.g. websites, public information campaigns, parent training programs) to help parents protect their children from these common disorders.

2. Method

2.1. Delphi method

The Delphi method (Jones and Hunter, 1995) was used to establish expert consensus on strategies that parents can use to prevent adolescent depression and anxiety problems. This method involves a panel of experts independently rating the extent to which they think a series of parenting strategies would be important for the prevention of adolescent depression and anxiety disorders. In the current study, clinical and research experts in parenting and adolescent depression and anxiety formed the expert panel.

2.2. Panel formation

The panel was composed of experts with a minimum of five years of experience in research investigating parenting and adolescent depression or anxiety (researchers) or clinical treatment

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