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Review article

Psychoeducational interventions in adolescent depression: A systematic review

Rhys Bevan Jones^{a,*}, Anita Thapar^a, Zoe Stone^a, Ajay Thapar^{a,d}, Ian Jones^b, Daniel Smith^c, Sharon Simpson^c

^a Child & Adolescent Psychiatry Section, Division of Psychological Medicine & Clinical Neurosciences, Cardiff University, Wales, UK

^b Division of Psychological Medicine & Clinical Neurosciences, Cardiff University, Wales, UK

^c Institute of Health and Wellbeing, University of Glasgow, Scotland, UK

^d Taf Riverside Practice, Cardiff, Wales, UK

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ABSTRACT

Background: Adolescent depression is common and leads to distress and impairment for individuals/families. Treatment/prevention guidelines stress the need for good information and evidence-based psychosocial interventions. There has been growing interest in psychoeducational interventions (PIs), which broadly deliver accurate information about health issues and self-management.

Objective, methods: Systematic search of targeted PIs as part of prevention/management approaches for adolescent depression. Searches were undertaken independently in PubMed, PsycINFO, EMBASE, guidelines, reviews (including Cochrane), and reference lists. Key authors were contacted. No restrictions regarding publishing dates.

Results: Fifteen studies were included: seven targeted adolescents with depression/depressive symptoms, eight targeted adolescents 'at risk' e.g. with a family history of depression. Most involved family/group programmes; others included individual, school-based and online approaches. PIs may affect understanding of depression, identification of symptoms, communication, engagement, and mental health outcomes.

Conclusion, practice implications: PIs can have a role in preventing/managing adolescent depression, as a first-line or adjunctive approach. The limited number of studies, heterogeneity in formats and evaluation, and inconsistent approach to defining PI, make it difficult to compare programmes and measure overall effectiveness. Further work needs to establish an agreed definition of PI, develop/evaluate PIs in line with frameworks for complex interventions, and analyse their active components.

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Abbreviation: PI, psychoeducational intervention.

* Corresponding author at: Child & Adolescent Psychiatry Section, Division of Psychological Medicine & Clinical Neurosciences, MRC Centre for Neuropsychiatric Genetics & Genomics, Cardiff University, Hadyn Ellis Building, Maindy Rd, Cardiff CF24 4HQ, Wales, UK.

E-mail address: bevanjonesr1@cardiff.ac.uk (R. Bevan Jones).

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1. Introduction

Depression is common in adolescence, and leads to distress for the young person and their family/carer. It is associated with social and educational impairments. It also predicts suicide, deliberate self-harm and poor physical health, and can mark the beginning of long-term mental health difficulties [1]. Early treatment and prevention of adolescent depression is therefore a major public health concern [2]. However, depression is difficult to recognise and treat in this age group, and engaging young people in prevention and early intervention programmes is a challenge for health and other services [3].

Guidelines for depression in young people (e.g. National Institute for Health and Care Excellence (NICE) [4]; American Academy of Child and Adolescent Psychiatry (AACAP) [5]) stress the need for good information and evidence-based psychosocial interventions for the young person, family and carer. Psychosocial interventions are likely to be important in young people for promoting resilience and preventing relapse [1,6]. Whilst the risk factors and possible causes of adolescent depression are complex, individuals with a family history of depression and psychosocial stress are known to be at a higher risk, and could be targeted for such strategies, along with those with a history of depression [1].

Over recent years there has been growing interest in psycho-educational interventions (PIs); that is the delivery of accurate information to individuals, families and carers about mental health or a specific diagnosis (including possible causes and symptoms), management (including associated risks/side-effects) and prognosis, and how affected individuals can stay well [5,7–9]. Much of the literature on PIs has been in relation to individuals with schizophrenia and bipolar disorder and their families/carers [5,7,10], although there has been increasing interest in depression. Findings from a recent systematic review concluded that PIs are effective in improving the clinical course, treatment adherence, and psychosocial functioning of adults with depression [11].

However, there is no published review on PIs in the prevention and management of adolescent depression. This is an important knowledge gap; depression is more common than bipolar disorder and schizophrenia, and the presentation and management of depression is different in young people compared to adults, as might be their response to PIs. Further investigation could have implications on clinical practice, by informing the way in which practitioners communicate with young people and families/carers regarding depression (and future resources, interventions and guidelines), and raising public awareness of adolescent depression.

A systematic review was conducted of the published literature on PIs for adolescents with (or at high risk of) depression. The aim of the review was to i) systematically search and review the

literature investigating PIs in the context of adolescent depression; ii) describe the range of PI programmes; iii) summarise the evidence for the effectiveness of different programmes.

2. Methods

2.1. Selection criteria

Inclusion criteria were: studies of PIs (as defined earlier) targeting depression as part of prevention or management approaches in the adolescent age group (studies were included if at least some of the participants were between 12 and 18 years old); targeted programmes for individuals with depression/depressive symptoms (which could include relapse prevention) OR those at high-risk, and/or their families/carers. Studies were included only if there was evaluation of the response of adolescents or families/carers (no other groups, e.g. teachers), with quantitative or qualitative methodology.

Articles were restricted to those published or translated into English. Articles were also considered if only elements of the published study were of relevance (e.g. if the control group in a trial was given a PI).

Exclusion criteria were as follows: only adults or young children, other mental disorders only (including bipolar disorder), non-psychiatric disorders, established therapeutic approaches alone (including cognitive behavioural therapy (CBT)) or no evaluation of the programme. Universal programmes or general health information/education (e.g. in printed leaflets) were not considered. Single case reports/studies were excluded, but otherwise there were no restrictions on the format of the PI, study design, presence of a comparison/control group, or length of follow-up. This inclusive approach to the search was taken, as the initial search for PI randomised controlled trials (RCTs) returned a small number of papers.

2.2. Search strategy

Searches were conducted in PubMed, PsycINFO and EMBASE by two independent investigators (RB, ZS). Search terms included ‘adolesc*’ or ‘young’ or ‘youth’ or ‘teen*’ or ‘famil*’ or ‘school’ or ‘college’ AND ‘psychoed*’ AND ‘depress*’ in the title or abstract, with no restriction regarding publication dates (Fig. 1, flow diagram). These searches were performed up to January 2017.

Articles were also identified through reference lists and the authors’ personal collections, including studies in a Cochrane review [12], international guidelines [4,5], chapters in relevant textbooks [13], and educational material (e.g. Royal College of Psychiatrists (RCPsych), NICE, AACAP, Black Dog Institute, Orygen

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