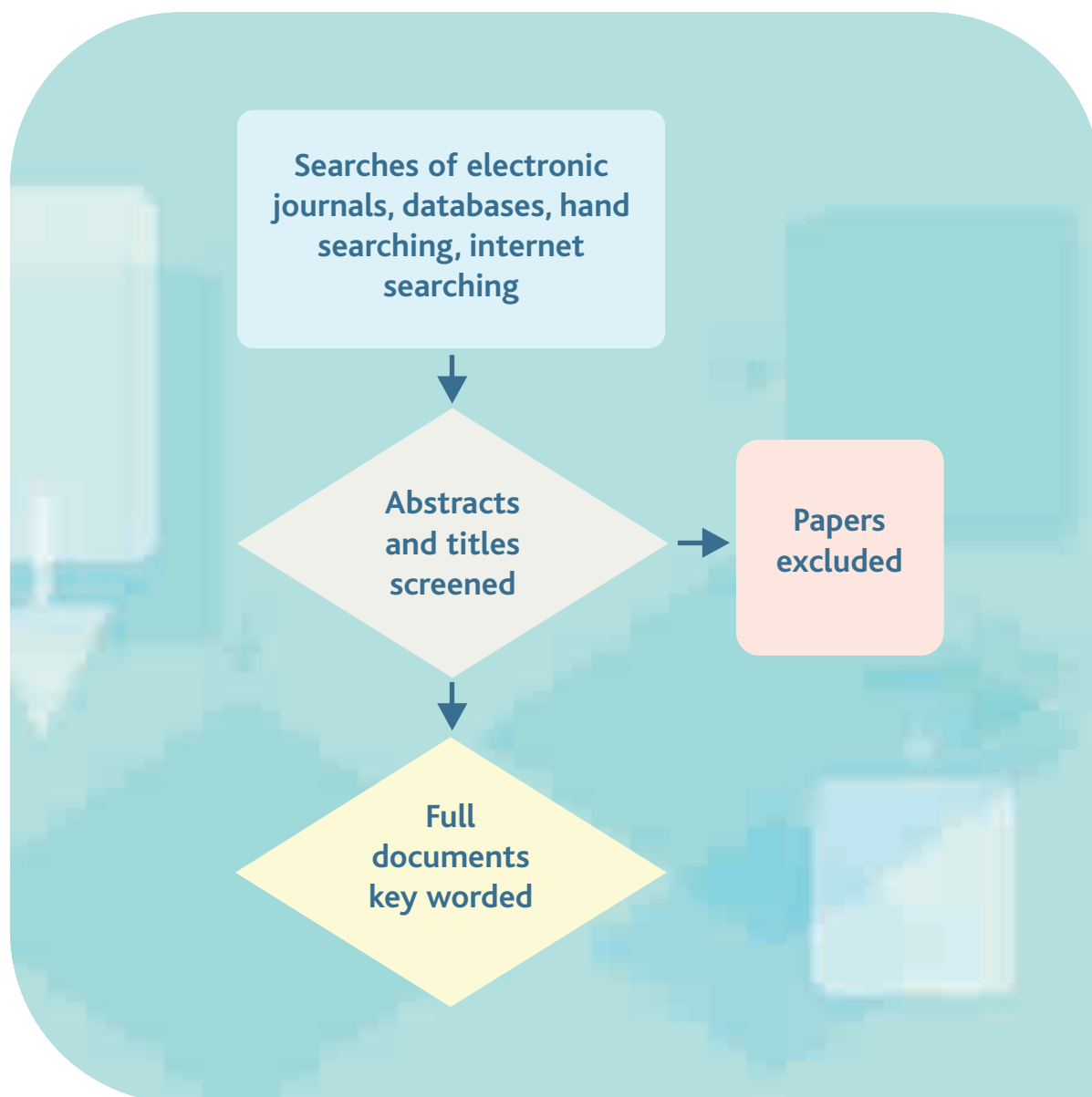


# The extent and impact of parental mental health problems on families and the acceptability, accessibility and effectiveness of interventions



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Contributions and acknowledgements	iv
1 Introduction	1
2 Background	3
3 Aims of the project	5
4 Methodology	7
4.1 Development of keywording strategy	10
5 Identification of studies	11
6 Quality control of the map	13
7 Map results	15
7.1 Overall Composition of the map	15
7.1.1 Study design	15
7.1.2 Report breakdown by country	16
7.1.3 Population	16
7.1.4 Age of participants of included studies	17
7.1.5 Gender of participants of included studies	17
7.1.6 Focus	18
7.1.7 Intervention literature included in the map	19
7.1.8 Summary of the overall composition of the map	22
7.2 Topic-specific results	23
7.2.1 Overall breakdown of question-specific topic types	23
7.2.2 relevant map results	24
7.3 Map results pertaining to the BME topic	33
7.3.1 Discussion	34
7.3.2 Further searching	35
7.3.3 Interventions	36
7.3.4 Impact and detection of PMH	36
7.3.5 Quality of reporting	37
7.4 Quality control of the map	38
7.4.1 Limitations of the map	38
References	39
Appendix 1: Inclusion criteria	41
Appendix 2: Search strategy list	43
Appendix 3: Keywording tools	63
Appendix 4: Studies included in the map [web version only]	77

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For publication purposes this report has been located under the SCIE theme of Children and families. However, the content also covers the themes of Adult services and Using knowledge to support social care.

# 1 Introduction

This report provides an overview of the main results from Social Care Institute for Excellence's (SCIE's) first systematic map. The background and aims of the map topic are discussed followed by an explanation of the methodology behind the systematic mapping. The report then focuses on the flow of literature found in the map and the main results. Finally, there is a discussion of the findings and wider implications of the map for carrying out systematic reviews and various types of other work.



## 2 Background

SCIE project work has traditionally been based on scoping overviews of the topic. This project scoping identifies key resources or 'headline' material: in contrast, systematic mapping identifies the majority of the readily available resources.

Systematic maps aim to describe the existing literature in a broad topic area and can be analysed in depth or more superficially as appropriate to individual projects. The resulting overview is a tool that offers policy makers, practitioners and researchers an explicit and transparent means to identify narrower policy and practice-relevant review questions. It also enables contextualisation of in-depth reviews within the broader literature and identification of gaps in the evidence base (Coren, Kavanagh, Bates and Homewood, 2006).

This method was originally developed at the EPPI-Centre (Evidence for Policy and Practice and Co-ordinating Centre) and has been adopted by SCIE for use in social care. Mapping has become a priority at SCIE as experience since 2002 of conducting knowledge reviews demonstrates that there may often be limited empirical data to answer specific review questions. The knowledge base may consist of primarily analytic/descriptive and theory-based studies, with relatively few outcome-based studies.

Social work education is a prime example, where a search for literature on teaching communication skills (undertaken by the Centre for Reviews and Dissemination [CRD], University of York) yielded over 8,023 references, of which 150 were directly relevant. Only seven papers, reporting six studies, were outcomes-based: five originated in the US and one in Norway, countries with very different social work education systems.

In this example, it is clear that it is not feasible to ask a question about the effectiveness of different approaches to teaching and learning. It remains, of course, highly relevant both to gather information for teachers and students about the theoretical and practical bases for learning communication skills (for example, *SCIE Knowledge Review 6: Teaching and learning communication skills in social work education*, 2004) and to highlight to funders and researchers the absence of empirical outcomes-based work.

The topic of parental mental health (PMH) was chosen as the mapping topic mainly in response to SCIE's Parental Mental Health and Child Welfare Network.

The network is a development network for social care and health staff working with parents with mental health problems and for those who work with their children. Research and enquiry reports have established the links between parental mental illness and child welfare, and the need for mental health and children and family services to work together to meet the needs of families. A number of national and local initiatives have taken place designed to improve collaborative working outcomes for families, including a national training programme, the development of interagency protocols and the recruitment of specialist interface workers ([www.dh.gov.uk](http://www.dh.gov.uk)).



Through its work, the Parental Mental Health and Child Welfare Network has emphasised the complexity of the topic and highlighted significant overlaps in service provision. An initial scoping review was carried out in response to the Network's findings and it soon became apparent that the scoping review itself was only able to give an impression of the research in the field and what was really needed was further systematic elaboration of the elements revealed in the scoping review. This gave rise to PMH being the topic for the systematic map at SCIE, with a view to subsequently commissioning systematic reviews using the data from the map.

The systematic map has been carried out in consultation with the EPPI-Centre whose expertise in large-scale systematic reviews and in methodological development complement SCIE's expertise in social care and knowledge management. The consultation served to maximise potential to develop high quality methods for systematic mapping at SCIE.

### 3 Aims of the project

#### **To identify the nature of research in PMH**

The first objective of the map is to systematically and transparently describe the extent of research in the field, to identify gaps in the research base, and to provide direct links to the evidence base for those wishing to locate relevant research. As such, the map provides a tool for anyone interested in interrogating the evidence base in relation to the topic. It is important to note in this regard that the map itself does not constitute evidence, as no appraisal has been conducted of the quality of the records included, and no synthesis has been undertaken.

#### **A specific resource from which to commission further reviews and/or primary research by identifying gaps in the research literature**

It is intended that the map should inform specific questions for a number of SCIE projects including systematic reviews (as part of SCIE knowledge reviews). At the time of writing (August 2006) two reviews have been commissioned from this map.

Where such reviews are commissioned, the map provides a route through the complexity of the search task and enables timely and straightforward identification of relevant research, allowing reviewers to focus on later stages of a systematic review.

This first map provides an overview of research on the following proposed review areas:

- The extent and detection of parental mental health problems (PMHP) in the UK
- The impact of PMHP on the wider family
- The accessibility, acceptability and effectiveness<sup>1</sup> of available and potential service interventions for parents with mental health problems.

The map does not involve the quality appraisal, data extraction and synthesis of findings stages undertaken in a systematic review.

The map can also identify gaps in the research where further primary research is needed, and areas where no systematic reviews have been conducted, where there is scope for future review work.

---

<sup>1</sup> The 'effectiveness of interventions' review will aim to review information on how effective interventions are, usually assessed by measuring outcomes in various dimensions.

The 'acceptability of interventions' refers to how acceptable interventions are to service users and carers.

The 'accessibility of interventions' refers to how easy to access interventions are. This may refer to practicalities but also issues such as language barriers, stigma and other barriers or facilitators to participation.

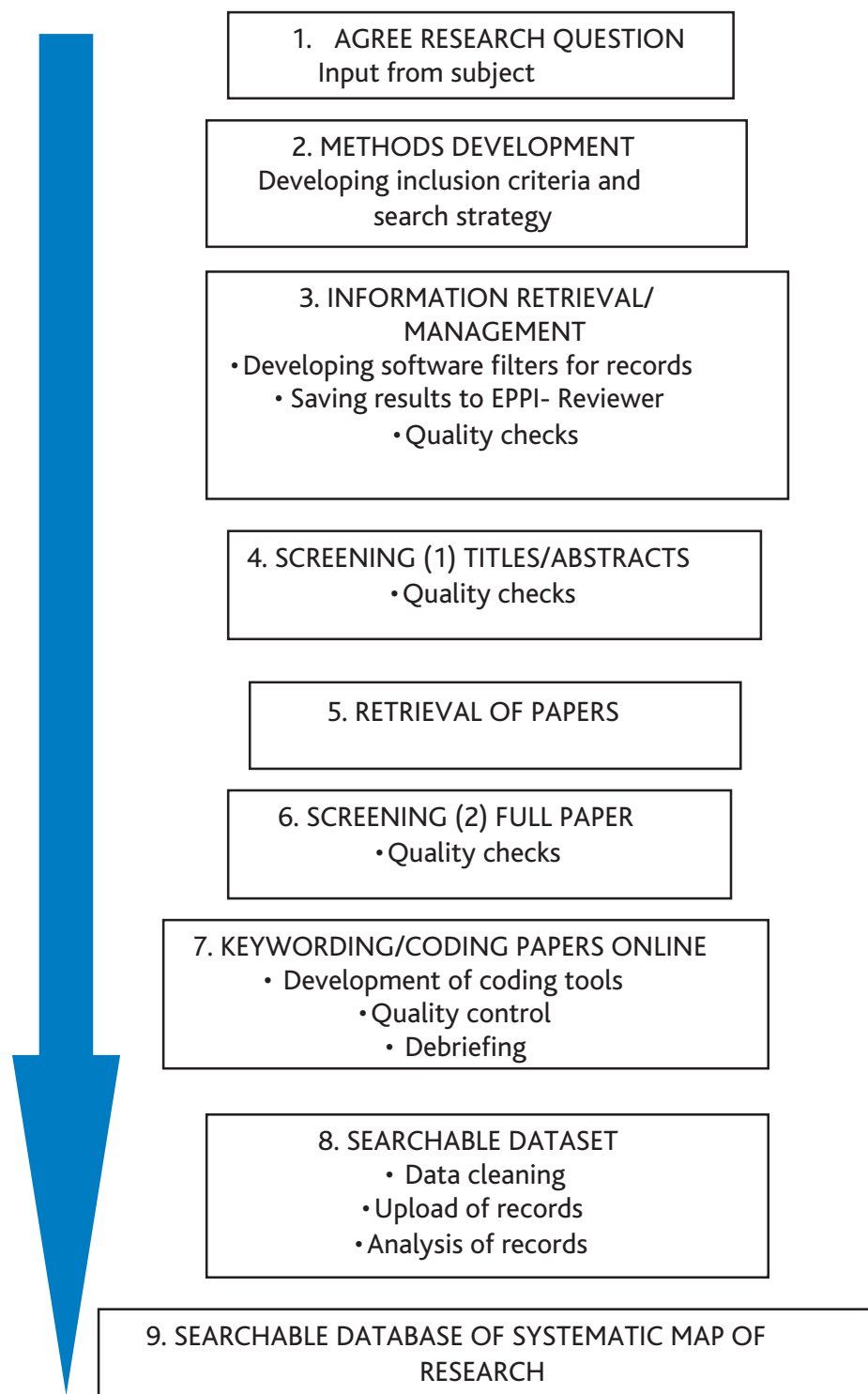
### **A searchable bibliographic database**

In addition to informing specific systematic review questions, the map can also be used as a tool for research tasks where it is useful to have access to a searchable overview of the existing literature. The map can be interrogated and statistics such as frequency and cross-tabulation reports can be generated. The map contains over 700 carefully screened bibliographic references and it can be made freely available to researchers interested in this field of work. The map provides an organised key to the literature in the field, and it is easily searchable using free text and keywords.

## 4 Methodology

Systematic maps require a rigorous and transparent methodology. Figure 1 demonstrates this process.

**Figure 1**  
Mapping process



Source: Adapted from Coren, Kavanagh, Bates and Homewood (2006)

The first stage in mapping the literature was to consult subject specialists. For this map the subject specialists were drawn from internal sources and from the Parental Mental Health and Child Welfare Network. After initial consultation with the specialists the original review question was defined as:

‘What do we know about the extent and impact of PMHP? What service interventions are available, and what do we know about their acceptability, accessibility and effectiveness?’

From this review question, the following map questions were set:

1. What research has been undertaken that looks at the extent and impact of PMHP on the family?
2. What research has been undertaken that looks at the effectiveness of service interventions and their availability, acceptability, and accessibility.

These questions informed a range of inclusion and exclusion criteria from which the search strings used to search electronic databases were devised. Using the structure of the EPPI-Centre systematic maps and the elements of the question previously determined in consultation with subject specialists, the following inclusion and exclusion criteria were devised. These cover the scope, study design, population, location, language and date of publication and are listed below:

- EXCLUDE SCOPE: to be included a study must examine (PMHP, plus one of the following:
  1. the extent of PMHP
  2. the impact of PMHP, or
  3. a service intervention.
- EXCLUDE STUDY DESIGN: studies are eligible if they:
  1. evaluate the EXTENT of PMHP eg any study with prevalence data
  2. evaluate the IMPACT of PMHP on any family member
  3. evaluate the EFFECTIVENESS of any PMHP intervention on any outcome
  4. evaluate the ACCESSIBILITY of any PMHP intervention eg physical and/or social exclusion
  5. evaluate the ACCEPTABILITY to people either receiving or providing a PMHP intervention.
- EXCLUDE POPULATION: define parent as anyone who has dependent children, regardless of residency. No exclusion on age, gender, ethnicity.
- INCLUDE extent or impact uncertain: use for international impact and extent studies to decide exclusion criteria on sample size.
- EXCLUDE LOCATION: studies will be included if carried out in UK. Internationally – outcome evaluations. Internationally – if providing data at a national level.
- EXCLUDE DATE OF PUBLICATION: studies must have been published between 1985 and 2005.
- EXCLUDE LANGUAGE: NON-ENGLISH paper.
- INCLUDE UNCERTAIN: to be re-screened and agreed (use include impact or extent uncertain instead for international samples).
- INCLUDE INCLUDE: meets all of the above criteria.

A detailed inclusion and exclusion criteria list is available in Appendix 1.

It is from the inclusion criteria that the search strings were developed that were used to search the databases.

A wide variety of databases and journals were identified to be searched covering medical, social science, social care and general databases due to the interdisciplinary nature of the topic. The databases searched are as follows:

Health databases	Social science databases	Care databases	General databases
PsycInfo	Social Services Abstracts	Social Work	SIGLE
Medline	ASSIA	Abstracts	Journal searching
EMBASE	National Criminal Justice	CareData	
CINAHL	Reference Service abstracts	ChildData	
HMIC	ERIC	Communitywise	
Cochrane Library	Campbell Collaboration		
National Research Register			

All searches of databases used a sensitive, detailed search strategy involving the facets:

[parents] [general mental health problems] [substance misuse] [mental health problems specific to parents] [extent] [impact] [interventions] and the Boolean parameters of AND, OR, NOT.

All databases were searched from 1985 to 2005. 1985 was decided as a start date due to the UK Mental Capacity Act being implemented in 1985. However, some of the research reported will pre-date 1985 due to the delay in publication and actual research dates.

Due to the different structures and organisation of each database a slightly different method of searching each database was applied in order to achieve a consistent search strategy. The detailed search strategies are included in Appendix 2.

In addition to searching databases, journal table of contents were searched for the following journals: *Child Abuse and Neglect*, *Child Abuse Review*, *Children and Society*, *Psychiatric Bulletin*, *Families in Society*, *British Journal of Social Work*, *Health and Social Care in the Community*, *Journal of Substance Misuse*, and *Child and Family Social Work*. Key texts on the topic of PMH and interventions were used to identify search terms for the map. In addition, references were harvested from the citation lists of the key texts retrieved.

All search results were imported into EPPI-Reviewer (a software package developed by the EPPI-Centre to organise systematic maps and reviews). The titles and abstracts were screened against the pre-set inclusion and exclusion criteria. The references meeting the inclusion criteria were then retrieved in full text.

## 4.1 Development of keywording strategy

The final stage was to set clear keywords with which to code the studies. Each study was keyworded against two sets of tools. The first was a core keywording tool (Peersman and Oliver, 1997) that focused on study design, language, country, focus, population etc. The second tool was map specific and included keywords on topic specific areas such as intervention types, intervention sites and people providing the interventions. The full set of keywords are available in Appendix 3.

## 5 Identification of studies

The searches identified a total of 13,733 records. These were imported into EndNote, a reference management programme. A total of 2,790 duplicates were found and removed in EndNote prior to export to EPPI-Reviewer.

A total of 10,943 records were exported to EPPI-Reviewer for screening.

On the basis of titles and abstracts 754 records were judged to have met the inclusion criteria. These 754 papers were then obtained and the keywording strategy was applied.

A full list of the keywording questions is available in Appendix 3.

A total of 754 studies were included in the final systematic map. The reference list is produced in Appendix 4 and is available as part of the online version of this report (<http://www.scie.org.uk/publications/systematicmaps.asp>).

The largest number of records were excluded because they did not meet the scope of the map (10,189). A total of 1,482 records were excluded due to location criteria. This was because many non-UK studies were carried out at a local rather than a national level – one of the pre-set exclusion criteria (see Appendix 1). A total of 1,071 records were excluded as they did not meet the study design criteria. For example, case studies made up a large proportion of the results and these were not included in the map.

Some records were not mutually exclusive so were excluded on more than one criterion (for example, scope and location).

In addition, 901 records were retrieved on the topic of post-natal depression and 94 records were found on Munchausen's Syndrome by Proxy. These were also excluded but retained within the database in a separate list for use in possible future reviews.

Parents with mental health problems coincidental with childbearing (total $n=901$ )	Antenatal, postnatal to 6 months and anything described as post-natal depression
Munchausen's Syndrome by Proxy (total $n=94$ )	About Munchausen's Syndrome by Proxy, parent-fabricated illness





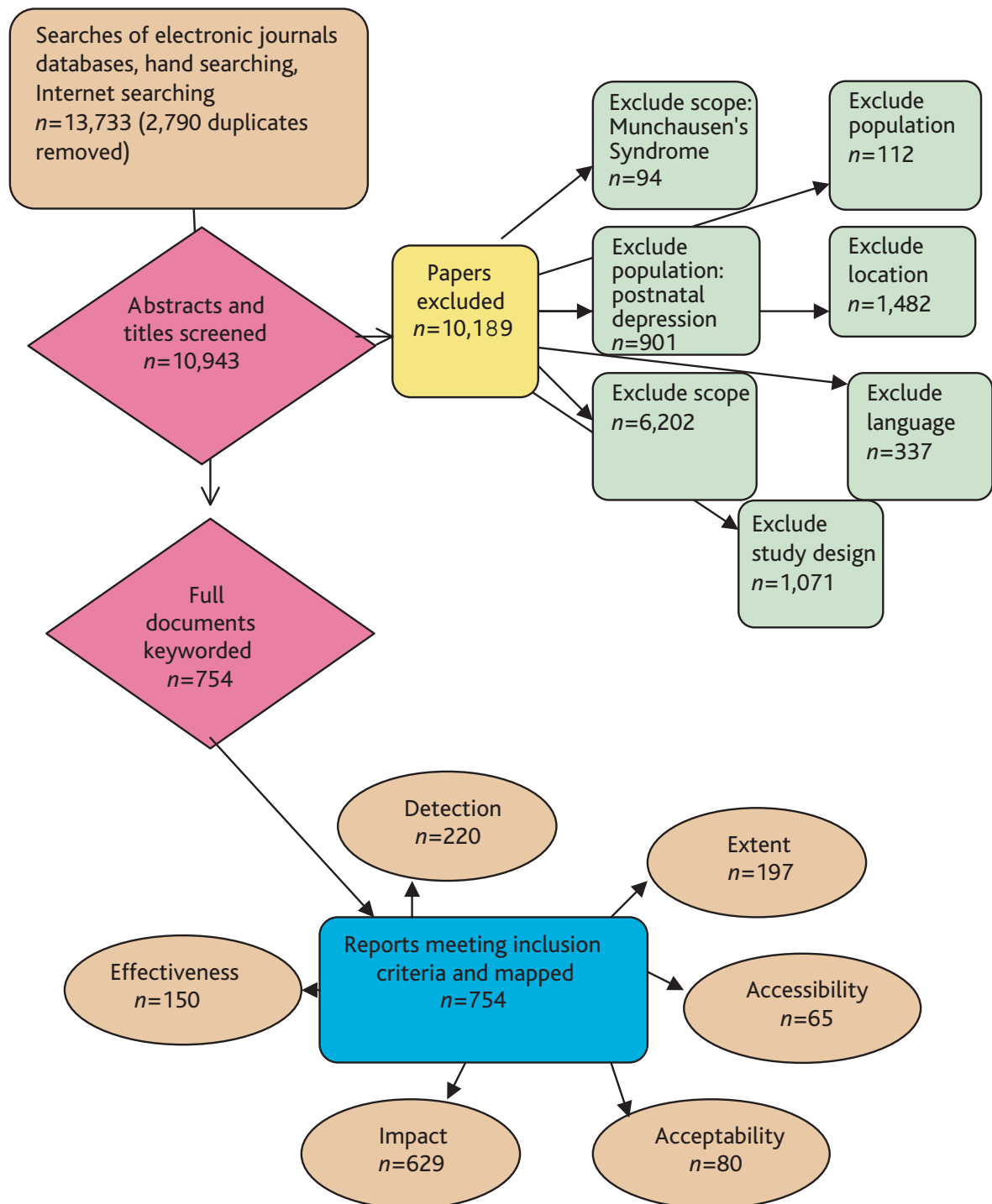
## 6 Quality control of map

One of the key lessons learned from this first pilot was the need to pilot keywording tools both to establish consistency between coders and to ensure that the keywording tools accurately reflect the range of topics in the field. The latter would have reduced the use of keywords such as 'other' (see later sections on map results) and enabled more appropriate and descriptive keywords to be established at an early stage.

It is important that coding consistency and quality assurance is conducted throughout the life of a mapping project to enable any difficulties to be identified as soon as possible, and to reduce both the risk of miscoding, and the risk of time delays due to the possible need to recode sections of the map if problems are identified.

Figure 2 demonstrates the flow of literature through the systematic map.

**Figure 2**  
Flow of literature



Source: Adapted from EPPI-Centre (2004)

## 7 Map results

### 7.1 Overall composition of the map

The map is a rich source of data that can be useful for a range of topics. This section will look at the overall composition of the map while the later section will focus on the map-specific questions that will be used as a basis for various projects, including systematic reviews.

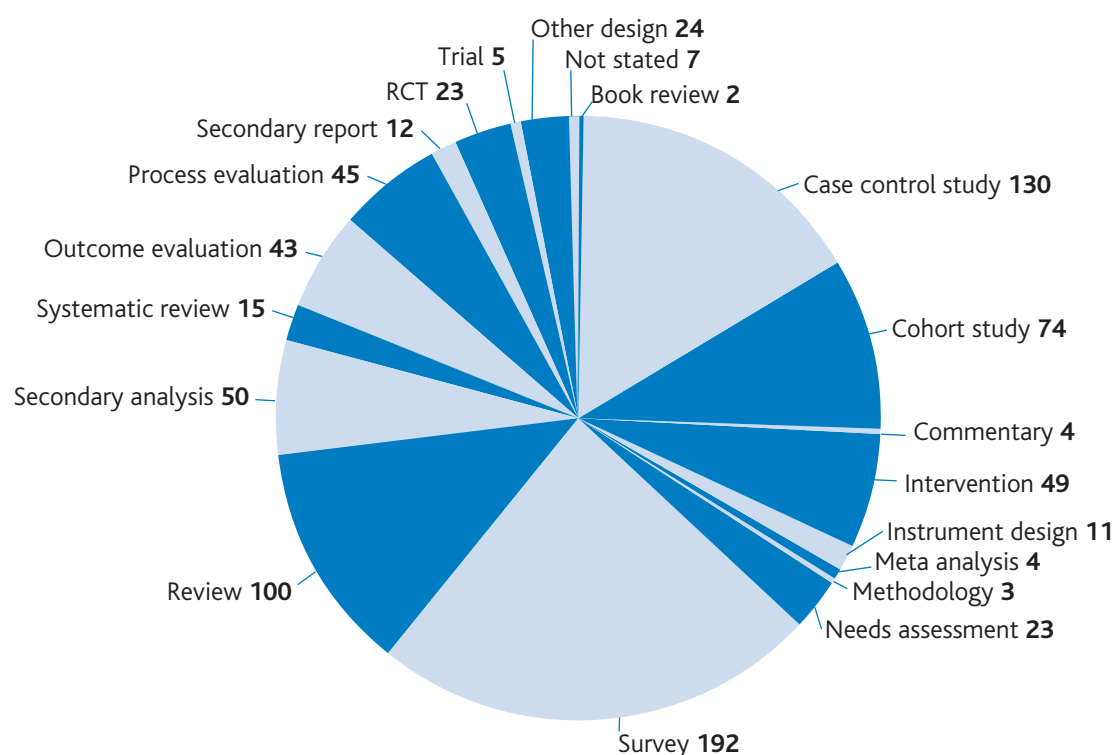
#### 7.1.1 Study design

Figure 3 demonstrates the breakdown of study design types in the map. The greatest number of reports used survey methods (192) followed by 130 that used case control design.

There were 100 non-systematic reviews and 74 cohort studies. There were 15 systematic reviews included in the map.

Some of the reports will have been allocated more than one keyword depending on the detail of reporting in the published report and the nature of the specific topic. The keywords allocated in this category are therefore not necessarily mutually exclusive, and this is noted as appropriate alongside each figure.

**Figure 3**  
Study design

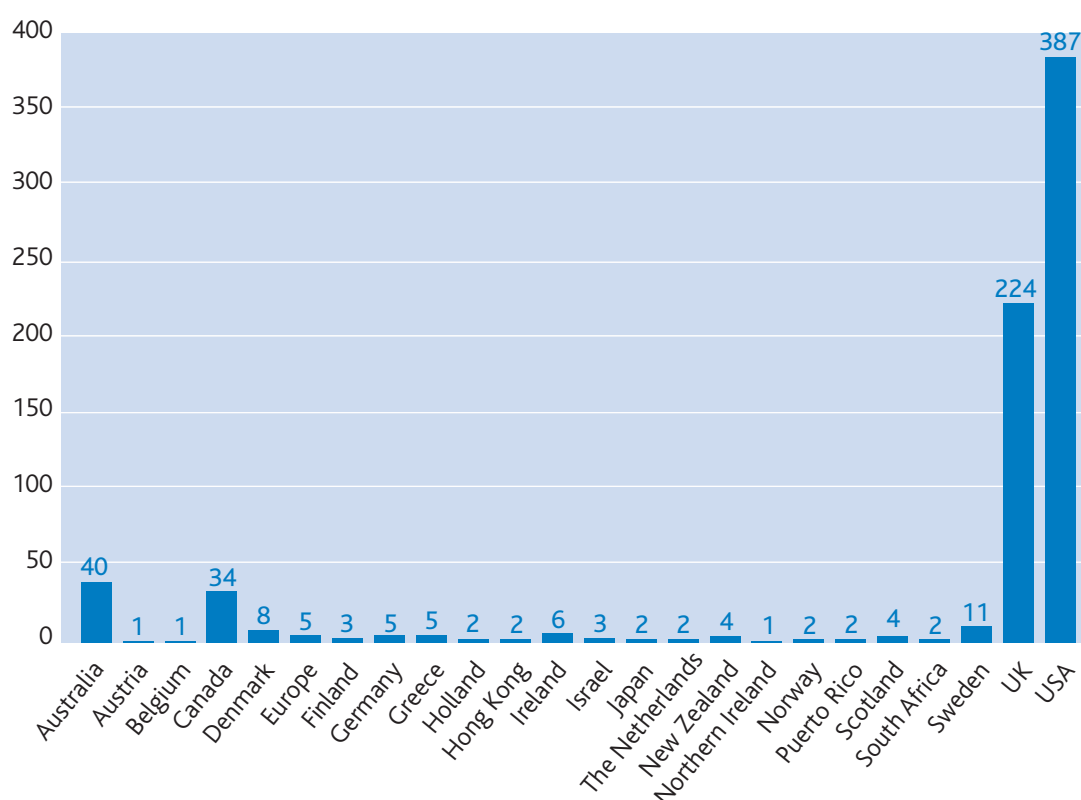


Note: Categories not mutually exclusive.  
RCT = randomised controlled trial.

### 7.1.2 Report breakdown by country

The map identified research from a range of countries. This is particularly interesting considering that the search was limited to English language records. The breakdown by country is demonstrated in Figure 4.

**Figure 4**  
Breakdown of reports by country



Note: Categories not mutually exclusive.

The largest proportion of included research was carried out in the USA and the UK. This is not unusual since most of the databases and journals searched are US or UK-based. In addition, reports were only included if written in English, which is a source of bias in any search-based project (Egger and Zellweger-Zahner, 1997). However, due to translation costs it was not an option to include reports in other languages in this instance. This affects the map findings in relation to country of origin. For example, many reports that could potentially have been included from Sweden would not have met the inclusion criteria due to being published in a non-English language. However, there are various reports published in English from Scandinavian countries and also a large proportion from Australia and Canada included in the map.

### 7.1.3 Population

Data on population types were gathered in the map in two stages. Figures 5 and 6 demonstrate the population breakdown. Reports were coded with more than one population type if appropriate – for example, *adults* and *mixed sex* for a report based on both parents. The keywords allocated in this category are therefore not mutually exclusive.

### 7.1.4 Age of participants of included studies

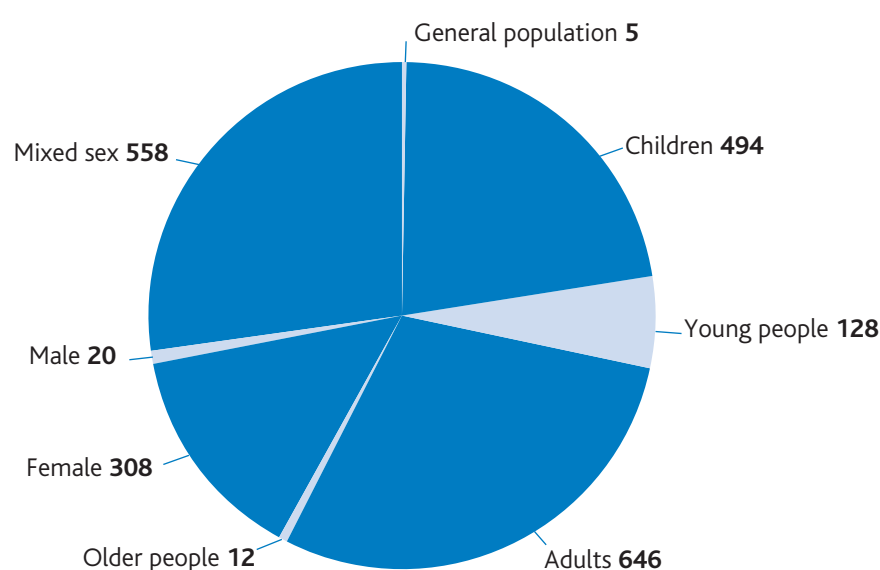
The largest population type reported in the literature was adults. Where studies focused on whole families these studies were coded as focusing on both adults and children.

### 7.1.5 Gender of participants of included studies

Many of the reports focused either on just females or on both females and males with very few (20) focused on males only. This highlights a gap in the literature that should be considered in more detail in future primary research in this area.

**Figure 5**

Population breakdown in map



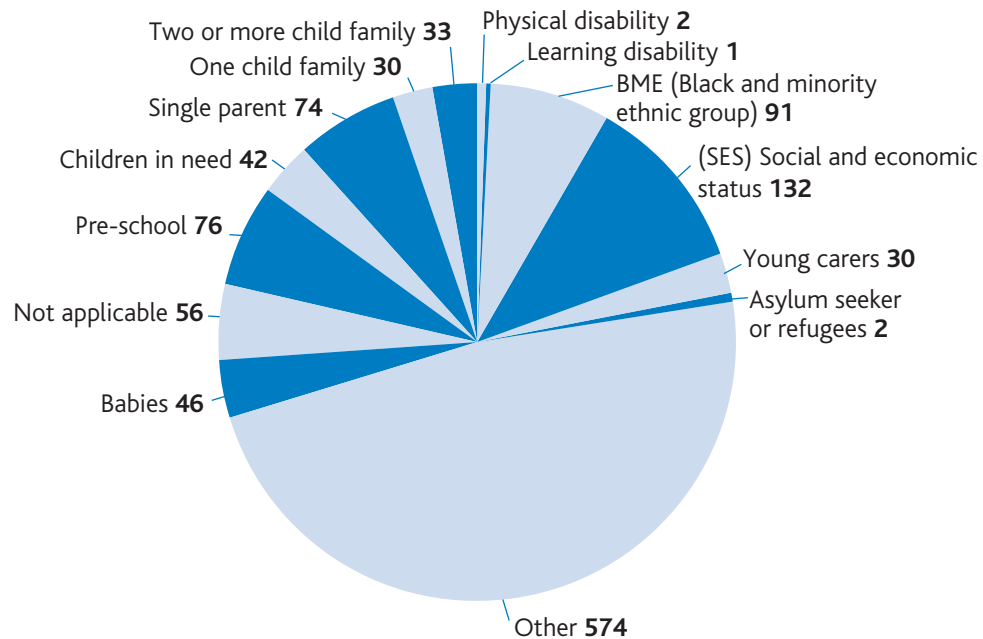
Note: Categories not mutually exclusive.

A second set of population characteristics was coded to provide a general overview of the type of populations involved in the research captured in the map, adding further information to the age and gender characteristics represented in Figure 4. In addition, a large proportion of studies were coded as *other* because they did not fall into the pre-determined population categories (see Figure 6). However, Figure 6 does give an impression of the number of studies focused on black minority ethnic (BME) participants, Socioeconomic Status (SES), young carers etc. The full list of categories appears in Figure 6. This set of keywords adds more specific detail of the demography of included studies, enabling subgroups to be identified in particular areas and more focused potential work to be identified.

Examples of these categories include studies where SES is explicitly described (132), young carers (30), single parents (74), children defined as 'in need' (42), pre-school children (76) and babies (46). A total of 574 studies have been coded as 'other'. This category has been used where the population information did not fit

into the established keywords. Examples of population types from this category are specific mental disorders, prisoners and specific relationship types, for example, grandparents.

**Figure 6**  
Population charactersitics

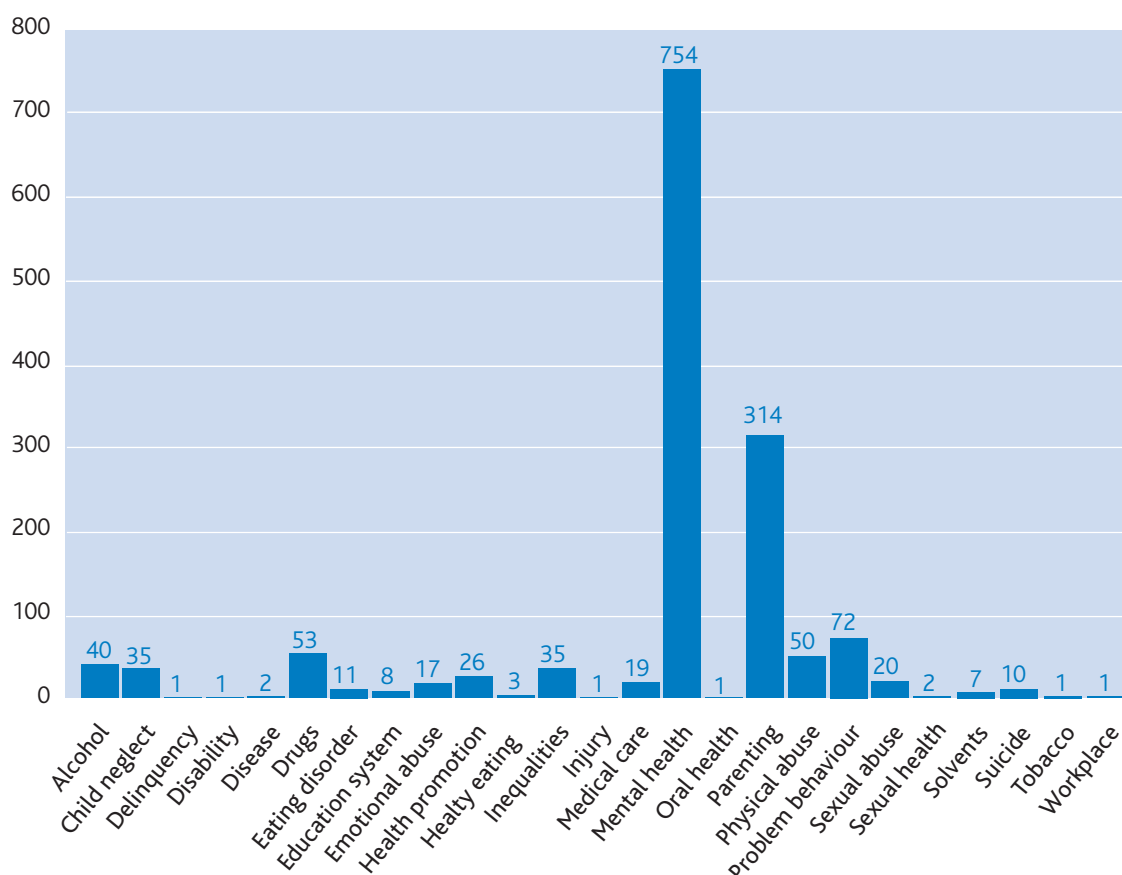


Note: Categories not mutually exclusive.

### 7.1.6 Focus

Where studies focused on specific problems, in addition to PMHP, this was captured in the coding to assist in identifying studies that might enable analysis of some of the multiple problems experienced by families. This element of the keywording tool was drawn from health promotion, so not all categories are necessarily directly relevant in mental health research. Figure 7 illustrates this dimension.

**Figure 7**  
Main focus of the report



Note: Categories not mutually exclusive.

In addition to mental health and parenting being the main topic focus, problem behaviour, drugs, physical abuse, alcohol, child neglect and inequalities were additional topics in the studies included in the map.

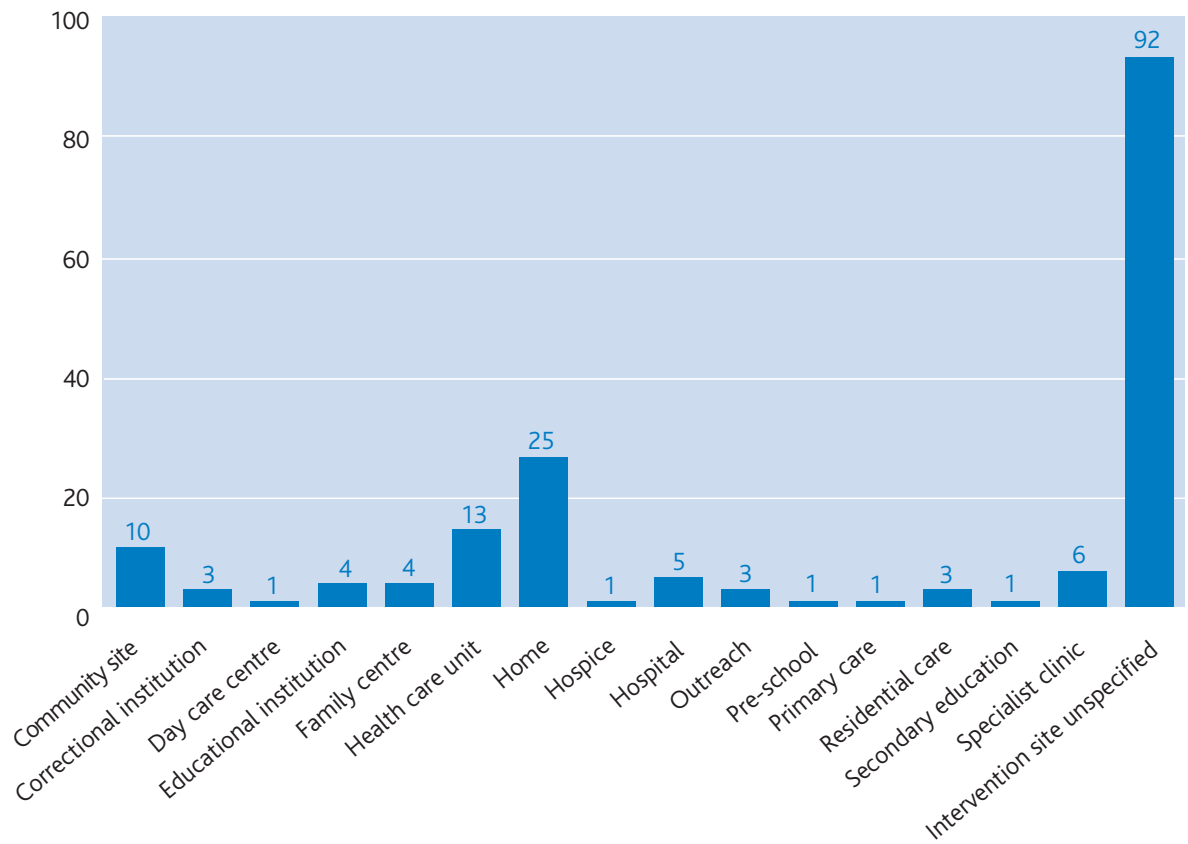
### 7.1.7 Intervention literature included in the map

Figure 8 illustrates the breakdown of studies by intervention site. This demonstrates the coverage in the research literature of particular site types. It is acknowledged, however, that interventions may take place at sites that are not represented in research. By no means are all possible sites of intervention evaluated and reported in the research literature.

The largest number of studies reported intervention sites as the home, followed by health care units and community sites. This is consistent with the community-based approach to mental health care. Figure 8 demonstrates that in 92 reports the intervention site was unspecified.

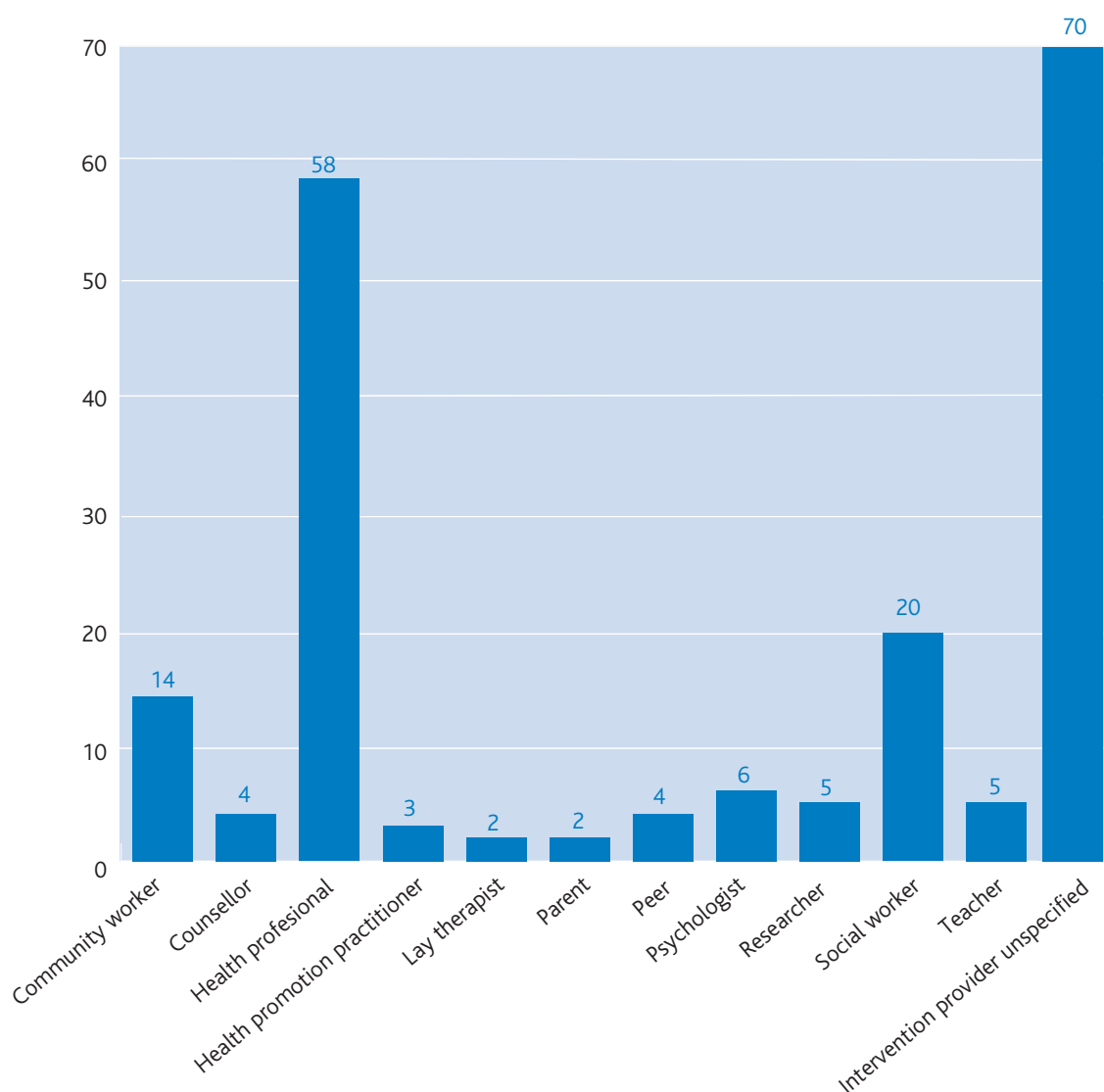


**Figure 8**  
Intervention site breakdown



Note: Categories not mutually exclusive.

**Figure 9**  
Intervention provider

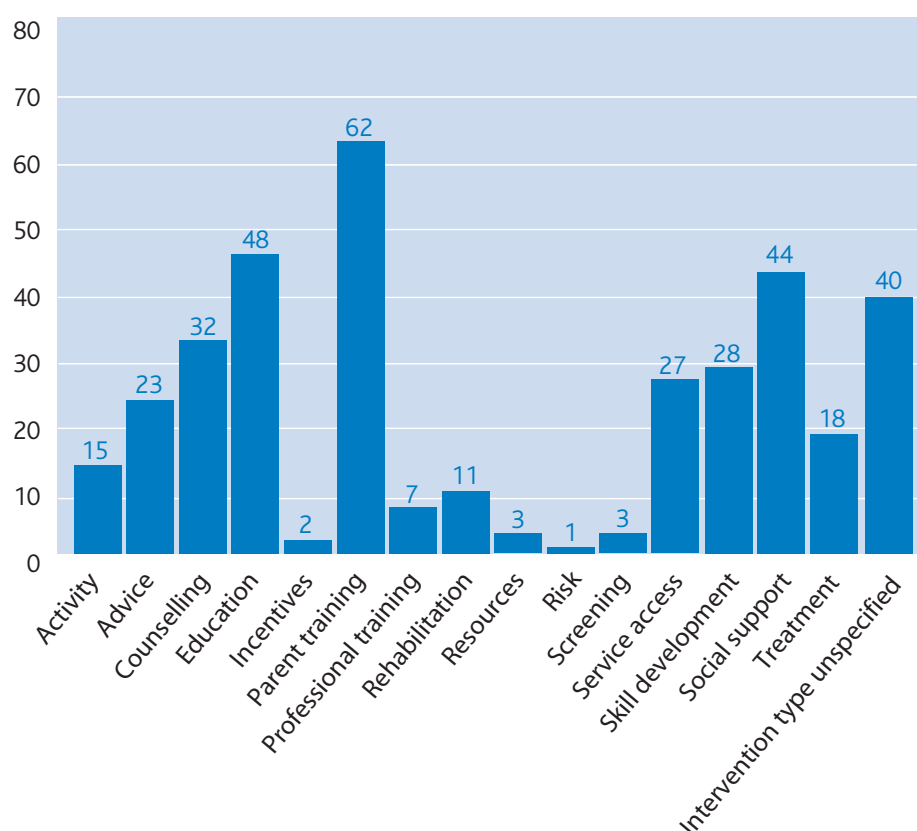


Note: Categories not mutually exclusive.

A total of 70 studies did not report detail of intervention providers. Where intervention provider was reported, health professionals made up the largest proportion followed by social workers and community workers.

Figure 10 illustrates a breakdown of intervention types highlighted in the map. The largest category of intervention types in the map are parent training and programmes, followed by interventions focused on education, social support and counselling.

**Figure 10**  
Breakdown of intervention type



Note: Categories not mutually exclusive.

Each report focused on an intervention may have more than one keyword allocated depending on the type of intervention described. For example, a parenting programme may be combined with counselling.

### 7.1.8 Summary of the overall composition of the map

The overall composition of the map highlights the diversity of research in the PMH topic. This is demonstrated by the large selection of countries represented, the varied population sets that have been researched and the wide range of related topics.

The map has also highlighted the range of intervention sites, providers and study types that are reported in the literature.

In addition, the topic of mental health, in common with some other topic areas, covers varied study design types due to the wide range of questions that need to be answered in different ways. This may also reflect the available funding for evaluation of interventions, which may, for example, not always be sufficient to fund controlled studies.

The remainder of this report will consider the various topic specific questions for the series of reviews proposed on this topic, and highlight further possible review topics.

## 7.2 Topic-specific results

The map was developed to inform possible reviews in the following topic areas:

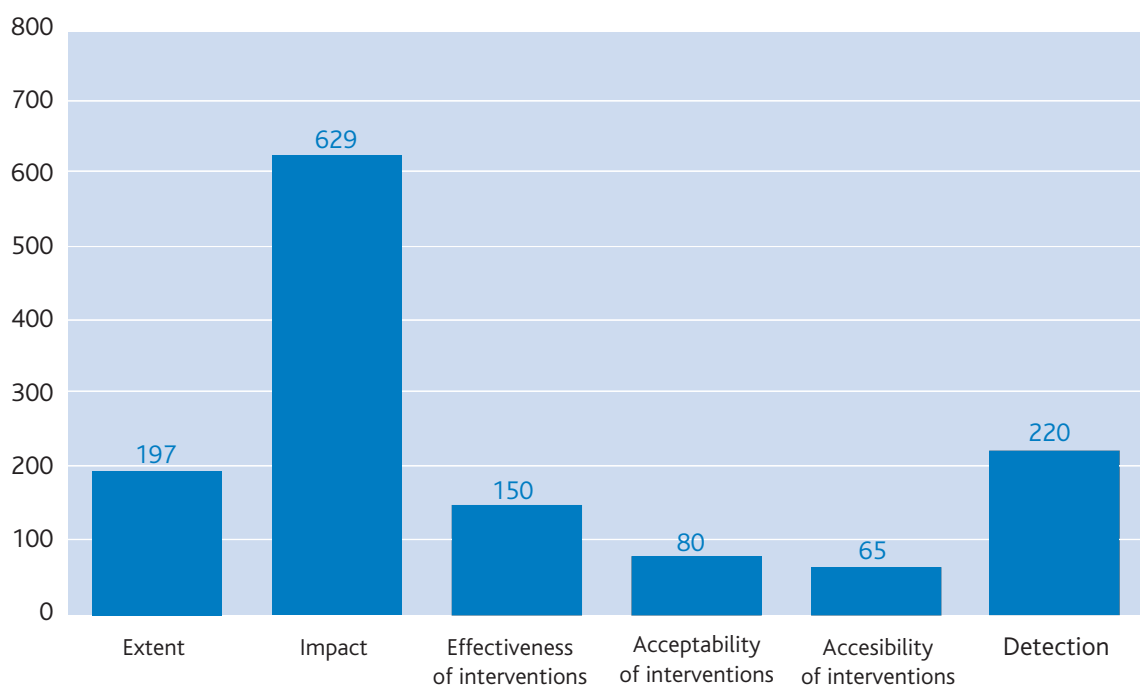
1. Identification of PMHP
2. Impact of PMHP
3. Resilience and stressors
4. a) Effectiveness of interventions<sup>2</sup>  
b) Acceptability of interventions  
c) Accessibility of interventions
5. Views of BME families

The following section describes the map results in more detail for these topics as they relate to the specific likely project questions.

### 7.2.1 Overall breakdown of question-specific topic types

**Figure 11**

Number of reports by map-specific type



Note: Categories not mutually exclusive.

The largest number of reports assess the impact of PMH followed by reports looking at the extent of PMH.

Of the intervention specific reports, 150 are focused on effectiveness, with the lowest number coded as addressing specifically the accessibility of interventions.

**Review 1: This review question looks at identification of PMHP problems, so the studies mainly of interest would be those coded as *detection***

Original proposed review question: 'To review what is known and what the gaps in knowledge are about the extent and nature of mental health problems among parents. To identify what systems and opportunities are in place for detecting mental health problems (in parents) during childcare screening and which adults are parents with children during mental health screening'.

### 7.2.2 Relevant map results

There are a total of 220 studies coded in the map as focusing on the detection of PMH, 177 of which are also keyworded under the *impact* category. The *impact* category alone contains 629 reports. So these categories are not mutually exclusive, having been coded according to all categories that apply. The implication of the fact that 177 studies have been categorised as relevant to both detection of PMH, and impact of PMH, is that these studies may be relevant to both issues. This is illustrated in Table 1 which shows the results of cross-tabulating the two categories.

**Table 1: X-axis**

Does this study describe the detection of PMHP? Y-axis: Does the study describe the impact of PMHP?

	Yes	No	Unclear	Total
Yes	177	442	9	628
No	40	56	0	96
Unclear	3	3	7	13
Total	220	501	16	737

**Review 2: This review will focus on the various impacts of PMHP**

'To review and summarise the range of direct and indirect psycho-social impacts that mental illness may have on parenting, the parent–child relationship and the child.'

Parental mental illness may have a range of complex impacts on family functioning. This (above) is the core of the original question envisaged for this review. It is likely that any specific review question addressing the impact of PMHP on the family would be specifically focused on various elements of family functioning, drawing on the map results to enable focus of the review on the elements of the question that are 'answerable', and identifying the gaps that exist in the evidence base.

### **Review 3: 'To review and summarise what is known about resilience and stressors in the parent, the child and the environment'**

The core of the question envisaged for this review is detailed above. There are a range of factors in any situation that may reduce (resilience) or exacerbate (stressors) the issues faced. The intention of this review question is to capture as far as possible how additional factors interact within the family system to influence the degree of stress experienced. Examples of such factors include the absence or presence of dual diagnosis, domestic violence, supportive co-parent and family networks, drug and alcohol issues, stigma and discrimination.

The map results that are relevant to both review topics on impacts and on resilience and stressors are detailed below. In many ways these are different aspects of the same issue, and so there is overlap in relevance to both topics in the map.

*Impacts* of PMH formed the largest group of reports in the map with a total of 629 studies. A total of 423 of these studies have also been coded against 'other positive and negative factors'. These factors as detailed in Table 2 were determined in consultation with the Parental Mental Health and Child Welfare Network and subject specialists within SCIE. Those listed are among the factors known in practice settings to be among those that are most likely to increase either resilience or stress within the family.

Table 2 is a graphic illustration of cross-tabulation of the studies that describe impacts of PMH against the studies that highlight other positive and negative social and health care factors. A total of 351 studies are coded as focusing on *impacts* in categories *other* than those specifically listed. Examples of issues addressed in these 351 studies are suicide, marital conflict, negative relationships and loss.

While, as noted above, there were 629 studies in the map addressing the impact of PMH, there are a total of 918 records in the total column in Table 2. This is because the studies have been coded against all categories that applied and thus, as elsewhere in the map, the categories are not mutually exclusive, with more than one of these issues covered in some studies. One possible implication of this is that there may be a number of families who participated in the included studies that experience a range of additional problems.

**Table 2: X-axis**

Does the study describe the impact of PMHP? Y-axis: What other positive or negative health or social factors are described?

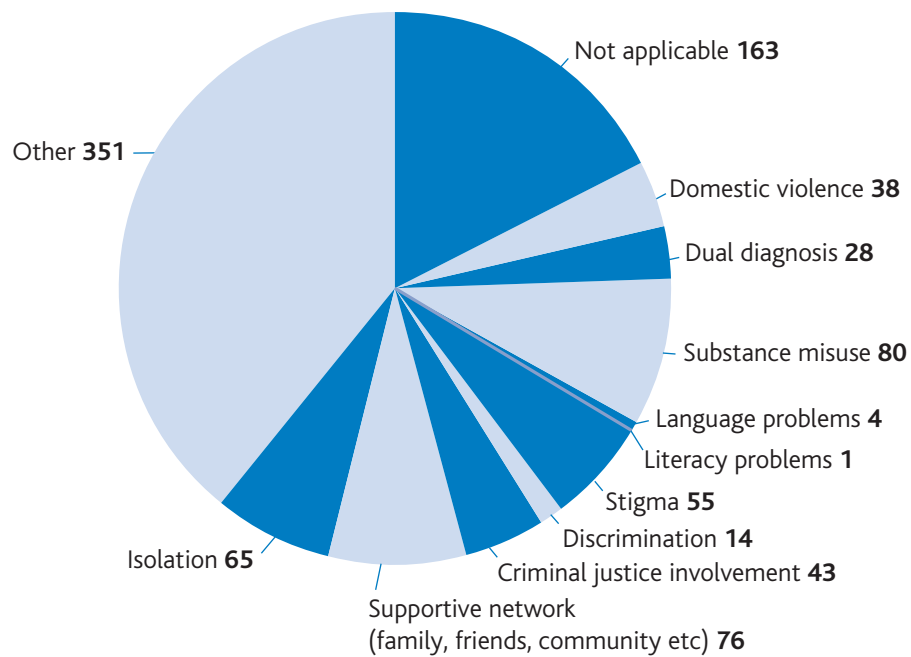
	Yes	No	Unclear	Total
Not applicable	163	37	6	206
Domestic violence	38	6	0	44
Dual diagnosis	28	0	0	28
Substance misuse	80	11	0	91
Language problems	4	1	0	5
Literacy problems	1	0	0	1
Stigma	55	4	0	59
Discrimination	14	0	0	14
Criminal justice system involvement	43	3	0	46
Supportive network (family, friends, community etc)	76	12	2	90
Isolation	65	8	1	74
Other	351	42	7	400
Total	918	124	16	1,058

Figure 12 presents the reports that describe the impact of PMHP specifically, and illustrates the additional positive and negative factors (as listed in Table 2) addressed in those reports. The categories in this section were devised in consultation with subject specialists within SCIE, being mindful of the proposed series of reviews to be commissioned using the results of the map.

A total of 80 of the reports coded as *impact* were also coded as having a substance misuse factor, a factor likely to be a stressor, followed by 76 where supportive networks were coded as being a significant factor, a factor likely to increase resilience. A total of 65 discuss isolation, 55 stigma and 38 domestic violence.

Table 3 illustrates a cross-tabulation of the reports that focus on impact of PMH by the type of study design used in the studies. The categories in this table are not mutually exclusive.

**Figure 12**  
Impact studies by factor



Note: Categories not mutually exclusive.



**Table 3: X-Axis**

Does the study describe the impact of PMHP? Y-axis: What type of study does this report describe?

	Yes	No	Unclear	Total
Bibliography	0	0	0	0
Book review	1	1	0	2
Case control study	126	3	1	130
Cohort study	70	3	1	74
Commentary	3	1	0	4
Economic evaluation	0	0	0	0
Glossary	0	0	0	0
Intervention	29	15	5	49
Instrument design	6	5	0	11
Meta analysis	2	2	0	4
Methodology	3	0	0	3
Needs assessment	21	2	0	23
Survey	165	25	2	192
Review	94	5	1	100
Secondary analysis	41	8	1	50
Systematic review	9	6	0	15
Outcome evaluation	28	15	0	43
Process evaluation	34	11	0	45
Secondary report	9	3	0	12
RCT	15	7	1	23
Trial	3	2	0	5
Other design	24	0	0	24
Not stated	5	0	2	7
Total	688	114	14	816

Note: Categories are mutually exclusive (except for categories of case control, cohort, intervention, outcome evaluation and process evaluation where more than one code may apply)

The majority of the studies addressing the impact of PMH have used surveys or case control designs. This is to be expected, as such study designs can enable examination of the relationships between factors in a participant group. A total of 94 of the studies are (non-systematic) reviews on the impact of PMHP and 29 studies are focused on interventions.

The coding of type of study design for the impact studies is difficult to assess without more in-depth analysis. However, looking briefly through the list of 663 titles, there are some that clearly focus on interventions. Many reports have been

coded as being about the impact of PMHP as they contain some background information that discusses this.

There are also some studies that address very specific issues, for example, one that looks at the prevalence of mental health problems among parents who abuse their children that would probably not be strictly relevant to any of the proposed projects.

#### **Review 4: This review will focus on interventions to support parents/families**

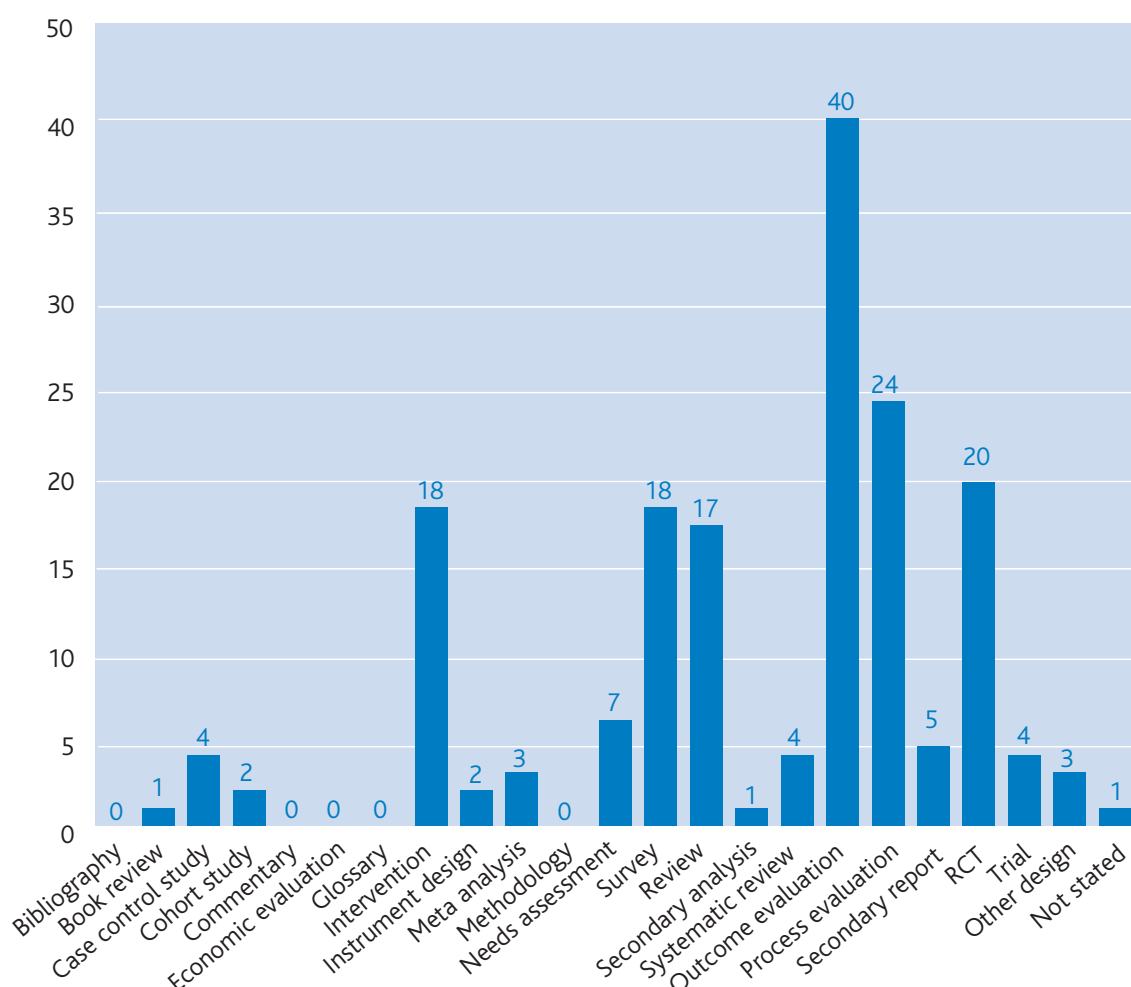
Studies coded in the map for the large review topic of interventions cover the effectiveness, acceptability and/or accessibility of interventions.

The first section looks at study design type cross-tabulated with effectiveness, acceptability and accessibility respectively to demonstrate the type of data included in the map that is relevant to each of these topics specifically.

##### **a) Effectiveness of interventions**

Figure 13 demonstrates that of the 150 studies coded as *effectiveness of interventions*, only 18 of these are described as intervention studies. Additionally, there are 20 RCTs, 40 outcome evaluations and 4 systematic reviews. It is likely, however, that at least some of these latter reports, and some of the studies included in the various reviews, do in fact address the effectiveness of interventions. Some of those coded as interventions may be those that describe interventions rather than evaluating them.

**Figure 13**  
Effectiveness of interventions by study type



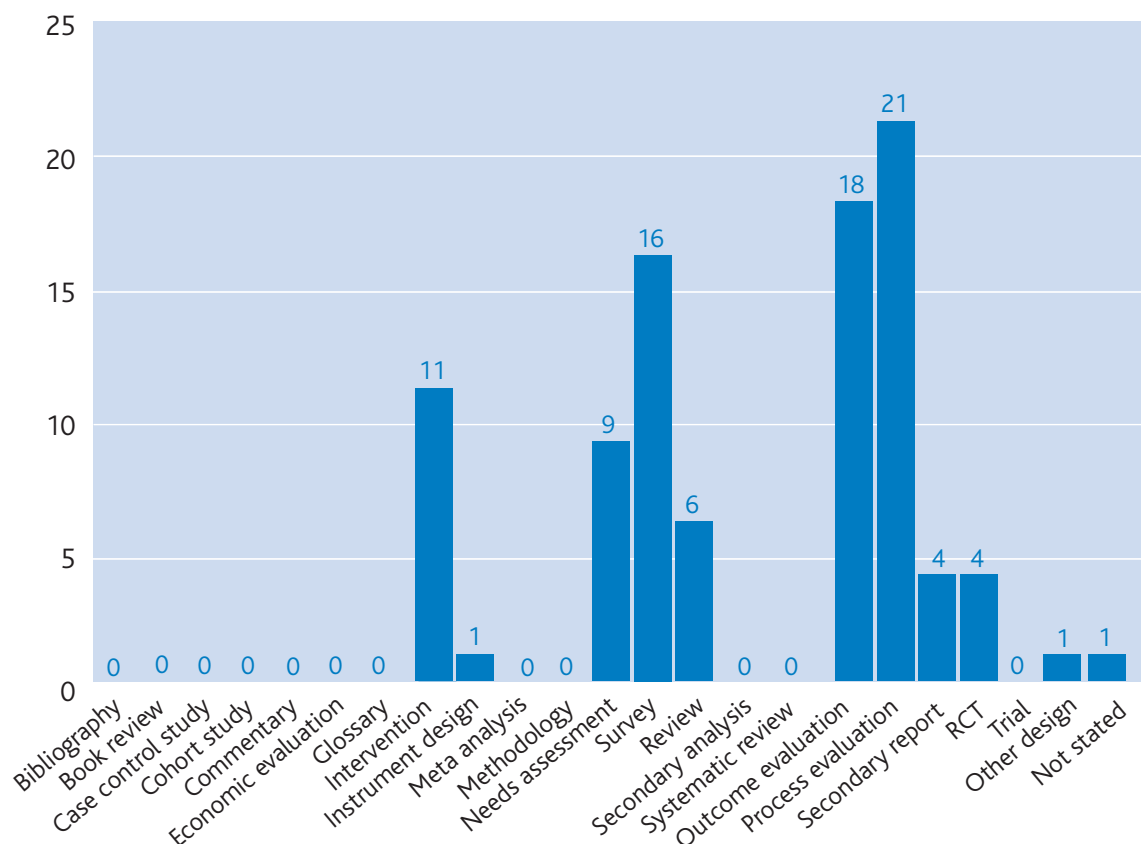
Note: Categories are mutually exclusive (except for case control, cohort, intervention, outcome evaluation and process evaluation)

#### b) Acceptability of interventions

A total of 80 studies were coded as focused on acceptability of interventions for PMHP. This category captures the studies that considered how acceptable interventions are for families and in some cases for practitioners.

Figure 14 shows the studies coded as acceptability of interventions against study design. It is an important finding of this map that there are no systematic reviews on this topic, which highlights a gap in the evidence base.

**Figure 14**  
Acceptability of interventions by study design



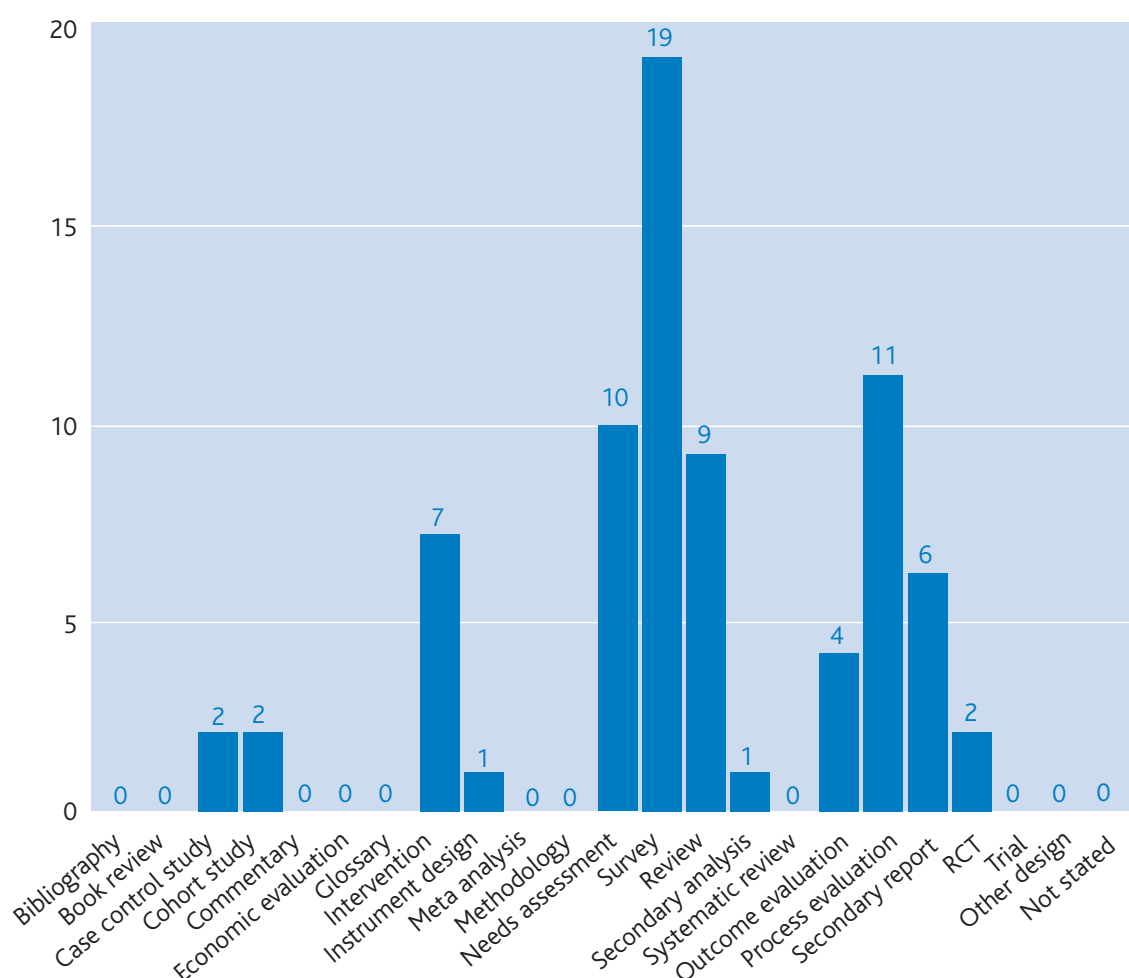
Note: Categories are mutually exclusive (except for case control, cohort, intervention, outcome evaluation and process evaluation)

#### c) Accessibility of interventions:

A total of 65 studies were coded as concerning the accessibility of interventions. This category captures studies that have accessibility of interventions, as defined in footnote 2 as a main focus.

Figure 15 illustrates those studies coded as accessibility against study types. Again, no systematic reviews were found on this topic so it presents a further important gap in the research and another potential topic for review.

**Figure 15**  
**Accessibility of interventions by study design**



Note: Categories are mutually exclusive (except for case control, cohort, intervention, outcome evaluation and process evaluation)

Further cross-tabulations can be conducted on intervention type, site and provider plotted against effectiveness, accessibility and acceptability in order to drill down into the data set in more detail.

*In addition*, while there are approximately 200 studies focused on interventions, some of these are population level interventions and some preventive at a population level, and would therefore be excluded from reviews of individually focused interventions, although these might provide scope for a further review.

Many studies included in the map appear to consider the acceptability and accessibility of interventions, with some in these categories coded as unclear, denoting that it was difficult to determine whether they addressed these issues.

There is significant overlap in the map between studies coded as 'group work' and those coded as either 'clinical intervention' or 'other'. Depending on the extent of

overlap, there are between 20 and 50 studies in this category, of which some are parenting interventions, some family interventions and some are interventions offered to children of parents with mental illness. There appears to be more literature on depressive illness than on other disorders, indicating further potential gaps in the evidence base.

There are few studies in the map coded as employment advice, housing or financial advice. This maybe reflects a further gap in the research literature in relation to such interventions.

There are studies in the map focused on parents with drug and alcohol problems, and on eating disorders. These are very specific subgroups and a decision would need to be made as to how to manage any specific subgroups within specific future projects, including reviews.

#### **Review 5: This potential review would focus on BME families**

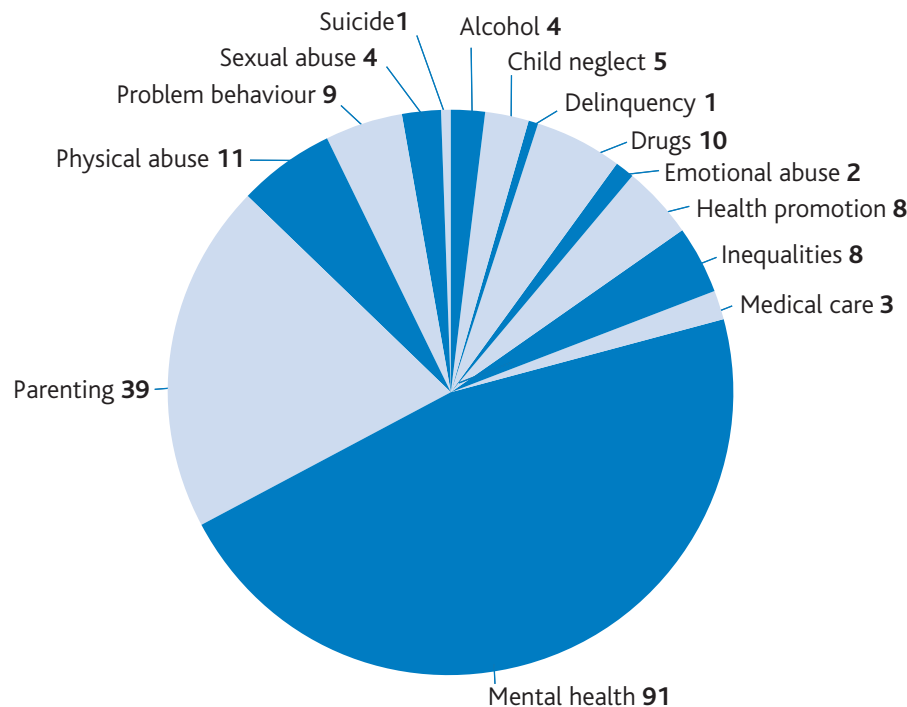
'To review what BME parents with mental health problems and their children have to say about accessing and receiving core and specialist mental health and children's services including their accessibility, suitability and effectiveness.'

### **7.3 Map results pertaining to the BME topic**

There are 91 studies coded as containing information on BME families. There are 8 studies on accessibility and BME, 14 on acceptability and BME, 17 on effectiveness and BME, 78 on impact and BME, 48 on extent and BME and 47 on detection and BME. This is a small enough number in all areas to be amenable to more in depth analysis in future project work.

Figure 16 demonstrates the focus of the reports coded as BME. In addition to parenting and mental health there was also a significant focus within these studies on drugs and on physical abuse.

**Figure 16**  
BME group by focus topics



Note: Categories not mutually exclusive

### 7.3.1 Discussion

#### 1. The nature of research in PMH

The map is a resource in its own right and provides a research tool in this topic area. It can be searched according to keyword and free text searching.

In addition, the map can be used to gather statistical information on population types, focus etc, a wide array of topics can be cross-tabulated, and frequency data for all keywords can be obtained.

The map is primarily focused on published research literature and therefore does not necessarily reflect all the practice undertaken in the field, particularly where such work is not evaluated and published. Gaps in the map may reflect a lack of evaluation in particular topics, or specific gaps in the evidence base that could be met by further focused research.

A number of such gaps have been identified in this mapping exercise. Firstly, there were few studies in the map that focused on male participants only – a gap in the primary research that should be considered in future primary research commissioning. Another example is the lack of systematic reviews that specifically consider the accessibility of interventions. There also appeared in the map to be more available literature on depressive illness than on other disorders, indicating further potential gaps in the evidence base.

Furthermore, there are few studies in the map coded as employment advice, housing or financial advice. This may also reflect a gap in the research literature in relation to the effectiveness, accessibility or acceptability of these interventions.

As previously noted, there appears to be more literature in the map focused on depressive disorders than on other conditions. This may reflect a gap in the research literature related specifically to PMH and family welfare in relation to other sorts of mental health problems and types of disorder.

## 2. Implications of the map for projects using the data set

Further analysis is available and should certainly either be requested from SCIE or conducted by project teams, for any project drawing on the map, in order to access its full potential in relation to specific projects. It is anticipated that commissioning and project briefs for such projects will contain explicit sections on the role and function of the systematic map. It is highly recommended, however, that any project team using the map consider assessment of at least the titles and abstracts of all reports included in the map to ensure inclusion of all potentially eligible material.

The 15 systematic reviews included in the map should be analysed for any piece of work using the map. Where relevant, the studies included in these reviews should be retrieved and assessed for eligibility for inclusion.

As described in Figure 7, while mental health and parenting was the primary map focus, problem behaviour, drugs, physical abuse, alcohol, child neglect and inequalities were among additional topics in studies included in the map. It is possible to narrow down searches of the map to enable more detailed analysis of these areas if required for any project.

### 7.3.2 Further searching

The map is up to date to May 2005. As such, further searching will be needed for all topics on all databases searched for this map to bring these searches up to date.

It is essential for consistency that the same databases and journals are searched for such additional searching according to the same search strategy as this original map (see Appendix 2 for search strategies and databases covered). Depending on the date when further searches are undertaken, this may only yield a small number of extra citations, but needs to be carried out to ensure that a comprehensive and complete dataset is available for any project conducted subsequently.

The search was limited to English language citations. Therefore, it might be important for some projects to widen the search to capture studies published in languages other than English.

Conference proceedings were not searched for material to include in the map. It may be useful for some of the projects that use the results of the map to further add to the map by searching the proceedings of relevant conferences. These are usually available from conference websites.



Furthermore, most projects commissioned by SCIE will need to include user views. While some of the studies included in the map report these, there would be a need for some additional focused searching to ensure that all available user views are captured. This will need to include grey literature from databases such as SIGLE, and service user information from sources such as INVOLVE and the King's Fund.

### 7.3.3 Interventions

If interventions are the focus for a particular project, it would be advisable to retrieve copies of all the papers coded as interventions and assess the information on sites and providers in more detail, in view of the paucity of information in some cases, as noted above in 7.1.7. Furthermore, for a full overview for any specific project it is advisable to read each study regardless of which area of intervention is of primary interest, to ensure that the project captures all relevant information from the map. More detailed analysis of the map should be conducted in relation to interventions in particular.

For example, further cross-tabulations can be conducted on intervention type, site and provider plotted against effectiveness, accessibility and acceptability in order to drill down into the data set in more detail.

The map contains a number of systematic reviews. The studies included in these systematic reviews should also be assessed for eligibility for inclusion in any reviews.

As mentioned earlier, while there are approximately 200 studies focused on interventions, some of these are population level interventions and some preventive at a population level. These would be excluded from reviews of individually focused interventions, although they might provide scope for a further review. Furthermore, there will be a need to disentangle the areas of overlap in the map, particularly in relation to interventions coded as 'group work'.

Many studies included in the map appear to consider the acceptability and accessibility of interventions, with some in these categories coded as unclear, indicating that it was difficult to determine whether they addressed these issues. Clearly these aspects would need to be incorporated into the data extraction and analysis of any review(s) in which these issues were part of the focus.

There are intervention studies in the map focused on parents with drug and alcohol problems, and on eating disorders. These are very specific subgroups and a decision would need to be made as to how to manage specific subgroups within any review process.

### 7.3.4 Impact and detection of PMH

Table 1 demonstrates that if a review were to be conducted on these topics, it might potentially only be a relatively short review covering a maximum of 40-56 very specific studies. (Those reports that fall in the *detection*, not *impact* (40) and *impact*, not *detection* (56) categories.)

However, all reports in these categories should be examined in more detail as not all of these 40 or 56 will be relevant or includable. Furthermore, other reports in the map that do not appear in this cross-tabulation may be useful for impact and detection of PMH.

*Impacts* of PMH formed the largest group of reports in the map, with a total of 629 studies; and 423 of these have also been coded against 'other positive and negative factors' as described in Table 2. Further analysis is necessary to assess what types of studies these are, and to identify any overlap. Additionally, as with interventions, some of the studies in this list are reviews, and so the included studies of those reviews should be also assessed for eligibility for inclusion in any systematic review of this topic.

As noted in Table 2, 351 of these studies are coded as focusing on *impacts* of PMH in categories *other* than those specifically listed as keywords in the additional factors section. For a review of this topic, this 'other' category will clearly need further analysis to determine which other factors are represented in these studies and whether there are more categories of additional factors to include in a review than are explicitly listed in this table.

### 7.3.5 Quality of reporting

There are a number of instances where useful information was not reported in the included studies. For example, as demonstrated in Figure 8, in 92 reports the intervention site was unspecified. In 70 reports, detail of intervention providers was not reported (see Figure 9).

The keywords established for this map to capture the quality of reporting were not sufficiently sensitive to fully capture this aspect of the studies. As such, we are not in a position to report more fully on this. However, from the examples given above, it is likely that some further investigation (such as contacting study authors) may be necessary in some cases, to retrieve all the information needed to assess and describe some of the studies included in the map.

### 3. A database of individual studies

The map provides a resource from which to examine individual studies in more detail.

It is important for users of the map to retrieve the full text copies of included studies in order to assess them. This will be important whether the studies are of interest individually or where a synthesis of the findings is to be conducted. The map acts as a resource and points researchers to the research available. However, no quality appraisal or synthesis has been conducted on the reports contained in the map. It is always advisable to quality appraise research reports before using the findings, whether for inclusion in systematic reviews where it is essential, or for other purposes.

## 7.4 Quality control of the map

One of the key lessons learned from this first pilot was the need to pilot keywording tools both to establish consistency between coders and to ensure that the keywording tools accurately reflect the range of topics in the field. The latter would have reduced the use of keywords such as 'other' and enable more appropriate and descriptive keywords to be established at an early stage.

It is important that coding consistency and quality assurance is conducted throughout the life of a mapping project to enable any difficulties to be identified as soon as possible, and to reduce both the risk of miscoding, and the risk of time delays due to the possible need to recode sections of the map if problems are identified.

### 7.4.1 Limitations of the map

In addition to those already highlighted, the map has some further limitations. The most important practical limitation was with the keywording tools used. Importantly, the core keywording tool had a health focus with the consequence that many of the topics were difficult to classify in a social care context. This partly explains the over-use of the 'other' keyword in some cases.

The size of the topic presented another issue for the mapping team, significantly extending the time spent on the map. There is a report on the general issues faced that provides more detail on the problems that arose in producing this map. This includes issues such as import problems and software issues, quality assessment issues and topic size. This report is available on request from SCIE.

## References

Coren, E., Kavanagh, J., Bates, S. and Homewood, J. (2006) 'Improving systematic reviews in social welfare – the benefits of collaboration', Poster for the 5th Annual Campbell Colloquium, Los Angeles, USA.

Egger, M. and Zellweger-Zahner, T. (1997) 'Language bias in randomised controlled trials published in English and German', *Lancet*, no 350, pp 326-329.

EPPI-Centre (2004) *Structure for a Review Report*, London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Peersman, G. and Oliver, S. (1997) *EPPI-Centre health promotion keywording strategy*, London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

SCIE (Social Care Institute for Excellence) (2004) *Knowledge Review 6: Teaching and learning communication skills in social work education*, London: SCIE.

The reference to studies included in the map are available in web-based version at <http://www.scie.org.uk/publications/systematicmaps.asp>



## Appendix 1: Inclusion criteria

Criterion name	Criterion details
EXCLUDE SCOPE	<p>To be included a study must examine parental mental health problems (PMHP), plus one of the following:</p> <ol style="list-style-type: none"> <li>1. the extent of PMHP</li> <li>2. the impact of PMHP, or</li> <li>3. a service intervention.</li> </ol> <p>This does not include studies of pharmacological interventions, unless they are evaluated in the context of service provision.</p> <p>Papers describing diagnostic/screening techniques are not included. Studies which assess the reliability or validity of population screening and/or diagnostic tools and explicitly relate findings to measuring the extent of PMHP are included.</p> <p>A study is examining mental health problems if:</p> <ol style="list-style-type: none"> <li>1. the author or research subject says so</li> <li>2. the health problem has been diagnosed and conforms to those is listed in DSM IV1 or ICD-10</li> <li>3. relevant symptoms are described but are not yet subject to formal, or established diagnosis.</li> <li>4. It involves dual diagnosis of a mental health problem with substance misuse – ie alcohol and drugs and solvents.</li> </ol> <p>A study is examining the extent of PMHP where it provides information on the prevalence or type of problem locally, regionally, nationally or internationally (where national data are presented).</p> <p>A study is examining the impact of PMHP where it describes biological, psychological and social (including economic) effects on any family member.</p> <p>A study is examining an existing service intervention where it provides information on a service which is intended to benefit those affected by a PMHP (eg parents, children, wider family, family as a whole). We are interested in all levels and types of service provision, whether they are provided at a local, regional or national basis. We are interested in all types of service and intervention providers and developers (eg adult mental health services, child and adolescent mental health services, primary and secondary health care, antenatal or postnatal services, social workers, schools, family therapists, parenting coordinators, unregistered trainers and counsellors, police, forensic services, youth offending teams, probation, substance misuse workers, residential services, BME groups, researchers, etc).</p> <p>We also take service intervention to include those interventions that have been developed, and evaluated, but not yet in common practice. For the purposes of this</p>

EXCLUDE STUDY DESIGN	<p>systematic map, parents are taken to be anyone who has dependent children. This can include biological and non-biological parents, legal guardians, and other primary care givers, whether resident or non-resident.</p> <p>Studies are eligible if they:</p> <ol style="list-style-type: none"> <li>1. evaluate the EXTENT of PMHP eg any study with prevalence data</li> <li>2. evaluate the IMPACT of PMHP on any family member</li> <li>3. evaluate the EFFECTIVENESS of any PMHP intervention on any outcome</li> <li>4. evaluate the ACCESSIBILITY of any PMHP intervention eg physical and/or social exclusion</li> <li>5. evaluate the ACCEPTABILITY to people either receiving or providing a PMHP intervention.</li> </ol> <p>We accept that a range of study designs including primary and secondary research may provide relevant data. This does not include individual case studies, briefings or opinion pieces.</p>
EXCLUDE POPULATION	Define parent as anyone who has dependent children, regardless of residency. No exclusion on age, gender, ethnicity.
INCLUDE extent or impact uncertain	Use for international impact and extent studies to decide exclusion criteria on sample size.
EXCLUDE LOCATION	Studies will be included if carried out in UK or Internationally if outcome evaluations or Internationally – if providing data at a national level.
EXCLUDE DATE OF PUBLICATION	Studies must have been published between 1985 and 2005.
EXCLUDE LANGUAGE	NON-ENGLISH paper.
INCLUDE UNCERTAIN	To be re-screened and agreed (use include impact or extent uncertain instead for international samples).
INCLUDE INCLUDE	MEETS ALL OF THE ABOVE CRITERIA.

## Appendix 2: Search strategy list

Compiled by Janet Homewood, Information officer at SCIE (May-June 2005)

Adaptations of a sensitive, detailed search strategy were used for these databases involving the facets:

[parents] AND ([general mental health problems] OR [substance misuse])  
OR [mental health problems specific to parents]}  
AND ([extent] OR [impact] OR [interventions])

### Health databases

PsycInfo  
Medline  
EMBASE  
CINAHL  
HMIC  
Cochrane Library  
National Research Register

### Social science databases

Social Services Abstracts (CSA Illumina)  
ASSIA  
National Criminal Justice Reference Service Abstracts  
ERIC  
Campbell Collaboration

### Care databases

Social Work Abstracts  
CareData (now replaced by Social Care Online)  
ChildData  
Communitywise

### General databases

SIGLE  
Journal searching



## Health databases

### PsycInfo

#### Controlled language tools

The Psycinfo thesaurus file consists of 7,739 records derived from the American Psychological Society's *Thesaurus of psychological index terms*, 8th edition (1997).

#### Search strategy

PsycInfo 230505

Database: Psycinfo <1872 to May Week 3 2005>

Date of search rem 26/05/05

- 1 exp treatment outcomes/ (15253)
- 2 \*mental health program evaluation/ (1418)
- 3 \*relapse prevention/ (626)
- 4 \*"side effects (treatment)"/ (836)
- 5 \*child guidance clinics/ (263)
- 6 exp \*alternative medicine/ or exp \*behavior modification/ or \*bibliotherapy/ or exp \*cognitive techniques/ or exp \*creative arts therapy/ or exp \*crisis intervention services/ or exp \*cross cultural treatment/ or \*involuntary treatment/ or \*milieu therapy/ or \*movement therapy/ or \*multimodal treatment approach/ or \*online therapy/ or exp \*outpatient treatment/ or exp \*physical treatment methods/ or exp \*preventive medicine/ or exp \*psychotherapeutic techniques/ or exp \*psychotherapy/ or exp \*rehabilitation/ or exp \*relaxation therapy/ or \*social casework/ or \*treatment guidelines/ or \*cognitive behavior therapy/ (238124)
- 7 \*treatment dropouts/ (1216)
- 8 exp \*treatment effectiveness evaluation/ or exp \*treatment outcomes/ (17518)
- 9 exp mental health services/ (17856)
- 10 exp \*clinical trials/ (290)
- 11 \*community mental health centers/ (1712)
- 12 exp \*community services/ (13489)
- 13 \*health care policy/ (1653)
- 14 \*counseling/ or \*cross cultural counseling/ or exp \*psychotherapeutic counseling/ or \*rehabilitation counseling/ (24076)
- 15 \*health care seeking behavior/ or \*health service needs/ (2067)
- 16 \*integrated services/ or \*long term care/ (1723)
- 17 exp \*mental health programs/ (5420)
- 18 \*outreach programs/ or \*school counseling/ or \*social casework/ (8624)
- 19 \*prevention/ (7180)
- 20 \*social services/ or \*outreach programs/ or \*protective services/ or \*child welfare/ or \*social casework/ (9971)
- 21 exp \*support groups/ (2447)
- 22 exp \*family therapy/ (13015)
- 23 \*respite care/ (227)
- 24 \*needs assessment/ (1642)
- 25 exp \*psychiatric hospitalization/ (6153)
- 26 exp \*Drug Rehabilitation/ (14277)
- 27 exp \*early intervention/ (3590)

- 28 \*legal processes/ or \*"adoption (child)"/ or \*child custody/ or \*guardianship/ or  
\*protective services/ (9279)
- 29 \*psychiatric clinics/ or \*child guidance clinics/ or \*walk in clinics/ (876)
- 30 exp \*Interdisciplinary Treatment Approach/ (3308)
- 31 ((interdisciplinary or multidisciplinary or interagency) adj2 (approach\$ or  
program\$ or work\$ or cooper\$)).ti,id. (1287)
- 32 ((interdisciplinary or multidisciplinary or interagency) adj2 (approach\$ or  
program\$ or work\$ or cooper\$ or collaborat\$)).ti,id. (1452)
- 33 exp \*Project Head Start/ (545)
- 34 Sure Start.mp. (7)
- 35 Home Start.mp. (18)
- 36 \*conflict Resolution/ (3093)
- 37 exp \*HOUSING/ (2846)
- 38 exp \*"welfare services (government)"/ (1074)
- 39 welfare benefits.ti,id. (27)
- 40 social security.ti,id. (264)
- 41 exp \*Social Security/ (190)
- 42 \*drug rehabilitation/ or \*alcohol rehabilitation/ or \*detoxification/ or \*drug  
usage screening/ or \*methadone maintenance/ or \*psychosocial rehabilitation/  
or \*rehabilitation counseling/ or \*twelve step programs/ (18165)
- 43 or/1-42 (322596)
- 44 \*poverty/ or \*disadvantaged/ or \*homeless/ or \*"income (economic)"/ or \*lower  
income level/ or \*socioeconomic status/ (16247)
- 45 exp \*Childhood Development/ (20956)
- 46 exp \*Infant Development/ (5727)
- 47 exp \*Behavior Disorders/ (66184)
- 48 exp \*Behavior Problems/ (11582)
- 49 \*Emotionally Disturbed/ (4240)
- 50 \*Emotional Adjustment/ (8648)
- 51 exp \*parent child communication/ (3308)
- 52 exp \*parent child relations/ or exp \*family conflict/ or exp \*parental investment/  
(33534)
- 53 \*family relations/ or \*sibling relations/ (20060)
- 54 \*education/ or \*high school education/ or \*higher education/ or \*middle school  
education/ or \*secondary education/ (11470)
- 55 \*classroom behavior modification/ or \*classroom discipline/ or \*school  
adjustment/ or \*school attendance/ (7382)
- 56 \*school dropouts/ or \*school truancy/ (1470)
- 57 exp \*Caregiver Burden/ (1797)
- 58 exp \*stigma/ or \*social discrimination/ or \*stereotyped attitudes/ (7645)
- 59 exp \*Social Isolation/ (3113)
- 60 (social\$ adj1 (exclu\$ or depriv\$ or inclu\$)).ti,id. (672)
- 61 family functioning.mp. [mp=title, abstract, subject headings, table of contents,  
key concepts] (3402)
- 62 exp \*child abuse/ or \*abandonment/ or \*attachment disorders/ or \*child neglect/  
or \*child welfare/ or \*emotional abuse/ or \*failure to thrive/ or \*family violence/  
or \*physical abuse/ or \*sexual abuse/ or \*verbal abuse/ or \*violent crime/  
(22976)
- 63 domestic violence.mp. (3197)

64 \*Antisocial Behavior/ (3661)  
 65 social exclusion.mp. (286)  
 66 \*homeless/ (2331)  
 67 \*Self Destructive Behavior/ (1563)  
 68 self-harm.mp. [mp=title, abstract, subject headings, table of contents, key  
 concepts] (943)  
 69 young carers.mp. (16)  
 70 or/44-69 (223818)  
 71 prevalence.mp. [mp=title, abstract, subject headings, table of contents, key  
 concepts] (28883)  
 72 exp \*Epidemiology/ (11818)  
 73 extent.ti,id. (2061)  
 74 exp \*Demographic Characteristics/ (13082)  
 75 (incidence or frequency).ti,id. (24179)  
 76 case identification.mp. [mp=title, abstract, subject headings, table of contents,  
 key concepts] (229)  
 77 ident\$.ti,id. (40271)  
 78 or/71-77 (109567)  
 79 exp \*PARENTS/ (23580)  
 80 \*adoptive parents/ or \*fathers/ or \*foster parents/ or \*homosexual parents/ or  
 \*mothers/ or \*single parents/ or \*stepparents/ or \*"surrogate parents (humans)"/  
 (14055)  
 81 dependent child\$.mp. [mp=title, abstract, subject headings, table of contents, key  
 concepts] (589)  
 82 or/79-81 (24084)  
 83 \*Mental Disorders/ (28984)  
 84 exp Mental Health/ (14751)  
 85 \*chronic mental illness/ (506)  
 86 \*affective disorders/ (5822)  
 87 \*anxiety disorders/ (6091)  
 88 \*chronic mental illness/ (506)  
 89 \*dissociative disorders/ (1393)  
 90 \*eating disorders/ (4770)  
 91 \*neurosis/ (4550)  
 92 \*personality disorders/ (4999)  
 93 \*pervasive developmental disorders/ (335)  
 94 \*psychosis/ or \*acute psychosis/ or \*affective psychosis/ or \*chronic psychosis/  
 or \*"paranoia (psychosis)"/ or \*postpartum psychosis/ or \*reactive psychosis/  
 (10889)  
 95 \*schizoaffective disorder/ (1011)  
 96 \*schizophrenia/ (38421)  
 97 \*bipolar disorder/ or \*major depression/ or \*mania/ or \*seasonal affective  
 disorder/ (45223)  
 98 exp \*neurosis/ (5095)  
 99 \*compulsive personality disorder/ or \*paranoid personality disorder/ or \*passive  
 aggressive personality disorder/ or \*somasochistic personality/ or \*schizoid  
 personality disorder/ or \*schizotypal personality disorder/ (1385)  
 100 exp \*psychiatric hospitalization/ (6153)  
 101 or/83-100 (159499)

- 102 parental mental health.ti,id. (25)
- 103 mentally ill parents.ti,id. (52)
- 104 parental psychopathology.ti,id. (117)
- 105 ((parent\$ or maternal or paternal or mother\$ or father\$) adj2 (psychiat\$ or depression or mental\$)).ti,id. (3131)
- 106 postnatal depression.ti,id. (291)
- 107 postnatal depression.mp. [mp=title, abstract, subject headings, table of contents, key concepts] (487)
- 108 exp postpartum depression/ or exp postpartum psychosis/ (1395)
- 109 (post?natal depression or post?partum depression).mp. [mp=title, abstract, subject headings, table of contents, key concepts] (1571)
- 110 (post?natal depression or post?partum depression).ti,id. (805)
- 111 exp \*Munchausen Syndrome by Proxy/ (121)
- 112 exp \*folie a deux/ (109)
- 113 or/102-112 (4789)
- 114 \*comorbidity/ (5939)
- 115 dual diagnosis.mp. (1514)
- 116 \*drug abuse/ (14791)
- 117 substance misus\$.mp. [mp=title, abstract, subject headings, table of contents, key concepts] (679)
- 118 \*alcohol abuse/ (5760)
- 119 or/114-118 (25713)
- 120 101 and 119 (6066)
- 121 82 and (101 or 120) (1789)
- 122 121 or 113 (6007)
- 123 122 and (43 or 70 or 78) (3329)
- 124 limit 123 to (human and yr=1985-2005) (2674)

### Medline

#### Controlled language tools

Medline is comprehensively indexed using the MeSH thesaurus.

#### Search strategy

Database: Ovid MEDLINE(R) <1966 to May Week 3 2005>

Date of search: 27/05/05

- 1 parental mental health.mp. (32)
- 2 mentally ill parents.mp. (31)
- 3 parental psychopathology.mp. (130)
- 4 ((parent\$ or maternal or paternal or mother\$ or father\$) adj2 (psychiat\$ or depression or mental\$)).mp. [mp=title, original title, abstract, name of substance word, subject heading word] (2674)
- 5 ((parent\$ or maternal or paternal or mother\$ or father\$) adj2 (psychiat\$ or depression or mental\$)).ti. (769)
- 6 postnatal depression.mp. or \*Depression, Postpartum/ (1077)
- 7 post natal depression.mp. (54)
- 8 \*Munchausen Syndrome by Proxy/ (310)
- 9 or/1-8 (3988)
- 10 exp \*PARENTS/ (20944)

11 \*"CHILD OF IMPAIRED PARENTS"/ (1419)  
 12 dependent child\$.mp. (1068)  
 13 or/10-12 (23103)  
 14 exp \*Epidemiology/ (4463)  
 15 demographics.mp. or exp \*Demography/ (118622)  
 16 exp incidence/ or exp prevalence/ (160353)  
 17 case identification.mp. (360)  
 18 or/14-17 (277637)  
 19 exp \*Mental Disorders/ (445041)  
 20 folie a deux.mp. [mp=title, original title, abstract, name of substance word,  
 subject heading word] (126)  
 21 exp \*Mentally Ill Persons/ (2149)  
 22 or/19-21 (446569)  
 23 exp Treatment Outcome/ (223730)  
 24 relapse prevention.mp. (893)  
 25 exp \*Patient Dropouts/ or exp \*Patient Compliance/ (11168)  
 26 exp \*Clinical Trials/ (18650)  
 27 exp \*Evaluation Studies/ (41150)  
 28 exp \*Primary Health Care/ or exp \*"Delivery of Health Care, Integrated"/ or  
 exp "Continuity of Patient Care"/ or integrated services.mp. or exp \*Systems  
 Integration/ (31218)  
 29 exp \*Primary Health Care/ or exp \*"Delivery of Health Care, Integrated"/ or  
 exp \*"Continuity of Patient Care"/ or integrated services.mp. or exp \*Systems  
 Integration/ (27649)  
 30 exp \*Long-Term Care/ or exp \*Health Policy/ or health care policy.mp. or exp  
 \*Health Planning/ or exp \*"Delivery of Health Care"/ (291334)  
 31 exp \*"Health Services Needs and Demand"/ (10642)  
 32 exp \*"Patient Acceptance of Health Care"/ (33400)  
 33 assertive outreach.mp. (47)  
 34 outreach programs.mp. (206)  
 35 exp \*School Health Services/ or school counseling.mp. (8125)  
 36 exp \*Social Work/ or social services.mp. (7706)  
 37 exp \*Child Welfare/ (22458)  
 38 exp \*Child Health Services/ or exp \*Child Advocacy/ or child protection.mp.  
 (11814)  
 39 exp \*Self-Help Groups/ (3333)  
 40 exp \*Family Therapy/ (3304)  
 41 exp \*Respite Care/ (355)  
 42 exp \*Needs Assessment/ (2670)  
 43 drug rehabilitation.mp. or exp \*Substance Abuse Treatment Centers/ (1206)  
 44 exp \*ADOPTION/ (1712)  
 45 exp \*Foster Home Care/ (1230)  
 46 \*Outpatient Clinics, Hospital/ or exp \*Ambulatory Care Facilities/ or walk in  
 clinics.mp. (16370)  
 47 ((interdisciplinary or multidisciplinary or interagency) adj2 (approach\$ or  
 program\$ or work\$ or cooper\$ or collaborat\$)).mp. [mp=title, original title,  
 abstract, name of substance word, subject heading word] (8206)  
 48 "Head Start".mp. (458)  
 49 "Sure Start".mp. (15)

- 50 "Home Start".mp. (15)
- 51 conflict resolution.mp. (532)
- 52 \*housing/ or exp \*public housing/ (4039)
- 53 exp \*Social Security/ (2874)
- 54 welfare benefits.mp. (137)
- 55 exp \*Mental Health Services/ (28919)
- 56 exp \*"Commitment of Mentally Ill"/ (2941)
- 57 or/23-56 (662058)
- 58 exp \*POVERTY AREAS/ or exp \*POVERTY/ (6629)
- 59 disadvantaged.mp. or exp \*Vulnerable Populations/ (3227)
- 60 exp \*Homeless Persons/ or homelessness.mp. (3298)
- 61 exp \*social isolation/ or \*social problems/ or exp \*crime/ or exp \*dangerous  
behavior/ or exp \*divorce/ or \*homicide/ or exp \*juvenile delinquency/ or exp  
\*poverty/ or exp \*prostitution/ or \*runaway behavior/ or exp \*social behavior  
disorders/ or \*suicide/ or exp \*suicide, attempted/ or \*violence/ or exp \*domestic  
violence/ (81833)
- 62 \*Income/ (4082)
- 63 exp \*Child Development/ (17238)
- 64 exp \*mental disorders diagnosed in childhood/ (63956)
- 65 exp \*Social Adjustment/ or exp \*Affective Symptoms/ or emotionally  
disturbed.mp. (9925)
- 66 family conflict.mp. (316)
- 67 exp \*Family Relations/ (19527)
- 68 education/ or \*schools/ (15430)
- 69 exp \*Juvenile Delinquency/ (3073)
- 70 young carer\$.mp. [mp=title, original title, abstract, name of substance word,  
subject heading word] (4)
- 71 stigma.mp. [mp=title, original title, abstract, name of substance word, subject  
heading word] (2472)
- 72 exp \*Prejudice/ (6040)
- 73 (social\$ adj1 (exclu\$ or depriv\$ or inclu\$)).mp. [mp=title, original title, abstract,  
name of substance word, subject heading word] (1628)
- 74 family functioning.mp. [mp=title, original title, abstract, name of substance word,  
subject heading word] (1164)
- 75 exp \*Self-Injurious Behavior/ (22251)
- 76 or/58-75 (220224)
- 77 substance abus\$.mp. [mp=title, original title, abstract, name of substance word,  
subject heading word] (21420)
- 78 substance misus\$.mp. [mp=title, original title, abstract, name of substance word,  
subject heading word] (503)
- 79 exp \*"Diagnosis, Dual (Psychiatry)"/ (104)
- 80 alcohol abuse.mp. [mp=title, original title, abstract, name of substance word,  
subject heading word] (6555)
- 81 exp \*Alcoholism/ (35076)
- 82 exp \*Substance-Related Disorders/ (107959)
- 83 or/77-82 (118992)
- 84 22 and 83 (103021)
- 85 13 and (22 or 84) (4075)
- 86 85 or 9 (7318)



87 86 and (57 or 76 or 83) (4990)  
88 limit 87 to (humans and yr=1985-2005) (4303)

## EMBASE

### Controlled language tools

EMBASE makes use of three different classification systems: EMTREE, EMCLAS and EMTAGS. EMTREE, the EMBASE thesaurus, has been in use since 1988; EMCLAS was the EMBASE classification system from 1974 through 1988; and EMTAGS was an overall system of general indexing concepts used until 1998.

### Search strategy

Database: EMBASE <1980 to 2005 Week 21>

Search run: 27/05/05

```
1  parental mental health.mp. (26)
2  mentally ill parents.mp. (19)
3  parental psychopathology.mp. (121)
4  ((parent$ or maternal or paternal or mother$ or father$) adj2 (psychiat$ or
   depression or mental$)).mp. [mp=title, abstract, subject headings, heading word,
   drug trade name, original title, device manufacturer, drug manufacturer name]
   (5570)
5  postnatal depression.mp. or exp *Puerperal Depression/ (904)
6  exp *Munchausen Syndrome By Proxy/ (38)
7  or/1-6 (6379)
8  exp *Parent/ (6523)
9  dependent child$.mp. (371)
10 or/8-9 (6879)
11 exp *Mental Disease/ (379443)
12 exp *Mental Patient/ (2352)
13 folie a deux.mp. (84)
14 or/11-13 (381168)
15 exp *treatment outcome/ (4532)
16 Clinical Trial/ (335047)
17 exp *Evaluation/ (291)
18 exp *Primary Health Care/ (9605)
19 exp *Long Term Care/ (7556)
20 exp *Health Care Policy/ (11301)
21 exp *health care access/ or exp *health care availability/ or exp *health care
   distribution/ or exp *health care need/ or exp *health care planning/ or health
   program/ or exp *regionalization/ (38245)
22 assertive outreach.mp. (66)
23 exp *SCHOOL HEALTH SERVICE/ (642)
24 exp *Social Work/ (1595)
25 exp *Social Care/ (6058)
26 primary education.mp. (150)
27 exp *college/ or exp *high school/ or exp *kindergarten/ or exp *nursery school/
   or exp *primary school/ (830)
28 exp *Child Welfare/ (544)
```

- 29 exp \*Self Help/ (760)
- 30 exp \*Family Therapy/ (2119)
- 31 exp \*Home Care/ (4936)
- 32 respite care.mp. or exp \*Home Care/ (5098)
- 33 needs assessment.mp. or exp \*Health Services Research/ (1728)
- 34 drug rehabilitation.mp. (107)
- 35 exp \*ADOPTION/ (729)
- 36 exp \*Foster Care/ (352)
- 37 exp \*Outpatient Department/ or walk in clinics.mp. (911)
- 38 ((interdisciplinary or multidisciplinary or interagency) adj2 (approach\$ or program\$ or work\$ or cooper\$ or collaborat\$)).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name] (6753)
- 39 "Head Start".mp. (144)
- 40 "Sure Start".mp. (12)
- 41 "Home Start".mp. (9)
- 42 exp \*HOUSING/ (1818)
- 43 exp \*Social Security/ (639)
- 44 welfare benefits.mp. (87)
- 45 compulsory admission.mp. (102)
- 46 compulsory treatment.mp. (145)
- 47 exp \*mental health care/ (12363)
- 48 or/15-47 (435287)
- 49 exp \*lowest income group/ or exp \*poverty/ (1800)
- 50 exp \*HOMELESSNESS/ (1415)
- 51 exp \*alienation/ or exp \*loneliness/ or exp \*parental deprivation/ or exp \*social isolation/ (1802)
- 52 exp \*social problem/ or exp \*abuse/ or exp \*crime/ or exp \*violence/ or exp \*domestic violence/ (130002)
- 53 exp \*SUICIDE/ (8093)
- 54 exp \*HOMICIDE/ (2213)
- 55 exp \*DIVORCE/ (877)
- 56 exp \*Juvenile Delinquency/ (1358)
- 57 exp \*Child Development/ (3854)
- 58 exp \*Social Adaptation/ (8112)
- 59 exp \*School/ (5558)
- 60 young carer\$.mp. (4)
- 61 stigma.mp. (1955)
- 62 (social\$ adj1 (exclu\$ or depriv\$ or inclu\$)).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name] (1372)
- 63 exp \*Family Life/ (8931)
- 64 exp Suicide Attempt/ or exp Drug Overdose/ or exp \*Automutilation/ or self-harm.mp. or exp Suicidal Behavior/ (30659)
- 65 or/49-64 (185476)
- 66 exp \*Substance Abuse/ (6047)
- 67 substance misus\$.mp. (618)
- 68 dual diagnosis.mp. (536)
- 69 exp \*Alcohol Abuse/ (4444)



- 70 exp \*ALCOHOLISM/ (24614)
- 71 substance related disorders.mp. or exp \*Addiction/ (49469)
- 72 or/66-71 (58180)
- 73 exp \*EPIDEMIOLOGY/ (56400)
- 74 exp \*Demography/ or demographics.mp. (8769)
- 75 exp PREVALENCE/ (88830)
- 76 exp INCIDENCE/ (79633)
- 77 case identification.mp. (331)
- 78 or/73-77 (213645)
- 79 14 and 72 (51696)
- 80 10 and (14 or 79) (1787)
- 81 80 or 7 (7491)
- 82 81 and ((48 and 65) or 78) (772)
- 83 limit 82 to (human and yr=1985 - 2005) (731)

### **CINAHL (Cumulative Index to Nursing and Allied Health Literature)**

#### **Controlled language tools**

The CINAHL thesaurus includes many terms from the National Library of Medicine's MeSH thesaurus, including subheadings, explosions and cross-references.

#### **Search strategy**

Database: CINAHL (Cumulative Index to Nursing and Allied Health Literature) <1982 to May Week 3 2005>

Search run: 27/05/05

- 1 parental mental health.mp. (61)
- 2 mentally ill parents.mp. (11)
- 3 parental psychopathology.mp. (10)
- 4 ((parent\$ or maternal or paternal or mother\$ or father\$) adj2 (psychiat\$ or depression or mental\$)).mp. [mp=title, subject heading word, abstract, instrumentation] (2072)
- 5 postnatal depression.mp. or exp \*Depression, Postpartum/ (866)
- 6 exp \*Munchausen Syndrome By Proxy/ (98)
- 7 or/1-6 (2721)
- 8 exp \*Parents/ (9237)
- 9 exp \*"children of impaired parents"/ or exp \*"children of alcoholics"/ (260)
- 10 dependent child\$.mp. (1559)
- 11 or/8-10 (10930)
- 12 exp \*EPIDEMIOLOGY/ (19535)
- 13 exp \*Demography/ (12018)
- 14 exp incidence/ or exp prevalence/ (8654)
- 15 case identification.mp. (50)
- 16 or/12-15 (35689)
- 17 exp \*Mental Disorders/ (53471)
- 18 folie a deux.mp. (6)
- 19 or/17-18 (53471)
- 20 exp \*Treatment Outcomes/ (4147)
- 21 relapse prevention.mp. (185)
- 22 exp \*Clinical Trials/ (2408)

- 23 exp \*clinical research/ or evaluation research/ or exp \*health services research/ or  
exp \*needs assessment/ or exp \*pilot studies/ or exp \*policy studies/ (11403)
- 24 exp \*health care delivery, integrated/ or exp \*primary health care/ (6669)
- 25 exp \*"continuity of patient care"/ or exp \*family centered care/ or exp  
\*multidisciplinary care team/ (5555)
- 26 exp \*acute care/ or exp \*after care/ or exp \*holistic care/ or exp \*home health  
care/ or exp \*home nursing/ or exp \*long term care/ or exp \*maternal-child care/  
or exp \*psychiatric care/ or exp \*patient seclusion/ or exp \*psychiatric home  
care/ or exp \*residential care/ or exp \*spiritual care/ or exp \*transcultural care/  
(34085)
- 27 exp \*"Health Services Needs and Demand"/ (1417)
- 28 exp \*Decision Making, Patient/ or exp \*Support, Psychosocial/ (7368)
- 29 exp \*Community Mental Health Nursing/ or exp \*Psychiatric Nursing/ or exp  
\*Mental Health Services/ or assertive outreach.mp. (14418)
- 30 exp \*School Health Services/ (5089)
- 31 exp \*Social Work/ (1879)
- 32 exp \*Social Work Service/ (368)
- 33 exp \*Child Welfare/ (4732)
- 34 exp \*Child Health Services/ (3120)
- 35 child protection.mp. or exp \*Community Health Nursing/ (9590)
- 36 self help groups.mp. or exp \*Support Groups/ (2011)
- 37 exp \*Family Therapy/ (452)
- 38 exp \*Respite Care/ (299)
- 39 drug rehabilitation.mp. (737)
- 40 exp \*Adoption/ (404)
- 41 foster care.mp. or exp \*Foster Home Care/ (764)
- 42 exp \*Medication Compliance/ or exp \*Ambulatory Care/ or exp \*Outpatient  
Service/ or outpatient clinics.mp. (3279)
- 43 ((interdisciplinary or multidisciplinary or interagency) adj2 (approach\$ or  
program\$ or work\$ or cooper\$ or collaborat\$)).mp. [mp=title, subject heading  
word, abstract, instrumentation] (4408)
- 44 exp \*Project Head Start/ (52)
- 45 "Sure Start".mp. (62)
- 46 "Home Start".mp. (16)
- 47 conflict resolution.mp. or exp \*Conflict Management/ (810)
- 48 exp \*HOUSING/ (1088)
- 49 welfare benefits.mp. (90)
- 50 exp \*Mental Health Services/ (8878)
- 51 exp \*Involuntary Commitment/ or compulsory admission.mp. (230)
- 52 compulsory treatment.mp. (42)
- 53 exp \*counseling/ or exp \*couples counseling/ (2923)
- 54 complementary therapy.mp. or exp \*Alternative Therapies/ (27170)
- 55 exp \*Caregiver Support/ (631)
- 56 or/20-55 (138338)
- 57 exp \*adolescent behavior/ or exp \*attachment behavior/ or behavior, addictive/  
or exp \*child behavior/ or exp \*disengagement/ or exp \*disruptive behavior/ or  
exp \*patient compliance/ or exp \*medication compliance/ or exp \*treatment  
refusal/ or exp \*help seeking behavior/ or exp \*information seeking behavior/  
or exp \*maternal behavior/ or exp \*paternal behavior/ or exp \*risk taking

behavior/ or exp \*self-injurious behavior/ or exp social skills/ or exp \*adolescent  
 development/ or exp \*child development/ or exp \*infant development/ or exp  
 \*language development/ (14810)  
 58 exp \*POVERTY AREAS/ or exp \*POVERTY/ (1448)  
 59 exp \*Socioeconomic Factors/ or disadvantaged.mp. (28121)  
 60 exp \*"Economic and Social Security"/ (453)  
 61 exp \*HOMELESSNESS/ (851)  
 62 exp \*Homeless Persons/ (663)  
 63 exp \*social isolation/ or exp \*loneliness/ or exp \*social alienation/ or exp  
 \*stereotyping/ or exp \*stigma/ (1164)  
 64 exp \*CRIME VICTIMS/ or exp \*CRIME/ (15165)  
 65 exp crime/ or "assault and battery"/ or exp child abuse/ or exp homicide/ or exp  
 sexual abuse/ or exp violence/ (21065)  
 66 exp \*minority groups/ or exp \*social networks/ or divorce/ or exp \*juvenile  
 delinquency/ or exp \*latchkey children/ or exp \*partner abuse/ or exp \*pregnancy  
 in adolescence/ or exp \*prostitution/ (5087)  
 67 exp \*Suicide/ (2959)  
 68 exp \*Student Dropouts/ or exp \*Absenteeism/ or truancy.mp. or exp \*Academic  
 Achievement/ (1252)  
 69 exp \*Runaways/ (52)  
 70 self destructive behavior.mp. or exp \*Self-Injurious Behavior/ (156)  
 71 exp \*Mental Disorders Diagnosed in Childhood/ (8508)  
 72 exp \*Affective Disorders/ or emotionally disturbed.mp. (7783)  
 73 exp \*Family Relations/ or family conflict.mp. (6503)  
 74 exp \*SCHOOLS, MIDDLE/ or exp \*SCHOOLS, SPECIAL/ or exp \*SCHOOLS,  
 NURSERY/ or exp \*SCHOOLS, SECONDARY/ (487)  
 75 exp \*Caregiver Burden/ or young carer\$.mp. (1632)  
 76 exp \*prejudice/ or exp \*psychosocial deprivation/ (281)  
 77 (social\$ adj1 (exclu\$ or depriv\$ or inclu\$)).mp. [mp=title, subject heading word,  
 abstract, instrumentation] (569)  
 78 exp \*Family Functioning/ (866)  
 79 or/57-78 (93579)  
 80 exp \*"Diagnosis, Dual (Psychiatry)"/ (226)  
 81 exp \*substance abuse/ or exp \*alcohol abuse/ or exp \*inhalant abuse/ or exp  
 \*substance abuse, intravenous/ or exp \*substance abuse, perinatal/ (6533)  
 82 exp \*"ALTERED FAMILY PROCESS: ALCOHOLISM (NANDA)"/ or exp \*ALCOHOLISM/  
 (2445)  
 83 or/80-82 (8798)  
 84 19 and 83 (8479)  
 85 11 and (19 or 84) (1191)  
 86 85 or 7 (3345)  
 87 86 and (16 or 56 or 79) (2716)  
 88 86 and (16 or 56 or 79) (2716)  
 89 limit 88 to yr=1985 - 2005 (2645)

**HMIC (Health Management Information Consortium)****Controlled language tools**

HMIC has no thesaurus.

**Search strategy**

Search run: 02/06/05

(parent\$ mental health or mentally ill parent\$ or parental psychopathology or postnatal depression or Munchausen syndrome by proxy or folie a deux or ((parent\$ or maternal or paternal or mother or father) adj2 (psychiatr\$ or depression or mental\$))).mp. [mp=title, other title, abstract, heading words] (225)

**Cochrane Library****Controlled language tools**

The MeSH thesaurus is available.

**Search strategy**

Search run: 07/06/05

Mental health problems AND parent in ALL (180)  
 "mental health" NEAR/5 parent (44)  
 "parent mental health" OR parent NEAR/5 (depression OR disorder) OR family NEAR/5 "mental health" in ALL (212)  
 Munchausen OR parent AND (schizophrenia OR psychosis) OR impaired parent in ALL (106)  
 Depress\* AND parent\* in ALL (413)  
 Depress\* AND family (210)  
 Depress\* AND family NEAR/5 parent (70)

Using MeSH terms: search run 13/06/05

Parents AND mental disorders (1985-2005)  
 (216)

**National Research Register****Controlled language tools**

The MeSH thesaurus is available.

**Search strategy**

Search run: 15/06/05

MeSH terms ((parents AND mental disorders), or child of impaired parents)  
 OR freetext search (parent\* mental health OR mentally ill parent\* OR parental psychopathology OR postnatal depression OR Munchausen syndrome by proxy OR folie a deux OR ((parent\* OR maternal OR paternal OR mother OR father) NEAR (psychiatr\* OR depression OR mental\*))).mp. [mp=title, other title, abstract, heading words]  
 (219)

## Social science databases

A sensitive, detailed search strategy was tried similar to that for the health databases; however, this retrieved a large proportion of non-relevant hits. A more general single-facet search strategy was therefore adopted.

### *Social Services Abstracts (CSA Illumina)*

#### **Controlled language tools**

The *Thesaurus of sociological indexing terms* contains an alphabetical listing of main term descriptors, beginning with the April 1986 issue. It also references discontinued terms from the former Descriptor Authority File, which are used for accessing information prior to 1986.

#### **Search strategy**

Search run: 01/06/05

((parent\* or maternal or paternal or mother\* or father\*) within 2 (psychiat\* or depress\* or mental\*)) or ((parental mental health) or (mentally ill parent\*) or (parental psychopathology) or (post?natal depression) or (post?natal psychos?s) or (postpartum depression) or (postpartum psychos?s) or (folie a deux) or (Munchausen syndrome by proxy))  
(475)

### *ASSIA (Applied Social Sciences Index and Abstracts)*

#### **Controlled language tools**

ASSIA thesaurus.

#### **Search strategy**

Search run: 01/06/05

Thesaurus term: mentally ill parents  
(23)

(parental mental health) or (mentally ill parent\*) or (parental psychopathology) or (post?natal depression) or (post?natal psychos?s) or (postpartum depression) or (postpartum psychos?s) or (folie a deux) or (Munchausen syndrome by proxy)  
(258)

**National Criminal Justice Reference Service Abstracts (CSA Illumina)****Controlled language tools**

No thesaurus available.

**Search strategy**

Search run: 01/06/05

((parent\* or maternal or paternal or mother\* or father\*) within 2 (psychiat\* or depress\* or mental\*)) or ((parental mental health) or (mentally ill parent\*) or (parental psychopathology) or (post?natal depression) or (post?natal psychos?s) or (postpartum depression) or (postpartum psychos?s) or (folie a deux) or (Munchausen syndrome by proxy))  
(222)

**ERIC (CSA Illumina)****Controlled language tools**

The *Thesaurus of ERIC descriptors*, 13th Edition, contains an alphabetical listing of terms used for indexing and searching in the ERIC database.

No terms were found for parental mental health, mentally ill parents etc.

**Search strategy**

Search run: 01/06/05

(parental mental health) or (mentally ill parent\*) or (parental psychopathology) or (post?natal depression) or (post?natal psychos?s) or (postpartum depression) or (postpartum psychos?s) or (folie a deux) or (Munchausen syndrome by proxy)  
(69)

**Campbell Collaboration****Controlled language tools**

The MeSH thesaurus is available.

**Search strategy**

Search run: 01/06/05

Keyword searches

mental health AND parent\* (0)

mental health AND famil\* (0)

parent AND depress\* (6)

parent AND impaired (0)

parent AND schizophrenia (0)

parent AND psychosis (3)

parent AND mental\* ill\* (0)

parenting (25)

Depress\* AND famil\* (0)

Depress\* AND maternal (0)

Depress\* AND mother (9)

Munchausen (0)

postnatal (3)

postpartum (9)

MeSH terms: parents AND mental disorders

## Care databases

### Social Work Abstracts (Silver Platter)

#### Controlled language tools

No thesaurus available

#### Search strategy

Search run: 02/06/05

((parent\* mental health) or (mentally ill parent\*) or (parental psychopathology) or (postnatal depression) or (Munchausen syndrome by proxy) or (folie a deux)) or ((parent\* or maternal or paternal or mother or father) near2 (psychiatr\* or depression or mental\*))  
(107)

### CareData

#### Controlled language tools

CareData keyword list with related terms (note that CareData was replaced in mid-2005 by Social Care Online, which is indexed with the *Social care thesaurus*)

#### Search strategy

Search run: 02/06/05

{{(=PARENTS / =MOTHERS / =FATHERS)

&

( =PEOPLE WITH MENTAL HEALTH PROBLEMS / =MENTAL HEALTH / =DEPRESSION / =BIPOLAR DISORDER / =POST NATAL DEPRESSION / =SCHIZOPHRENIA / ))

/

(Title or abstract ct (parental mental health) / (mentally ill parents) / (parental psychopathology) / (postnatal depression) / (Munchausen syndrome by proxy) / ((parent\* / maternal / paternal / mother / father) & (psychiatr\* / depression / mental\*)))}

&

{ (=OUTCOMES / =OUTREACH SERVICES / =ACUTE PSYCHIATRIC CARE / =ADMISSION TO CARE / =ADOPTION / =ADULT EDUCATION / =ADULT TRAINING CENTRES / =ADVICE CENTRES / =ADVOCACY / =AFTER SCHOOL CARE / =APPROVED MENTAL HEALTH PROFESSIONALS / =ART THERAPY / =ASSERTIVE OUTREACH / =ASSESSMENT / =BEFRIENDING SCHEMES / =BEHAVIOUR MODIFICATION / =BEHAVIOUR THERAPY / =CAFCASS / =CARE PLANNING / =CHILD AND ADOLESCENT MENTAL HEALTH SERVICES CAMHS / =CHILD CARE / =CHILD PROTECTION REGISTERS / =CHILD PROTECTION SERVICES / =COMMUNITY ALCOHOL TEAMS / =COMMUNITY CENTRES / =COMMUNITY HEALTH CARE / =COMMUNITY MENTAL HEALTH SERVICES / =COMMUNITY MENTAL HEALTH TEAMS / =COMMUNITY NURSING / =COMMUNITY PSYCHIATRIC NURSES /



=COMPLEMENTARY THERAPY / =COMPULSORY DETENTION / =COMPULSORY TREATMENT / =CONCILIATION / =CONFLICT MANAGEMENT / =COUNSELLING / =CRIMINAL JUSTICE / =DANCE THERAPY / =DAY CENTRES / =DIRECT PAYMENTS / =DISABILITY LIVING ALLOWANCE / =DISCHARGE PLANNING / =DRAMA THERAPY / =DROP IN CENTRES / =EARLY INTERVENTION / =EDUCATIONAL WELFARE / =ELECTROCONVULSIVE THERAPY / =EMERGENCY PROTECTION ORDERS / =FAMILY CENTRES / =FAMILY COURTS / =FAMILY GROUP CONFERENCES / =FAMILY MEDIATION / =FAMILY REUNIFICATION / =FAMILY THERAPY / =FOSTER CARE / =GROUP THERAPY / =HEALTH VISITORS / =HOLISTIC CARE / =HOME CARE / =HOSPITAL SOCIAL WORK / =HOUSING BENEFITS / =HOUSING / =HYPNOTHERAPY / =INDIVIDUAL PROGRAMME PLANNING / =INFORMAL CARE / =INTEGRATED SERVICES / =INTERAGENCY COOPERATION / =INTERPROFESSIONAL RELATIONS / =INTERVENTION / =JOINT CUSTODY OF CHILDREN / =JOINT WORKING / =JUVENILE JUSTICE / =LEISURE ACTIVITIES / =LONG STAY CARE / =MEDIUM SECURE UNITS / =MEDICAL TREATMENT / =MEDICATION / =MENTAL HEALTH SERVICES / =MULTICULTURAL APPROACH / =MULTIDISCIPLINARY SERVICES / =MUSIC THERAPY / =NEEDS LED ASSESSMENT / =NON CUSTODIAL TREATMENT / =OCCUPATIONAL THERAPY / =OUTCOME RESEARCH / =OUTCOMES / =OUTREACH SERVICES / =PRIMARY HEALTH CARE TEAMS / =PRISON SERVICE / =PROBATION SERVICE / =PSYCHIATRIC DAY CENTRES / =PSYCHIATRIC SOCIAL WORK / =PSYCHIATRY / =PSYCHOANALYSIS / =PSYCHOTHERAPY / =RANDOMISED CONTROLLED TRIALS / =REALITY THERAPY / =RISK MANAGEMENT / =SCHOOLS / =SECURE ACCOMMODATION / =SECURE HOSPITALS / =SECURE UNITS / =SELF ADVOCACY / =SELF HELP GROUPS / =SELF HELP ORGANISATIONS / =SHELTERED EMPLOYMENT / =SHELTERED HOUSING / =SOCIAL WELFARE / =SOCIAL WORKERS / =SPECIAL EDUCATION / =SPEECH THERAPY / =SPIRITUALITY / =SUPERVISION ORDERS / =SUPPLEMENTARY BENEFITS / =SUPPORTED EMPLOYMENT / =SUPPORTED HOUSING / =TEMPORARY ACCOMMODATION / =THERAPEUTIC COMMUNITIES / =THERAPY / =USER INVOLVEMENT / =WRITING THERAPY)

/

(Title or abstract ct incidence / prevalence / epidemiology / case identification) or (=DEMOGRAPHICS)

/

((Title or abstract ct stigma) or (keywords=AGGRESSION / =ANXIETY / =AT RISK CHILDREN / =BEHAVIOUR DISORDERS / =BEHAVIOUR PROBLEMS / =CHALLENGING BEHAVIOUR / =CHILD ABUSE / =CHILD DEVELOPMENT / =CHILDREN IN NEED / =CRIME / =DIVORCE / =DOMESTIC VIOLENCE CRIME AND VICTIMS ACT 2004 / =EATING DISORDERS / =EMOTIONAL ABUSE / =EMOTIONALLY DISTURBED CHILDREN / =EMPLOYMENT / =FAMILY STRESS / =HARASSMENT / =HEALTH NEEDS / =HOME OWNERSHIP / =HOMELESSNESS / =ISOLATED PEOPLE / =JUVENILE DELINQUENCY / =LEISURE ACTIVITIES / =MARRIAGE BREAKDOWN / =MURDER / =NEGLECTED CHILDREN / =PARENT CHILD RELATIONS / =PARENTAL ATTITUDES / =PARTNER ABUSE / =POVERTY / =RACIAL HARASSMENT / =RESILIENCE / =RUNAWAY YOUNG PEOPLE / =SCHOOL EXCLUSION / =SCHOOL PHOBIA / =SELF HARM / =SPEECH IMPAIRMENT / =STRESS / =VIOLENCE IN THE HOME)))

(704)



## ChildData

### Controlled language tools

ChildData has a keyword list and main subject headings but bearing in mind the scope of the database, the freetext search was considered more useful.

### Search strategy

Search run: 03/06/05

In title or abstract: (parent\* mental health/mentally ill parent\*/parental psychopathology/postnatal depression/Munchausen syndrome by proxy/folie a deux)/(parent\* w2 psychiatr\*)/(parent\* w2 depress\*)/(parent\* w2 mental)/(maternal w2 psychiatr\*)/(maternal w2 depress\*)/(maternal w2 mental)/(paternal w2 psychiatr\*)/(paternal w2 depress\*)/(paternal w2 mental)/(mother\* w2 psychiatr\*)/(mother\* w2 depress\*)/(mother\* w2 mental)/(father w2 psychiatr\*)/(father w2 depress\*)/(father w2 mental\*)  
(344)

### Keyword search

= "Munchausen syndrome by proxy" / = "postnatal depression" / (= "mental disorders" & = "parents")  
(411)

## Communitywise

### Controlled language tools

Communitywise has a wordlist.

### Search strategy

Search run: 07/06/05

### Subject (full):

Mental health (339)  
Mental health problem (143)  
Mental health problem AND parent (27)  
Parental mental health (0)  
Subject (full): Mental illness (131)  
Mental illness AND parent (0)  
Mental illness AND famil\* (4)  
Subject (full): depress\* (253)  
Depress\* AND parent (21)  
Depress\* AND mother (0)  
Depress\* AND father (0)  
Subject (full): parenting behaviour – 27  
Subject (full): impaired parent\* – 0  
Subject (full): comorbidity – 10  
Subject (full): Munchausen – 0

Search run: 13/06/05, using index list:

Keywords parents AND mentally  
(19)

## General databases

### *SIGLE (System for Information on Grey Literature in Europe)*

#### Controlled language tools

None available.

#### Search strategy

Search run: 02/06/05

((parent\* mental health) or (mentally ill parent\*) or (parental psychopathology) or (postnatal depression) or (Munchausen syndrome by proxy) or (folie a deux)) or ((parent\* or maternal or paternal or mother or father) near2 (psychiatr\* or depression or mental\*))  
(39)

### Journal searching

Journal tables of contents were browsed in addition to using search terms (if search facilities were available on the publisher's website)

Journal	Year range	(Vol) Issue	Search terms used (if applicable)
<i>Child Abuse and Neglect</i>	1985- Apr 2005	(9)1-(29)4	Browsing tables of contents (TOC's) parent* w/05 "mental health" parent* AND "mental health" parent* w/05 disorder Munchausen syndrome
<i>Child Abuse Review</i>	1995-2005	(4)5-(14)2	Browsing tables of contents (TOC's)
<i>Children and Society</i>	1996-2005	(10)1-19(3)	Browsing tables of contents (TOC's) Keyword mental health AND parent parental mental health mental health AND families parent AND (disability OR disorder)
<i>Psychiatric Bulletin</i>	2000-05	(24)1-(29)6	Browsing tables of contents (TOC's) parental mental health parent* AND mental health parent* AND (depression OR disorder) mentally ill parent*

Journal	Year range	(Vol) Issue	Search terms used (if applicable)
<i>Families in Society</i>	1985-2005	(66)1-(85)2	Browsing tables of contents (TOC's) parental mental health mentally ill parent* parent AND (disorder OR disability)
<i>British Journal of Social Work</i>	1999-2005	(29)4-35(4)	Browsing tables of contents (TOC's) parent* AND "mental health" parent AND (disorder OR disability OR depres*) impaired parent
<i>Health and Social Care in the Community</i>	2001-05	(9)1-13(3)	Browsing tables of contents (TOC's) "parent\$ mental health"
<i>Journal of Substance Misuse</i>	2001-05	(6)1-(10)2-3	Browsing tables of contents (TOC's) Abstract contains parent Abstract contains comorbidity
<i>Child and Family Social Work</i>	1997-2005	(2)1-(10)2	Browsing tables of contents (TOC's) parent* AND mental health OR parent* AND (depression OR disorder) parent* AND postpartum OR comorbidity famil* AND depress*

## Appendix 3: Keywording tools

### PMHP specific keywording tool

#### Section A: Generic – Study design

A.1 Is this paper a theoretical or conceptual piece of work?
A.1.1 Yes A.1.2 No A.1.3 Unclear
A.2 Is the study design of this paper adequately addressed by the core keywording tool? If the answer to this question is NO or UNCLEAR please provide details.
A.2.1 Yes A.2.2 No A.2.3 Unclear

#### Section B: Generic – Focus of the report

B.1 Is the focus of this paper adequately addressed by the core keywording tool? If the answer to this question is NO or UNCLEAR please provide details.
B.1.1 Yes B.1.2 No B.1.3 Unclear

#### Section C: Generic – Population terms

C.1 What are the characteristics of the population?
C.1.1 BME (Black or minority ethnic group) C.1.2 (SES) Social and economic status C.1.3 Young carers C.1.4 Asylum seeker or refugee C.1.5 Babies 0-23 months C.1.6 Pre-school – 24 months – 5 years inc. C.1.7 Children in need – Looked after children, foster children, children on child protection register C.1.8 Physical disability C.1.9 Learning disability C.1.10 Other (please describe) C.1.11 Single parent C.1.12 One child family C.1.13 Two or more child family (add details) C.1.14 Not applicable

## Section D: Generic – Intervention site

D.1 Is the intervention site adequately addressed by the core keywording tool? If the answer to this question is NO or UNCLEAR please provide details.
D.1.1 Yes D.1.2 No D.1.3 Unclear D.1.4 Not applicable

## Section E: Generic – Intervention provider

E.1 Is the intervention provider adequately addressed by the core keywording tool? If the answer to this question is NO or UNCLEAR please provide details.
E.1.1 Yes E.1.2 No E.1.3 Unclear E.1.4 Not applicable

## Section F: Generic – Type of intervention

F.1 What type of intervention does the paper describe?
F.1.1 Nursing F.1.2 Mediation F.1.3 Hospitalisation F.1.4 Housing F.1.5 Financial advice F.1.6 Employment advice F.1.7 Group work (describe) F.1.8 Clinical intervention F.1.9 Other F.1.10 Not applicable

## Section G: Potential review topics

G.1 Does this study describe the detection of PMHP?
G.1.1 Yes G.1.2 No G.1.3 Unclear
G.2 Does the study describe the extent of PMHP?
G.2.1 Yes G.2.2 No G.2.3 Unclear

G.3 Does the study describe the impact of PMHP?
G.3.1 Yes G.3.2 No G.3.3 Unclear
G.4 Does this study describe the effectiveness of interventions or services for PMHP?
G.4.1 Yes G.4.2 No G.4.3 Unclear G.4.4 Not applicable
G.5 Does this study describe the acceptability of interventions or services for PMHP?
G.5.1 Yes G.5.2 No G.5.3 Unclear G.5.4 Not applicable
G.6 Does this study describe the accessibility of services for PMHP?
G.6.1 Yes G.6.2 No G.6.3 Unclear G.6.4 Not applicable
G.7 What other positive or negative health or social factors are described?
G.7.1 Domestic violence G.7.2 Dual diagnosis G.7.3 Substance misuse – Alcohol, prescription or non-prescription drug abuse G.7.4 Language problems G.7.5 Literacy problems G.7.6 Stigma – Individual is affected by negative perceptions of PMHP G.7.7 Discrimination – Individual or family are actively and unfairly denied opportunities available to others, or subject to verbal or physical abuse. G.7.8 Criminal justice system involvement G.7.9 Supportive network (family, friends, community etc). G.7.10 Isolation G.7.11 Other G.7.12 Not applicable

## Section A: Core keywords

A.1 What kind of printed material does it concern?
A.1.1 book A.1.2 report A.1.3 resource
A.2 Focus of the text book Completed for text books only. If you are searching based on selections in this field please note that you are automatically limiting your search to text books only.
A.2.1 epidemiology A.2.2 evaluation A.2.3 health economics A.2.4 health inequalities A.2.5 health policy A.2.6 health promotion A.2.7 health services A.2.8 medicine A.2.9 public health A.2.10 social science A.2.11 statistics
A.3 How was the report located?
A.3.1 citation A.3.2 aidsline A.3.3 cabhealth A.3.4 cinahl A.3.5 cochranelib A.3.6 educindex A.3.7 embase A.3.8 eric A.3.9 healthplan A.3.10 medline A.3.11 psychinfo A.3.12 psychlit A.3.13 sigle A.3.14 socscience A.3.15 uncover A.3.16 healthpromis A.3.17 handsearch A.3.18 contact A.3.19 IDENTIFY A.3.20 DARE A.3.21 HEBS

A.3 How was the report located? <b>continued</b>
A.3.22 HPIC A.3.23 IBSS A.3.24 SSCI A.3.25 PRS A.3.26 bibliomap for review purposes – used when a study was located through a search of bibliomap A.3.27 SSA– Social Services Abstract A.3.28 ASSIA – Applied Social Sciences Index and Abstracts A.3.29 pubmed A.3.30 Sociological abstracts A.3.31 website
A.4 What is the status of the report?
A.4.1 published A.4.2 in press A.4.3 unpublished
A.5 Which language is the study in?
A.5.1 Chinese A.5.2 Czech A.5.3 Danish A.5.4 Dutch A.5.5 English A.5.6 Finnish A.5.7 Flemish A.5.8 French A.5.9 German A.5.10 Greek A.5.11 Hungarian A.5.12 Italian A.5.13 Japanese A.5.14 Korean A.5.15 Norwegian A.5.16 Polish A.5.17 Portugese A.5.18 Russian A.5.19 Serbo Croat A.5.20 Spanish A.5.21 Swedish A.5.22 Translation A.5.23 Non-English
A.6 How were the keywords allocated?
A.6.1 abstract A.6.2 full report A.6.3 title



A.7 What type of study does this report describe?

You have to make a JUDGEMENT for yourself. Do NOT rely on what the authors indicate, but make a judgement by using the following definitions.

A.7.1 bibliography

Bibliography refers to a list of references of published/unpublished reports. It usually lists the author(s), title, publication/report date, and details of the journal/book/research institution etc. where the report can be located.

A.7.2 book review

A book review discusses the scope and contents of a book.

A.7.3 case control study

In a case control study, the investigator compares one group of people (cases) among whom a problem (e.g. cardiovascular disease) is present with another group (controls) where the problem is absent, to find out which factors may have contributed to the problem. For example, whether certain risk factors (e.g. fat intake, low levels of exercise, stress) have been more prevalent in the cases' past than in the controls' past. A case control study is therefore retrospective, i.e. looks back in time.

A.7.4 cohort study

In a cohort study, a group of individuals (study group) that is exposed to a risk factor (e.g. smoking) is compared with a group of individuals (control group) not exposed to the risk factor. The researcher follows both groups over time and compares the occurrence of a problem expected to be related to the risk factor (e.g. lung cancer) in the two groups, to determine whether a greater proportion of those with the risk factor are indeed affected by the problem. A cohort study is prospective, i.e. looks forward in time.

A.7.5 commentary

In a commentary, people briefly explain why they agree/disagree with what has been published by (an)other author(s); this does not extend to a full discussion, but rather to a set of remarks only. This category may include editorials, letters to the editor etc.

A.7.6 economic evaluation

A.7.7 glossary

A glossary lists and explains terminology

A.7.8 intervention

A.7.9 instrument design

A.7.10 meta analysis

A meta analysis combines statistically the results from a number of previous experiments or studies examining the same question, in an attempt to summarise the totality of evidence relating to a particular issue.

A.7.11 methodology

A methodology study may discuss a statistical technique, a recruitment procedure, a particular way of collecting or analysing data etc.

### A.7 What type of study does this report describe?

You have to make a JUDGEMENT for yourself. Do NOT rely on what the authors indicate, but make a judgement by using the following definitions. **continued**

#### A.7.12 needs assessment

A needs assessment is a particular type of cross sectional survey. It aims to establish the need for a particular intervention, service etc. Need can be defined as either of the following : felt need is what people say they want or what they think are the problems that need addressing; expressed need refers to what one can infer about the need of a community by observing their use of services; normative need refers to what expert opinion defines as need; comparative need is derived from examining for example the services provided in one area to one population and using this as the basis to determine the sort of services needed in another area with a similar population.

#### A.7.13 survey

Cross sectional surveys aim at quantifying the distribution of certain variables in a study population at one point in time. They may cover, for example, the behaviour of people and the knowledge, attitudes, beliefs, and opinions that may help to explain that behaviour. See below for the definition of needs assessment, a particular type of cross sectional survey which should be keyworded as such.

#### A.7.14 review

A review discusses a particular issue bringing together the opinions/ findings/ conclusions from a range of previous reports; the authors do not attempt to include all relevant reports, nor do they analyse any data further or in a different way to the original reports.

#### A.7.15 secondary analysis

A secondary analysis re-analyses data collected in the past using new techniques to answer the original research question again, or using old data to answer new research questions.

#### A.7.16 systematic review

A systematic review discusses a particular issue bringing together the opinions/ findings/conclusions from a range of previous reports. A systematic review is explicit in its reporting of the search for studies (ie reports the search strategy for (a) specified database(s) and/or the list of handsearched journals) and the criteria for including and excluding studies; it may include meta-analysis.

#### A.7.17 outcome evaluation

An outcome evaluation is designed to establish whether an intervention works or not, i.e. whether or not the intervention changes outcomes (e.g. knowledge, attitudes, intentions, behaviour, service use) specified in the aims of the study.

#### A.7.18 process evaluation

A process evaluation examines the acceptability and feasibility of an intervention; studies the ways in which the intervention is delivered; assesses the quality of the procedures performed by the programme staff etc. It is designed to describe what goes on rather than to establish whether it works or not, and may suggest ways in which the programme design and implementation could be improved.

A.7 What type of study does this report describe?

You have to make a JUDGEMENT for yourself. Do NOT rely on what the authors indicate, but make a judgement by using the following definitions. **continued**

A.7.19 secondary report

In a secondary report the authors briefly describe an intervention or evaluation of an intervention which they have not undertaken themselves or which has been/will be reported in full elsewhere.

A.7.20 RCT

The evaluation compares different groups ie groups receiving different interventions or different intensities/levels of an intervention with each other; and/or with a group which does not receive any intervention at all. AND the participants are allocated to the different froups in a random manner ie the report states 'randomised' and no further information is given; or if a random numbers table, a random code or numbered sealed envelopes are used.

A.7.21 trial

The evaluation compares different groups ie groups receiving different interventions or different intensities/levels of an intervention with each other; and/or with a group which does not receive any intervention at all. AND the participants are allocated to the different groups in a non-random manner ie any method of allocation different from randomisation as above, or the method of allocation is not stated/unclear, but the evaluation definitely involves different groups.

A.7.22 other design

If there is only ONE group ie post-test only; pre- and post test; time series; or other design different from trial/rct

A.7.23 not stated

If there is not enough information provided to classify the evaluation design.

A.8 In which country/countries was the study carried out?

A.8.1 Europe

A.8.2 Africa

A.8.3 Developing countries

A.8.4 Armenia

A.8.5 Australia

A.8.6 Austria

A.8.7 Bahrain

A.8.8 Belgium

A.8.9 Belize

A.8.10 Botswana

A.8.11 Brazil

A.8.12 Bulgaria

A.8.13 Canada

A.8.14 Chile

A.8.15 China

A.8.16 Columbia

A.8.17 Congo

A.8.18 Czechoslovakia

A.8.19 Denmark

A.8.1 Europe

A.8 In which country/countries was the study carried out? <b>continued</b>
A.8.2 Africa A.8.3 Developing countries A.8.4 Armenia A.8.5 Australia A.8.6 Austria A.8.7 Bahrain A.8.8 Belgium A.8.9 Belize A.8.10 Botswana A.8.11 Brazil A.8.12 Bulgaria A.8.13 Canada A.8.14 Chile A.8.15 China A.8.16 Columbia A.8.17 Congo A.8.18 Czechoslovakia A.8.19 Denmark A.8.20 Ecuador A.8.21 Egypt A.8.22 Estonia A.8.23 Ethiopia A.8.24 Europe A.8.25 Finland A.8.26 France A.8.27 Germany A.8.28 Ghana A.8.29 Greece A.8.30 Guatemala A.8.31 Holland A.8.32 Honduras A.8.33 Hong Kong A.8.34 Hungary A.8.35 Iceland A.8.36 India A.8.37 Indonesia A.8.38 Iran A.8.39 Ireland A.8.40 Israel A.8.41 Italy A.8.42 Ivory Coast A.8.43 Jamaica A.8.44 Japan A.8.45 Kenya A.8.46 Korea A.8.47 Kuwait A.8.48 Latin America A.8.49 Latvia A.8.50 Lebanon A.8.51 Lesotho

A.8.52 Luxembourg  
A.8.53 Mali  
A.8.54 Malaysia  
A.8.55 Mallorca  
A.8.56 Mexico  
A.8.57 Micronesia  
A.8.58 Mozambique  
A.8.59 Namibia  
A.8.60 Nepal  
A.8.61 The Netherlands  
A.8.62 New Zealand  
A.8.63 Nigeria  
A.8.64 Northern Ireland  
A.8.65 Norway  
A.8.66 Pakistan  
A.8.67 Papua New Guinea  
A.8.68 Peru  
A.8.69 Philippines  
A.8.70 Poland  
A.8.71 Portugal  
A.8.72 Puerto Rico  
A.8.73 Romania  
A.8.74 Russia  
A.8.75 Rwanda  
A.8.76 Samoa  
A.8.77 San Marino  
A.8.78 Saudi Arabia  
A.8.79 Scandinavia  
A.8.80 Scotland  
A.8.81 Senegal  
A.8.82 Serbia  
A.8.83 Singapore  
A.8.84 South Africa  
A.8.85 Spain  
A.8.86 Sri Lanka  
A.8.87 St Lucia  
A.8.88 Swaziland  
A.8.89 Sweden  
A.8.90 Switzerland  
A.8.91 Taiwan  
A.8.92 Tanzania  
A.8.93 Thailand  
A.8.94 Turkey  
A.8.95 Uganda  
A.8.96 UK  
A.8.97 USA  
A.8.98 Venezuela  
A.8.99 Vietnam  
A.8.100 West Indies  
A.8.101 Yugoslavia  
A.8.102 Zaire  
A.8.103 Zambia  
A.8.104 Zimbabwe

A.9 Focus of the report
A.9.1 accidents A.9.2 alcohol A.9.3 asthma A.9.4 cardiovascular A.9.5 cancer A.9.6 skin cancer A.9.7 child neglect A.9.8 delinquency A.9.9 diabetes A.9.10 disability A.9.11 disease A.9.12 drugs A.9.13 eating disorder A.9.14 education system A.9.15 emotional abuse A.9.16 epilepsy A.9.17 health promotion A.9.18 healthy eating A.9.19 hygiene A.9.20 inequalities A.9.21 injury A.9.22 leisure A.9.23 medical care A.9.24 mental health A.9.25 obesity A.9.26 oral health A.9.27 parenting A.9.28 physical abuse A.9.29 physical activity A.9.30 pregnancy prevention A.9.31 problem behaviour A.9.32 sexual abuse A.9.33 sexual health A.9.34 solvents A.9.35 STD A.9.36 suicide A.9.37 tobacco A.9.38 workplace

A.10 Characteristics of the study population
A.10.1 general population A.10.2 children A.10.3 young people A.10.4 adults A.10.5 older people A.10.6 female A.10.7 male A.10.8 mixed sex A.10.9 heterosexual A.10.10 homosexual A.10.11 bisexual A.10.12 transsexual
A.11 Cost indication
A.11.1 cost indication A.11.2 no cost indication
A.12 Intervention site(s)
A.12.1 community site A.12.2 correctional institution A.12.3 day care centre A.12.4 educational institution A.12.5 family centre A.12.6 health care unit A.12.7 home A.12.8 hospice A.12.9 hospital A.12.10 mass media A.12.11 outreach A.12.12 preschool A.12.13 primary care A.12.14 primary education A.12.15 residential care A.12.16 secondary education A.12.17 specialist clinic A.12.18 tertiary education A.12.19 workplace site A.12.20 intervention site unspecified

A.13 Person(s) providing the intervention
A.13.1 community A.13.2 community worker A.13.3 computer A.13.4 counsellor A.13.5 health professional A.13.6 health promotion practitioner A.13.7 lawyer A.13.8 lay therapist A.13.9 parent A.13.10 peer A.13.11 psychologist A.13.12 researcher A.13.13 residential worker A.13.14 social worker A.13.15 teacher A.13.16 intervention provider unspecified
A.14 Type(s) of intervention
A.14.1 activity A.14.2 advice A.14.3 bio-feedback A.14.4 counselling A.14.5 education A.14.6 environmental modification A.14.7 immunisation A.14.8 incentives A.14.9 legislation A.14.10 parent training A.14.11 professional training A.14.12 regulation A.14.13 rehabilitation A.14.14 resource access A.14.15 risk A.14.16 screening A.14.17 service access A.14.18 skill development A.14.19 social support A.14.20 treatment A.14.21 intervention type unspecified



## Study reporting quality tool 2005

### Section A: Reporting quality

A.1 Is the report clearly structured?
A.1.1 Yes A.1.2 No A.1.3 Not applicable
A.2 Is a structured abstract provided?
A.2.1 Yes A.2.2 No
A.3 Is the methods section clearly written?
A.3.1 Yes A.3.2 No A.3.3 Not applicable (paper does not present methods)
A.4 Which areas of the methods section are unclear?
A.4.1 Not applicable A.4.2 Study design A.4.3 Population A.4.4 Setting A.4.5 Intervention type A.4.6 Other Please provide details
A.5 Are the results and/or findings clearly presented?
A.5.1 Yes A.5.2 No A.5.3 Not applicable (no findings presented)
A.6 If methods or results or findings are not available in this paper, is a reference/link provided as to where they are available?
A.6.1 No A.6.2 Yes Please provide details e.g. Citation number, Author/Year, or URL where available A.6.3 Not applicable

## Appendix 4: Studies included in the map

- Ackerson, B.J. (2003) 'Parents with serious and persistent mental illness', *Social Work*, vol 48, no 2, pp 187-194.
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The extent and impact of parental mental health problems on families and the acceptability, accessibility and effectiveness of interventions.

Systematic maps aim to describe the existing literature in a topic area and can be analysed in depth or more superficially as appropriate to individual projects. The resulting overview offers policymakers, practitioners and researchers an explicit and transparent means to identify narrower policy and practice-relevant review questions. This map provides an overview of and access to research in the area of parental mental illness and child and family welfare.

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