THE UNIVERSITY *of York*

Appendices to -
Technical report for SCIE Research Review on access, acceptability and outcomes of services/interventions to support parents with mental health problems and their families

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Appendix 1   Detailed search write up

Main searches

The following databases were originally searched by SCIE in May 2005, and were updated by the York team in January 2007.

Databases searched

- PsycINFO (Ovid Online)
- MEDLINE (Ovid Online)
- EMBASE (Ovid Online)
- CINAHL – (Cumulative Index to Nursing & Allied Health Literature) (Ovid Online)
- HMIC (Health Management Information Consortium) (Ovid Online)
- The Cochrane Library (Internet)
- National Research Register (NRR) (Internet version)
- ASSIA (CSA Illumina)
- National Criminal Justice Reference Service Abstracts (Internet)
- ERIC (Educational Resources Information Center) (CSA Illumina)
- Australian Education Index (AUEI) (1979 – to date) (Dialog Datastar)
- British Education Index (BREI) (1975 – to date) (Dialog Datastar)
- Campbell Collaboration (C2 SPECTR and C2 RIPE) (Internet)
- Social Services Abstracts (CSA Illumina)
- Social Work Abstracts (Ovid Online)
- Social Care Online (Internet) (Searched to replace CareData)
- Childdata (Internet)
- CommunityWISE (Internet).

PSYCHINFO (Ovid Online – http://www.ovid.com)

1806 to February week 2 2007
Searched on 16/02/2007
Retrieved 2,719 hits.

Search strategy

1. exp treatment outcomes/
2. *mental health program evaluation/
3. *relapse prevention/
4. "side effects (treatment)"/
5. *child guidance clinics/

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/
7. *treatment dropouts/
8. exp *treatment effectiveness evaluation/ or exp *treatment outcomes/
9. exp mental health services/
10. exp *clinical trials/
11. *community mental health centers/
12. exp *community services/
13. *health care policy/
14. *counseling/ or *cross cultural counseling/ or exp *psychotherapeutic counseling/ or *rehabilitation counseling/
15. *health care seeking behavior/ or *health service needs/
16. *integrated services/ or *long term care/
17. exp *mental health programs/
18. *outreach programs/ or *school counseling/ or *social casework/
19. *prevention/
20. *social services/ or *outreach programs/ or *protective services/ or *child welfare/ or *social casework/
21. exp *support groups/
22. exp *family therapy/
23. *respite care/
24. *needs assessment/
25. exp *psychiatric hospitalization/
26. exp *Drug Rehabilitation/
27. exp *early intervention/
28. *legal processes/ or "adoption (child)"/ or *child custody/ or *guardianship/ or *protective services/
29. *psychiatric clinics/ or *child guidance clinics/ or *walk in clinics/
30. exp *Interdisciplinary Treatment Approach/
31. ((interdisciplinary or multidisciplinary or interagency) adj2 (approach$ or program$ or work$ or cooper$)).ti,id.
32. ((interdisciplinary or multidisciplinary or interagency) adj2 (approach$ or program$ or work$ or cooper$ or collaborat$)).ti,id.
33. exp *Project Head Start/
34. Sure Start.mp.
35. Home Start.mp.
36. *conflict Resolution/
37. exp *HOUSING/
38. exp "welfare services (government)"/
39. welfare benefits.ti,id.
40. social security.ti,id.

41. exp *Social Security/
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/
43. or/1-42
44. *poverty/ or *disadvantaged/ or *homeless/ or "income (economic)"/ or *lower income level/ or *socioeconomic status/
45. exp *Childhood Development/
46. exp *Infant Development/
47. exp *Behavior Disorders/
48. exp *Behavior Problems/
49. *Emotionally Disturbed/
50. *Emotional Adjustment/
51. exp *parent child communication/
52. exp *parent child relations/ or exp *family conflict/ or exp *parental investment/
53. *family relations/ or *sibling relations/
54. *education/ or *high school education/ or *higher education/ or *middle school education/ or *secondary education/
55. *classroom behavior modification/ or *classroom discipline/ or *school adjustment/ or *school attendance/
56. *school dropouts/ or *school truancy/
57. exp *Caregiver Burden/
58. exp *stigma/ or *social discrimination/ or *stereotyped attitudes/
59. exp *Social Isolation/
60. (social$ adj1 (exclu$ or depriv$ or inclu$)).ti,id.
61. family functioning.mp.
62. exp *child abuse/ or *abandonment/ or *attachment disorders/ or *child neglect/ or *child welfare/ or *emotional abuse/ or *failure to thrive/ or *family violence/ or *physical abuse/ or *sexual abuse/ or *verbal abuse/ or *violent crime/
63. domestic violence.mp.
64. *Antisocial Behavior/
65. social exclusion.mp.
66. *homeless/
67. *Self Destructive Behavior/
68. self-harm.mp.
69. young carers.mp.
70. or/44-69
71. prevalence.mp.
72. exp *Epidemiology/
73. extent.ti,id.
74. exp *Demographic Characteristics/
75. (incidence or frequency).ti,id.
76. case identification.mp.
77. ident$.ti,id.
78. or/71-77
79. exp *PARENTS/

80. *adoptive parents/ or *fathers/ or *foster parents/ or *homosexual parents/ or *mothers/ or *single parents/ or *stepparents/ or "surrogate parents (humans)"/
81. dependent child$.mp.
82. or/79-81
83. *Mental Disorders/
84. exp Mental Health/
85. *chronic mental illness/
86. *affective disorders/
87. *anxiety disorders/
88. *dissociative disorders/
89. *eating disorders/
90. *neurosis/
91. *personality disorders/
92. *pervasive developmental disorders/
93. *psychosis/ or *acute psychosis/ or *affective psychosis/ or *chronic psychosis/ or "paranoia (psychosis)"/ or *postpartum psychosis/ or *reactive psychosis/
94. *schizoaffective disorder/
95. *schizophrenia/
96. *bipolar disorder/ or *major depression/ or *mania/ or *seasonal affective disorder/
97. exp *neurosis/
98. *compulsive personality disorder/ or *paranoid personality disorder/ or *passive aggressive personality disorder/ or *sadomasochistic personality/ or *schizoid personality disorder/ or *schizotypal personality disorder/
99. exp *psychiatric hospitalization/
100. or/83-99
101. parental mental health.ti,id.
102. mentally ill parents.ti,id.
103. parental psychopathology.ti,id.
104. ((parent$ or maternal or paternal or mother$ or father$) adj2 (psychiat$ or depression or mental$)).ti,id.
105. postnatal depression.ti,id.
106. postnatal depression.mp.
107. exp postpartum depression/ or exp postpartum psychosis/
108. (post?natal depression or post?partum depression).mp.
109. (post?natal depression or post?partum depression).ti,id.
110. exp *Munchausen Syndrome by Proxy/
111. exp *folie a deux/
112. or/101-111
113. *comorbidity/
114. dual diagnosis.mp.
115. *drug abuse/
116. substance misus$.mp.
117. *alcohol abuse/
118. *binge drinking/
119. or/113-118
120. 100 and 119
121. 82 and (100 or 120)

122. 121 or 112
123. 122 and (43 or 70 or 78)
124. limit 123 to (human and yr=1985-2007).

MEDLINE (Ovid Online – http://www.ovid.com)

1950 to February week 3 2007
Searched on 7/3/2007
Retrieved 4,679 hits.

Search strategy

1. parental mental health.mp.
2. mentally ill parents.mp.
3. parental psychopathology.mp.
4. ((parent$ or maternal or paternal or mother$ or father$) adj2 (psychiat$ or depression or mental$)).mp.
5. ((parent$ or maternal or paternal or mother$ or father$) adj2 (psychiat$ or depression or mental$)).ti.
6. postnatal depression.mp. or *Depression, Postpartum/
7. post natal depression.mp.
8. *Munchausen Syndrome by Proxy/
9. or/1-8
10. exp *PARENTS/
11. *"CHILD OF IMPAIRED PARENTS"/
12. dependent child$.mp.
13. or/10-12
14. exp *Epidemiology/
15. demographics.mp. or exp *Demography/
16. exp incidence/ or exp prevalence/
17. case identification.mp.
18. or/14-17
19. exp *Mental Disorders/
20. folie a deux.mp.
21. exp *Mentally Ill Persons/
22. or/19-21
23. exp Treatment Outcome/
24. relapse prevention.mp.
25. exp *Patient Dropouts/ or exp *Patient Compliance/
26. exp *Clinical Trials/
27. exp *Evaluation Studies/
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/

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/
30. exp *Long-Term Care/ or exp *Health Policy/ or health care policy.mp. or exp *Health Planning/ or exp *"Delivery of Health Care"/
31. exp *"Health Services Needs and Demand"/
32. exp *"Patient Acceptance of Health Care"/
33. assertive outreach.mp.
34. outreach programs.mp.
35. exp *School Health Services/ or school counseling.mp.
36. exp *Social Work/ or social services.mp.
37. exp *Child Welfare/
38. exp *Child Health Services/ or exp *Child Advocacy/ or child protection.mp.
39. exp *Self-Help Groups/
40. exp *Family Therapy/
41. exp *Respite Care/
42. exp *Needs Assessment/
43. drug rehabilitation.mp. or exp *Substance Abuse Treatment Centers/
44. exp *ADOPTION/
45. exp *Foster Home Care/
46. *Outpatient Clinics, Hospital/ or exp *Ambulatory Care Facilities/ or walk in clinics.mp.
47. ((interdisciplinary or multidisciplinary or interagency) adj2 (approach$ or program$ or work$ or cooper$ or collaborat$)).mp.
48. "Head Start".mp.
49. "Sure Start".mp.
50. "Home Start".mp.
51. conflict resolution.mp.
52. *housing/ or exp *public housing/
53. exp *Social Security/
54. welfare benefits.mp.
55. exp *Mental Health Services/
56. exp *"Commitment of Mentally Ill"/
57. or/23-56
58. exp *POVERTY AREAS/ or exp *POVERTY/
59. disadvantaged.mp. or exp *Vulnerable Populations/
60. exp *Homeless Persons/ or homelessness.mp.
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/
62. *Income/
63. exp *Child Development/
64. exp *mental disorders diagnosed in childhood/
65. exp *Social Adjustment/ or exp *Affective Symptoms/ or emotionally disturbed.mp.
66. family conflict.mp.

67. exp *Family Relations/
68. education/ or *schools/
69. exp *Juvenile Delinquency/
70. young carer$.mp.
71. stigma.mp.
72. exp *Prejudice/
73. (social$ adj1 (exclu$ or depriv$ or inclu$)).mp.
74. family functioning.mp.
75. exp *Self-Injurious Behavior/
76. or/58-75
77. substance abus$.mp.
78. substance misus$.mp.
79. exp *"Diagnosis, Dual (Psychiatry)"/
80. alcohol abuse.mp.
81. exp *Alcoholism/
82. exp *Substance-Related Disorders/
83. or/77-82
84. 22 and 83
85. 13 and (22 or 84)
86. 85 or 9
87. 86 and (57 or 76 or 83)
88. limit 87 to (humans and yr=1985-2007)

EMBASE (Ovid Online – http://www.ovid.com)

1980 to 2007 Week 09
Searched on 07/03/2007
Retrieved 870 hits.

Search strategy

1. parental mental health.mp.
2. mentally ill parents.mp.
3. parental psychopathology.mp.
4. ((parent$ or maternal or paternal or mother$ or father$) adj2 (psychiat$ or depression or mental$)).mp.
5. postnatal depression.mp. or exp *Puerperal Depression/
6. exp *Munchausen Syndrome By Proxy/
7. or/1-6
8. exp *Parent/
9. dependent child$.mp.
10. or/8-9
11. exp *Mental Disease/
12. exp *Mental Patient/
13. folie a deux.mp.

14. or/11-13
15. exp *treatment outcome/
16. Clinical Trial/
17. exp *Evaluation/
18. exp *Primary Health Care/
19. exp *Long Term Care/
20. exp *Health Care Policy/
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/
22. assertive outreach.mp.
23. exp *SCHOOL HEALTH SERVICE/
24. exp *Social Work/
25. exp *Social Care/
26. primary education.mp.
27. exp *college/ or exp *high school/ or exp *kindergarten/ or exp *nursery school/ or exp *primary school/
28. exp *Child Welfare/
29. exp *Self Help/
30. exp *Family Therapy/
31. exp *Home Care/
32. respite care.mp. or exp *Home Care/
33. needs assessment.mp. or exp *Health Services Research/
34. drug rehabilitation.mp.
35. exp *ADOPTION/
36. exp *Foster Care/
37. exp *Outpatient Department/ or walk in clinics.mp.
38. ((interdisciplinary or multidisciplinary or interagency) adj2 (approach$ or program$ or work$ or cooper$ or collaborat$)).mp.
39. "Head Start".mp.
40. "Sure Start".mp.
41. "Home Start".mp.
42. exp *HOUSING/
43. exp *Social Security/
44. welfare benefits.mp.
45. compulsory admission.mp.
46. compulsory treatment.mp.
47. exp *mental health care/
48. or/15-47
49. exp *lowest income group/ or exp *poverty/
50. exp *HOMELESSNESS/
51. exp *alienation/ or exp *loneliness/ or exp *parental deprivation/ or exp *social isolation/
52. exp *social problem/ or exp *abuse/ or exp *crime/ or exp *violence/ or exp *domestic violence/
53. exp *SUICIDE/
54. exp *HOMICIDE/

55. exp *DIVORCE/
56. exp *Juvenile Delinquency/
57. exp *Child Development/
58. exp *Social Adaptation/
59. exp *School/
60. young carer$.mp.
61. stigma.mp.
62. (social$ adj1 (exclu$ or depriv$ or inclu$)).mp.
63. exp *Family Life/
64. exp Suicide Attempt/ or exp Drug Overdose/ or exp *Automutilation/ or self-harm.mp. or exp Suicidal Behavior/
65. or/49-64
66. exp *Substance Abuse/
67. substance misus$.mp.
68. dual diagnosis.mp.
69. exp *Alcohol Abuse/
70. exp *ALCOHOLISM/
71. substance related disorders.mp. or exp *Addiction/
72. or/66-71
73. exp *EPIDEMIOLOGY/
74. exp *Demography/ or demographics.mp.
75. exp PREVALENCE/
76. exp INCIDENCE/
77. case identification.mp.
78. or/73-77
79. 14 and 72
80. 10 and (14 or 79)
81. 80 or 7
82. 81 and ((48 and 65) or 78)
83. limit 82 to (human and yr=1985-2007).

CINAHL (Ovid Online – http://www.ovid.com)

1982 to March Week 1 2007
Searched on 08/03/2007
Retrieved 3,535 hits.

Search strategy

1. parental mental health.mp.
2. mentally ill parents.mp.
3. parental psychopathology.mp.
4. ((parent$ or maternal or paternal or mother$ or father$) adj2 (psychiat$ or depression or mental$)).mp.
5. postnatal depression.mp. or exp *Depression, Postpartum/

6. exp *Munchausen Syndrome By Proxy/
7. or/1-6
8. exp *Parents/
9. exp *"children of impaired parents"/ or exp *"children of alcoholics"/
10. dependent child$.mp.
11. or/8-10
12. exp *EPIDEMIOLOGY/
13. exp *Demography/
14. exp incidence/ or exp prevalence/
15. case identification.mp.
16. or/12-15
17. exp *Mental Disorders/
18. folie a deux.mp.
19. or/17-18
20. exp *Treatment Outcomes/
21. relapse prevention.mp.
22. exp *Clinical Trials/
23. exp *clinical research/ or evaluation research/ or exp *health services research/ or exp *needs assessment/ or exp *pilot studies/ or exp *policy studies/
24. exp *health care delivery, integrated/ or exp *primary health care/
25. exp *"continuity of patient care"/ or exp *family centered care/ or exp *multidisciplinary care team/
26. exp *acute care/ or exp *after care/ or exp *holistic care/ or exp *home health care/ or exp *home nursing/ or exp *long term care/ or exp *maternal-child care/ or exp *psychiatric care/ or exp *patient seclusion/ or exp *psychiatric home care/ or exp *residential care/ or exp *spiritual care/ or exp *transcultural care/
27. exp *"Health Services Needs and Demand"/
28. exp *Decision Making, Patient/ or exp *Support, Psychosocial/
29. exp *Community Mental Health Nursing/ or exp *Psychiatric Nursing/ or exp *Mental Health Services/ or assertive outreach.mp.
30. exp *School Health Services/
31. exp *Social Work/
32. exp *Social Work Service/
33. exp *Child Welfare/
34. exp *Child Health Services/
35. child protection.mp. or exp *Community Health Nursing/
36. self help groups.mp. or exp *Support Groups/
37. exp *Family Therapy/
38. exp *Respite Care/
39. drug rehabilitation.mp.
40. exp *Adoption/
41. foster care.mp. or exp *Foster Home Care/
42. exp *Medication Compliance/ or exp *Ambulatory Care/ or exp *Outpatient Service/ or outpatient clinics.mp.
43. ((interdisciplinary or multidisciplinary or interagency) adj2 (approach$ or program$ or work$ or cooper$ or collaborat$)).mp.
44. exp *Project Head Start/

45. "Sure Start".mp.
46. "Home Start".mp.
47. conflict resolution.mp. or exp *Conflict Management/
48. exp *HOUSING/
49. welfare benefits.mp.
50. exp *Mental Health Services/
51. exp *Involuntary Commitment/ or compulsory admission.mp.
52. compulsory treatment.mp.
53. exp *counseling/ or exp *couples counseling/
54. complementary therapy.mp. or exp *Alternative Therapies/
55. exp *Caregiver Support/
56. or/20-55
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/
58. exp *POVERTY AREAS/ or exp *POVERTY/
59. exp *Socioeconomic Factors/ or disadvantaged.mp.
60. exp *"Economic and Social Security"/
61. exp *HOMELESSNESS/
62. exp *Homeless Persons/
63. exp *social isolation/ or exp *loneliness/ or exp *social alienation/ or exp *stereotyping/ or exp *stigma/
64. exp *CRIME VICTIMS/ or exp *CRIME/
65. exp crime/ or "assault and battery"/ or exp child abuse/ or exp homicide/ or exp sexual abuse/ or exp violence/
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/
67. exp *Suicide/
68. exp *Student Dropouts/ or exp *Absenteeism/ or truancy.mp. or exp *Academic Achievement/
69. exp *Runaways/
70. self destructive beavior.mp. or exp *Self-Injurious Behavior/
71. exp *Mental Disorders Diagnosed in Childhood/
72. exp *Affective Disorders/ or emotionally disturbed.mp.
73. exp *Family Relations/ or family conflict.mp.
74. exp *SCHOOLS, MIDDLE/ or exp *SCHOOLS, SPECIAL/ or exp *SCHOOLS, NURSERY/ or exp *SCHOOLS, SECONDARY/
75. exp *Caregiver Burden/ or young carer$.mp.
76. exp *prejudice/ or exp *psychosocial deprivation/
77. (social$ adj1 (exclu$ or depriv$ or inclu$)).mp.
78. exp *Family Functioning/

79. or/57-78
80. exp *"Diagnosis, Dual (Psychiatry)"/
81. exp *substance abuse/ or exp *alcohol abuse/ or exp *inhalant abuse/ or exp *substance abuse, intravenous/ or exp *substance abuse, perinatal/
82. exp *"ALTERED FAMILY PROCESS: ALCOHOLISM (NANDA)"/ or exp *ALCOHOLISM/
83. or/80-82
84. 19 and 83
85. 11 and (19 or 84)
86. 85 or 7
87. 86 and (16 or 56 or 79)
88. limit 87 to yr=1985-2007.

HMIC – Health Management Information Consortium (Ovid Online – http://www.ovid.com)

January 2007
Searched on 27/02/2007
Retrieved 280 hits.

Search strategy

1. (parent$ mental health or mentally ill parent$ or parental psychopathology or post?natal 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.

The Cochrane Library – (www.thecochranelibrary.com)

Issue 1 January 2007
Searched on 06/03/2007
Retrieved 294 hits.

Search strategy

1. Mental health problems AND parent in ALL
2. "mental health" NEAR/5 parent
3. "parent mental health" OR parent NEAR/5 (depression OR disorder) OR family NEAR/5 "mental health" in ALL
4. Munchausen OR parent AND (schizophrenia OR psychosis) OR impaired parent in ALL
5. Depress* AND parent* in ALL
6. Depress* AND family

7. Depress* AND family NEAR/5 parent
8. Parents AND mental disorders (MeSH)(1985-2007)
9. #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8.

National Research Register (http://www.nrr.nhs.uk/)

Searched on 07/03/2007
Retrieved 656 hits.

Search strategy

1. PARENTS single term (MeSH)
2. MENTAL DISORDERS single term (MeSH)
3. CHILD OF IMPAIRED PARENTS single term (MeSH)
4. ((#1 and #2) or #3)
5. ((parent* next mental next health) or (mentally next ill next parent*) or (parental next psychopathology) or (postnatal next depression) or (munchausen next syndrome next by next proxy) or (folie next deux))
6. (psychiatr* near parent*)
7. (psychiatr* near maternal)
8. (psychiatr* near paternal)
9. (psychiatr* near mother)
10. (psychiatr* near father)
11. (depression near father)
12. (depression near mother)
13. (depression near paternal)
14. (depression near maternal)
15. (depression near parent*)
16. (mental* near parent*)
17. (mental* near maternal)
18. (mental* near paternal)
19. (mental* near mother)
20. (mental* near father)
21. (#6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20)
22. (#4 or #5 or #21).

ASSIA (CSA Illumina – http://www.csa.com/)

1987 – current
Searched on 01/03/2007
Retrieved 302 hits.

Search strategy

1. (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).

**National Criminal Justice Reference Service Abstracts –
http://www.ncjrs.gov/abstractdb/Search.asp)**

Searched on 01/03/2007
Retrieved 295 hits.

Search strategy

1. ((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))

ERIC (CSA Illumina – http://www.csa.com/)

1966 – current
Searched on 01/03/2007
Retrieved 94 hits.

Search strategy

1. (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).

Additional educational databases

In addition to updating the searches of ERIC (Educational Resources Information Center) originally conducted by the SCIE team, the York team searched following Educational databases in February 2007:
- Australian Education Index (AUEI) (1979 – to date) (Dialog Datastar)
- British Education Index (BREI) (1975 – to date) (Dialog Datastar)

Australian Education Index (AUEI) (Dialog DataStar)

1979 to date
Searched 27/02/2007
Retrieved 87 hits.

Controlled language tools

The AUEI thesaurus contains an alphabetical listing of terms used for indexing and searching in the AUEI database.

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

Search strategy

((parent$ OR maternal OR paternal OR mother$ OR father$) NEAR (psychiat$ OR depress$ OR mental$)) OR (parental ADJ mental ADJ health) OR (mentally ADJ ill ADJ parent$) OR (parental ADJ psychopathology) OR (postnatal ADJ depression) OR (post ADJ natal ADJ depression) OR (post ADJ natal ADJ psychos$) OR (postnatal ADJ psychos$) OR (postpartum ADJ depression) OR (postpartum ADJ psychos$) OR (folie ADJ a ADJ deux) OR (Munchausen ADJ syndrome ADJ by ADJ proxy) OR (personality ADJ disorder$).

Restricted to 1985-2007.

British Education Index (BREI) (Dialog DataStar)

1975 to date
Searched 27/02/2007
Retrieved 54 hits.

Controlled language tools

The BREI thesaurus contains an alphabetical listing of terms used for indexing and searching in the AUEI database.

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

Search strategy

((parent$ OR maternal OR paternal OR mother$ OR father$) NEAR (psychiat$ OR depress$ OR mental$)) OR (parental ADJ mental ADJ health) OR (mentally ADJ ill ADJ

parent$) OR (parental ADJ psychopathology) OR (postnatal ADJ depression) OR (post ADJ natal ADJ depression) OR (post ADJ natal ADJ psychos$) OR (postnatal ADJ psychos$) OR (postpartum ADJ depression) OR (postpartum ADJ psychos$) OR (folie ADJ a ADJ deux) OR (Munchausen ADJ syndrome ADJ by ADJ proxy) OR (personality ADJ disorder$).

Restricted to 1985-2007.

Campbell Collaboration (http://www.campbellcollaboration.org/)

C2 SPECTR
Searched on 07/07/2007
Retrieved 40 hits.

Search strategy

Keyword searches (each line run as an individual search):
1. mental health AND parent
2. mental health AND famil
3. parent AND depress
4. parent AND impaired
5. parent AND schizophrenia
6. parent AND psychosis
7. parent AND mental ill
8. parenting
9. Depress AND famil
10. Depress AND maternal
11. Depress AND mother
12. Munchausen
13. postnatal
14. postpartum.

MeSH terms:
1. parents AND mental disorders

Results from the searches above were de-duplicated and added to the Endnote library.

Search of the C2 RIPE database was a visual scan for any project that looked relevant. three were found.

Social Services Abstracts (CSA Illumina - http://www.csa.com/)

1979 – current
Searched on 08/03/2007
Retrieved 668 hits.

Search strategy

1. ((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)).

SOCIAL WORK ABSTRACTS (Ovid Online – http://www.ovid.com)

1977 to March 2007
Searched on 24/05/2007
Retrieved 225 hits.

Search strategy

1. (parent$ mental health or mentally ill parent$ or parental psychopathology or postnatal depression or Munchausen syndrome by proxy or folie a deux).mp.
2. ((parent$ or maternal or paternal or mother or father) adj2 (psychiatr$ or depression or mental$)).mp.
3. 1 or 2
4. limit 3 to yr="1985 - 2007".

Social Care Online – http://www.scie-socialcareonline.org.uk/default.asp

Searched on 07/03/2007
Retrieved 994 hits.

Search strategy

(@k=("substance misuse" or "addiction" or "alcohol misuse" or "drug misuse" or "solvent misuse" or "mental health problems" or "anxiety" or "bipolar disorder" or "depression" or "anorexia nervosa" or "bulimia nervosa" or "eating disorders" or "hypochondriacal neuroses" or "obsessive compulsive disorders" or "personality disorders" or "phobias" or "agoraphobia" or "psychoses" or "schizophrenia" or "self-harm" or "severe mental health problems" or "attempted suicide" or "traumas" or "post

traumatic stress disorder") and @k=("parents" or "fathers" or "mothers")) or (@k=("post natal depression") or @p=("post natal depress*" or "postnatal depress*" or "postpartum depress*" or "post partum depress*" or "parental mental health" or "mentally ill parent*")) and @p.publicationdate>(19850000).

CHILDDATA (http:\\ www.childdata.org.uk.)

Searched on 07/03/2007
Retrieved 385 and 484 hits.

Search strategy

1. 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 depress*)/(mother* w2 psychiatr*)/(mother* w2 depress*)/(mother* w2 mental*)/(father w2 psychiatr*)/(father w2 depress*)/(father w2 mental*).
2. In title or abstract: (parent* mental health/mentally ill parent*/parental psychopathology/postnatal depression/ fabricated and induced illness /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 depress*)/(mother* w2 psychiatr*)/(mother* w2 depress*)/(mother* w2 mental*)/(father w2 psychiatr*)/(father w2 depress*)/(father w2 mental*).
3. #1 or #2

Keyword search

1. =" fabricated and induced illness " / ="postnatal depression" / (="mental disorders" & ="parents").

The results of the searches were de-duplicated and added to the Endnote library.

CommunityWise (http://www.oxmill.com/communitywise/)

Searched on 05/06/2007
Retrieved 143 hits.

Search strategy

(Each line was run as a separate search).

1. subject (full): mental health AND
    global text: parent
2. global text: mental health problem AND
    global text: parent
3. global text: parental mental health
4. subject (full) : mental illness AND
    global text: parent
5. subject (full) : mental illness AND
    global text: famil*
6.   subject (full) : depress* AND
    global text: parent
7. subject (full) : depress* AND
    global text: mother
8. subject (full) : depress* AND
    global text: father
9. subject (full) : impaired parent*
10. subject (full) : comorbidity
11. subject (full) : munchausen.

These results were scanned for relevance and checked against the database for duplicates. Three items were kept.

The CommunityWise searches were repeated exactly on the Voluntary and Community Organisations Research database in the 'projects' file on CommunityWise but they didn't get any results. A simple search on parent* yielded two eligible results that were added to the Endnote Library.

Additional searching

Epidemiology searching

Searches were conducted to identify high quality epidemiological evidence about the prevalence and incidence of adult mental health problems in the UK. These searches were designed to identify any adults, rather than limiting to persons specifically identified as parents, in order to enable the team to place the relatively limited number of studies that identify parents with mental health problems into context within the wider, adult, literature.

Databases

The following databases and websites were searched on 29 January 2007:

- MEDLINE (1950-2007 January week 3) (OVID)
- EMBASE (1980-2007 January week 4) (OVID)
- CINAHL (1806-2007 January week 4) (OVID)
- HMIC (1979-2006 November) (OVID)
- Psycinfo (1985-2007 January week 4) (OVID)

Limits

The search was limited to English language papers published between 1985 and 2007.

Search strategies

MEDLINE (Ovid Online – http://www.ovid.com/)

1950 to January Week 3 2007
Searched on 29/01/2007
Retrieved 743 hits.

Search strategy

1. British Household panel survey.ti,ab.
2. Survey$.ti,ab.
3. British birth cohort.ti,ab.
4. Population census$.ti,ab.
5. Hospital episode statistics.ti,ab.
6. National population birth cohort.ti,ab.
7. National household population.ti,ab.
8. population-based stud$.ti,ab.
9. National Psychiatric Morbidity Survey.ti,ab.
10. Psychiatric morbidity among adults living in private households.ti,ab.
11. NPMS.ti,ab.
12. Epidemiology/
13. epidemiology.ti,ab.
14. Prevalence/
15. prevalence.ti,ab.
16. Incidence/
17. Incidence.ti,ab.
18. Census.ti,ab.
19. Censuses.ti,ab.
20. Censuses/
21. Health Surveys/
22. or/1-21
23. Adult/
24. Adult$.ti,ab.

25. 23 or 24
26. Mental disorder$.ti,ab.
27. Mental health.ti,ab.
28. Mental Disorders/
29. or/26-28
30. exp Great Britain/ep [Epidemiology]
31. Britain.ti,ab.
32. british.ti,ab.
33. UK.ti,ab.
34. United Kingdom.ti,ab.
35. England.ti,ab.
36. English.ti,ab.
37. Wales.ti,ab.
38. Welsh.ti,ab.
39. Scotland.ti,ab.
40. Scottish.ti,ab.
41. Ireland.ti,ab.
42. Irish.ti,ab.
43. or/30-42
44. 22 and 25 and 29 and 43
45. limit 44 to (english language and yr="1985 - 2007").

EMBASE (Ovid Online – http://www.ovid.com/)

1980 to 2007 Week 04
Searched on 29/01/2007
Retrieved 737 hits.

Search strategy

1. British Household panel survey.ti,ab.
2. Survey$.ti,ab.
3. British birth cohort.ti,ab.
4. Population census$.ti,ab.
5. Hospital episode statistics.ti,ab.
6. National population birth cohort.ti,ab.
7. National household population.ti,ab.
8. population-based stud$.ti,ab.
9. National Psychiatric Morbidity Survey.ti,ab.
10. Psychiatric morbidity among adults living in private households.ti,ab.
11. NPMS.ti,ab.
12. Epidemiology/
13. epidemiology.ti,ab.
14. Prevalence/
15. prevalence.ti,ab.

16. Incidence/
17. Incidence.ti,ab.
18. Census.ti,ab.
19. Censuses.ti,ab.
20. Population research/
21. Health Survey/
22. or/1-21
23. Adult/
24. Adult$.ti,ab.
25. 23 or 14
26. Mental disorder$.ti,ab.
27. Mental health.ti,ab.
28. Mental Disease/
29. or/26-28
30. United Kingdom/ep [Epidemiology]
31. Britain.ti,ab.
32. british.ti,ab.
33. UK.ti,ab.
34. United Kingdom.ti,ab.
35. England.ti,ab.
36. English.ti,ab.
37. Wales.ti,ab.
38. Welsh.ti,ab.
39. Scotland.ti,ab.
40. Scottish.ti,ab.
41. Ireland.ti,ab.
42. Irish.ti,ab.
43. or/30-42
44. 22 and 25 and 29 and 43
45. limit 44 to (english language and yr="1985 - 2007").

CINAHL – Cumulative Index to Nursing & Allied Health Literature (Ovid Online – http://www.ovid.com/)

1982 to January Week 4 2007
Searched on 29/01/2007
Retrieved 169 hits.

Search strategy

1. British Household panel survey.ti,ab.
2. Survey$.ti,ab.
3. British birth cohort.ti,ab.
4. Population census$.ti,ab.
5. Hospital episode statistics.ti,ab.

6.   National population birth cohort.ti,ab.
7.   National household population.ti,ab.
8.   population-based stud$.ti,ab.
9.   National Psychiatric Morbidity Survey.ti,ab.
10. Psychiatric morbidity among adults living in private households.ti,ab.
11. NPMS.ti,ab.
12. Epidemiology/
13. epidemiology.ti,ab.
14. exp morbidity/
15. prevalence.ti,ab.
16. Incidence.ti,ab.
17. Census.ti,ab.
18. Censuses.ti,ab.
19. Census/
20. exp Surveys/
21. or/1-20
22. Adult/
23. Adult$.ti,ab.
24. 22 or 23
25. Mental disorder$.ti,ab.
26. Mental health.ti,ab.
27. Mental Disorders/
28. or/25-27
29. exp Great Britain/ep [Epidemiology]
30. Britain.ti,ab.
31. british.ti,ab.
32. UK.ti,ab.
33. United Kingdom.ti,ab.
34. England.ti,ab.
35. English.ti,ab.
36. Wales.ti,ab.
37. Welsh.ti,ab.
38. Scotland.ti,ab.
39. Scottish.ti,ab.
40. Ireland.ti,ab.
41. Irish.ti,ab.
42. or/29-41
43. 21 and 24 and 28 and 42
44. 43
45. limit 44 to (english and yr="1985 - 2007").

HMIC (Ovid Online – http://www.ovid.com/)

1979 – November 2006
Searched on 29/01/2007
Retrieved 102 hits.

Search strategy

1. British Household panel survey.ti,ab.
2. Survey$.ti,ab.
3. British birth cohort.ti,ab.
4. Population census$.ti,ab.
5. Hospital episode statistics.ti,ab.
6. National population birth cohort.ti,ab.
7. National household population.ti,ab.
8. population-based stud$.ti,ab.
9. National Psychiatric Morbidity Survey.ti,ab.
10. Psychiatric morbidity among adults living in private households.ti,ab.
11. NPMS.ti,ab.
12. Epidemiology/
13. epidemiology.ti,ab.
14. Prevalence of disease/
15. prevalence.ti,ab.
16. Incidence of disease/
17. Incidence.ti,ab.
18. Census.ti,ab.
19. Censuses.ti,ab.
20. exp Census tables/
21. Health Surveys/ or surveys/ or social surveys/ or economic surveys/ or survey results/
22. or/1-21
23. exp Adult/
24. Adult$.ti,ab.
25. 23 or 24
26. Mental disorder$.ti,ab.
27. Mental health.ti,ab.
28. Mental Disorders/
29. or/26-28
30. exp United Kingdom/
31. Britain.ti,ab.
32. british.ti,ab.
33. UK.ti,ab.
34. United Kingdom.ti,ab.
35. England.ti,ab.
36. English.ti,ab.
37. Wales.ti,ab.
38. Welsh.ti,ab.
39. Scotland.ti,ab.
40. Scottish.ti,ab.
41. Ireland.ti,ab.
42. Irish.ti,ab.
43. or/30-42
44. 22 and 25 and 29 and 43

45. 44
46. limit 45 to yr="1985 - 2007".

PsycINFO (Ovid Online – http://www.ovid.com/)

1985 to January Week 4 2007
Searched on 29/01/2007
Retrieved 171 hits.

Search strategy

1. British Household panel survey.ti,ab.
2. Survey$.ti,ab.
3. British birth cohort.ti,ab.
4. Population census$.ti,ab.
5. Hospital episode statistics.ti,ab.
6. National population birth cohort.ti,ab.
7. National household population.ti,ab.
8. population-based stud$.ti,ab.
9. National Psychiatric Morbidity Survey.ti,ab.
10. Psychiatric morbidity among adults living in private households.ti,ab.
11. NPMS.ti,ab.
12. Epidemiology/
13. epidemiology.ti,ab.
14. prevalence.ti,ab.
15. Incidence.ti,ab.
16. Census.ti,ab.
17. Censuses.ti,ab.
18. exp Surveys/
19. or/1-18
20. Adult development/ or adolescent development/
21. Adult$.ti,ab.
22. 20 or 21
23. Mental disorder$.ti,ab.
24. Mental health.ti,ab.
25. Mental Disorders/
26. or/23-25
27. (britain or england or wales or scotland or ireland).lo.
28. Britain.ti,ab.
29. british.ti,ab.
30. UK.ti,ab.
31. United Kingdom.ti,ab.
32. England.ti,ab.
33. English.ti,ab.
34. Wales.ti,ab.

35. Welsh.ti,ab.
36. Scotland.ti,ab.
37. Scottish.ti,ab.
38. Ireland.ti,ab.
39. Irish.ti,ab.
40. or/27-39
41. 19 and 22 and 26 and 40
42. limit 41 to english language.

Grey literature searches

The following Internet sources were searched in February 2007:
- Clinical Trials.gov
- Current Controlled Trials
- ISI Proceedings: Science and Technology (ISI web of knowledge)
- ISI Proceedings: Social Science and Humanities (ISI web of knowledge).

Clinical Trials.gov – http://clinicaltrials.gov/ct/gui

Searched on 27/02/2007
Retrieved 192 hits.

Search strategy

The search interface to this resource is a very simple one and the search had to be modified accordingly.

((parent OR parents OR parental OR paternal OR maternal OR mother OR mothers OR father OR fathers) AND (depression OR depressive OR mental OR mentally OR psychiatric OR psychiatrist OR "personality disorder" OR "personality disorders")) OR "parental psychopathology" OR "postnatal depression" OR "Munchausen syndrome by proxy" OR "folie a deux".

Current Controlled Trials – http://controlled-trials.com/mrct/

Searched on 27/02/2007
Retrieved 57 hits.

Search strategy

The search interface to this resource is a very simple one and the search had to be modified accordingly.

("parent% mental health" OR "mentally ill parent%" OR "parental psychopathology" OR "postnatal depression").

ISI Proceedings: Science and Technology – via ISI Web Of Knowledge – http://portal.isiknowledge.com/

1990-2007
Searched on 27/02/2007
Retrieved 730 hits.

And:

ISI Proceedings: Social Science and Humanities – via ISI Web Of Knowledge – http://portal.isiknowledge.com/

1990-2007
Searched on 27/02/2007
Retrieved 532 hits.

Search strategy

All lines were limited as follows:
DocType=All document types; Language=All languages; Database=STP; Timespan=1990-2007.

#1 TS=("parental mental health")
#2 TS=("mentally ill parent*")
#3 TS=("parental psychopathology")
#4 TS=(((parent* same psychiat*) or (maternal same psychiat*) or (paternal same psychiat*) or (mother* same psychiat*) or (father* same psychiat*) or (parent* same depression) or (maternal same depression) or (paternal same depression) or (mother* same depression) or (father* same depression) or (parent* same mental*) or (maternal same mental*) or (paternal same mental*) or (mother* same mental*) or (father* same mental*)))
#5 TS=(((postnatal next depression) or (post next natal next depression) or (postpartum next depression) or (post next partum next depression)))
#6 TS=(((parent* same "substance abuse") or (maternal same "substance abuse") or (paternal same "substance abuse") or (mother* same "substance abuse") or (father* same "substance abus*") or (parent* same "drug abus*") or (maternal same "drug abus*") or (paternal same "drug abus*") or (mother* same "drug abus*") or (father* same "drug abus*") or (parent* same alcohol*) or (maternal same alcohol*) or (paternal same alcohol*) or (mother* same alcohol*) or (father* same alcohol*)))
#7 TS=((parent* same "substance misuse*") or (maternal same "substance misuse*") or (paternal same "substance misuse*") or (mother* same "substance misuse*") or

(father* same "substance misuse*") or (parent* same "drug misuse*") or (maternal same "drug misuse*") or (paternal same "drug misuse*") or (mother* same "drug misuse*") or (father* same "drug misuse*"))

#8 TS=((parent* same "personality disorder*") or (maternal same "personality disorder*") or (paternal same "personality disorder*") or (mother* same "personality disorder*") or (father* same "personality disorder*"))

#9 #8 OR #7 OR #6 OR #5 OR #4 OR #3 OR #2 OR #1.

Appendix 2   Literature reviews identified from SCIE map and used for reference checking

1. Beardslee, W. and Knitzer, J. (2004) 'Mental health services: a family systems approach', in *Investing in children, youth, families, and communities: Strengths-based research and policy*, American Psychological Association, pp 157-71.

2. Beardslee, W.R. and Gladstone, T.R.G. (2001) 'Prevention of childhood depression: recent findings and future prospects', *Biological Psychiatry*, vol 49, no 12, pp 1101-10.

3. Beeber, L.S. and Miles, M.S. (2003) 'Maternal mental health and parenting in poverty', *Annual Review of Nursing Research*, vol 31, no 123, pp 303-31.

4. Brunette, M.F. and Dean, W. (2002) 'Community mental health care for women with severe mental illness who are parents', *Community Mental Health Journal*, vol 38, no 2, pp 153-65.

5. Budd, K.S. (2005) 'Assessing parenting capacity in a child welfare context', *Children and Youth Services Review*, vol 27, no 4, pp 429-44.

6. Craig, E.A. (2004) 'Parenting programs for women with mental illness who have young children: a review', *Australian and New Zealand Journal of Psychiatry*, vol 38, no 11-12, pp 923-8.

7. Dearden, C. and Becker, S. (1999) 'The experiences of young carers in the UK: the mental health issues', *Mental Health Care*, vol 2, no 8, pp 273-6.

8. Devlin, J.M. and O'Brien, L.M. (1999) 'Children of parents with mental illness I: an overview from a nursing perspective', *Australian and New Zealand Journal of Mental Health Nursing*, vol 8, no 1, pp 19-29.

9. Duncan, S., Reder, P. and Lucey, C. (2003) 'How do mental health problems affect parenting?', in *Studies in the assessment of parenting*, Hove: Brunner-Routledge, p 320.

10. Elgar, F.J., McGrath, P.J., Waschbusch, D.A., Stewart, S.H. and Curtis, L.J. (2004) 'Mutual influences on maternal depression and child adjustment problems', *Clinical Psychology Review*, vol 24, no 4, pp 441-59.

11. Falkov, A. (1997) *Parental psychiatric disorder and child maltreatment. Part 1: Context and historical overview*.

12. Falkov, A. (1997) *Parental psychiatric disorder and child maltreatment. Part II: Extent and nature of the association*.

13. Foster, K., O'Brien, L. and McAllister, M. (2004) 'Addressing the needs of children of parents with a mental illness: current approaches', *Contemporary Nurse*, vol 18 no 1-2, pp 67-80.

14. Gladstone, T.R.G., Beardslee, W.R., Goodman, S.H. and Gotlib, I.H. (2002) 'Treatment, intervention and prevention with children of depressed parents: a developmental perspective', in *Children of depressed parents: Mechanisms of risk and implications for treatment*, Washington: American Psychological Association.

15. Gross, D. (1989) 'At risk. Children of the mentally ill', *Journal of Psychosocial Nursing and Mental Health Services*, vol 27, no 8, pp 14-19.

16. Herring, M. and Nadine, K.J. (2002) 'Depression and attachment in families: a child-focused perspective', *Family Process*, vol 41, no 3, pp 494-518.

17. Lawson, W.B. and Kennedy, C. (2002) 'Role of the severely mentally ill in the family', in *Psychiatric illness in women: Emerging treatments and research*. Washington DC: American Psychiatric Publishing Inc, pp 319-30.

18. Leverton, T.J. (2003) 'Parental psychiatric illness: the implications for children', *Current Opinion in Psychiatry*, vol 16, no 4, pp 395-402.

19. MacDonald, G. (2003) 'Efficacy of group interventions with seriously mentally ill parents: a literature review', in *Crossing boundaries and developing alliances through group work*, New York: Haworth Press Inc, pp 167-92.

20. Mordoch, E. and Hall, W.A. (2002) 'Children living with a parent who has a mental illness: a critical analysis of the literature and research implications', *Archives of Psychiatric Nursing*, vol 16, no 5, pp 208-16.

21. Mowbray, C.T., Oyserman, D., Bybee, D. and Frese, F.J. (2000) 'Mothers with serious mental illness', in *The role of organized psychology in treatment of the seriously mentally ill*, San Francisco, CA: Jossey-Bass, pp 73-91.

22. Oyserman, D., Mowbray, C.T. and Zemencuk, J.K. (1994) 'Resources and supports for mothers with severe mental illness', *Health and Social Work*, vol 19, no 2, pp 132-42.

23. Phares, V., Duhig, A.M., Watkins, M., Goodman, S.H. and Gotlib, I.H. (2002) 'Family context: fathers and other supports', in *Children of depressed parents: Mechanisms of risk and implications for treatment*, Washington DC: American Psychological Association, pp 203-25.

24. Royal College of Psychiatrists (2002) *Patients as parents. Addressing the needs, including the safety, of children whose parents have mental illness*, London: Royal College of Psychiatrists.

25. Sexson, S.B., Glanville, D.N. and Kaslow, N.J. (2001) 'Attachment and depression: implications for family therapy', *Child and Adolescent Psychiatric Clinics of North America*, vol 10, no 3, pp 465-86.

26. Sheehan, R. (2001) 'Icarus project: reflections from down under', *Social Work in Europe*, vol 8, no 1, pp 54-61.

27. Smith, M. (2004) 'Parental mental health: disruptions to parenting and outcomes for children', *Child and Family Social Work*, vol 9, no 1, pp 3-11.

28. Styron, T.H., Pruett, M.K., McMahon, T.J. and Davidson, L. (2002) 'Fathers with serious mental illnesses: a neglected group', *Psychiatric Rehabilitation Journal*, vol 25, no 3, pp 215-22.

29. Tanner, D. (2000) 'Crossing bridges over troubled waters? Working with children of parents experiencing mental distress', *Social Work Education*, vol 19, no 3, pp 287-97.

30. Tunnard, J. (2004) 'Parental mental health problems: messages from research', *Policy and Practice*.

31. Van Doesum, K.T.M., Hosman, C.M.H. and Riksen-Walraven, J.M. (2005) 'A model-based intervention for depressed mothers and their infants', *Infant Mental Health Journal*, vol 26, no 2, pp 157-76.

32. Zahn-Waxler, C., Duggal, S., Gruber, R. and Bornstein, M.H. (2002) 'Parental psychopathology', in *Handbook of parenting: 4: Social conditions and applied parenting* (2nd ed), Mahwah, NJ: Lawrence Erlbaum Associates, pp 295-327.

Appendix 3 Forward citation search results

Table A3.1: Results of forward citation searches on publications included in review two question two (intervention studies)

Publications included in review	Found in Ovid search	Number of citations found in Ovid	Number of citations found in CSA	Number of citations of possible usefulness not already identified[1]
Alder, 2005	**Yes**	**1**	**3**	**0**
Emerson Davis FDC, 2000	**Yes**	**0**	**0**	**-**
Arkansas CARES, 2002	**No**	**-**	**0**	**-**
Bassett et al, 2001	**Yes**	**1**	**0**	**0**
Basset et al, 2003	**Yes**	**1**	**0**	**0**
Baydar et al, 2003	**Yes**	**5**	**4**	**1**
Beardslee et al, 2003	**Yes**	**18**	**0**	**2**
Beeber et al, 2004	**Yes**	**3**	**0**	**1**
Bogard et al, 1999	**Yes**	**4**	**0**	**1**
Brownrigg et al, 2004	**No**		**0**	
Brunette et al, 2004	**Yes**	**0**	**0**	**-**
Butler et al, 2000	**Yes**	**0**	**0**	**-**
Cardemil et al, 2005	**Yes**	**2**	**0**	**0**
Cichetti et al, 2000	**Yes**	**0**	**0**	**-**
Clarke et al, 2001	**Yes**	**45**	**2**	**1**
Clarke et al, 2002	**Yes**	**12**	**0**	**0**
Cowell et al, 2000	**Yes**	**0**	**0**	**-**
FSS/PACE	**Yes**	**0**	**0**	**-**
Croake and Kelly, 1985	**Yes**	**0**	**0**	**-**
Free et al, 1996	**Yes**	**5**	**0**	**0**
Hye Ha and Ja Oh, 2006	**Yes**	**0**	**0**	**-**
Hanrahan et al, 2005	**Yes**	**0**	**0**	**-**
Hawes and Cottrell, 1999	**Yes**	**1**	**1**	**0**
Kendall and Peterson, 1996	**Yes**	**0**	**0**	**-**
Nickel et al, 2005	**Yes**	**0**	**0**	**-**
Nielsen, 2006	**Yes**	**0**	**0**	**-**
Orel et al, 2003	**Yes**	**0**	**0**	**-**
Papworth et al, 2001	**Yes**	**0**	**0**	**-**
Pasquariella et al, 1996	**No**	**-**	**0**	**-**
Peden et al, 2005	**Yes**	**2**	**0**	**0**
Pitman and Matthey, 2004	**Yes**	**3**	**0**	**0**
Place et al, 2002	**Yes**	**1**	**2**	**1**
Sanders and McFarland, 2000	**Yes**	**6**	**1**	**0**

Publications included in review	Found in Ovid search	Number of citations found in Ovid	Number of citations found in CSA	Number of citations of possible usefulness not already identified[1]
Sheppard, 1997	Yes	1	1	0
Swartz et al, 2006	Yes	1	0	0
Toth et al, 2006	Yes	0	0	0
Tritt et al, 2004	Yes	0	0	-
Verdeli et al, 2004	Yes	3	0	2
Verduyn et al, 2003	Yes	0	0	-
Waldo et al, 1987	Yes	6	0	0
TOTAL	37/40	123	5	9

1. Checked against output from original SCIE search, SCIE map, SCO Online and updating searches.

References identified as possibly useful via forward citation searches and relevant review question

(x2) Beardslee, W.R., Wright, E., Gladstone, T. and Forbes, P. (2007) 'Long-term effects from a randomized trial of two public health preventive interventions for parental depression', *Journal of Family Psychology*, vol 21, no 4, pp 703-713. (R2Q2)

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Byrne, C., Browne, G., Roberts, J., Mills, M., Bell, B., Gafni, A. et al (2006) 'Change in children's behaviour and costs for service use associated with parents' response to treatment for dysthymia', *Journal of the American Academy of Child and Adolescent Psychiatry*, vol 45, no 2, 239-46. (R2Q2)

Reupert, A. and Maybery, D. (2007) 'Families affected by parental mental illness: a multiperspective account of issues and interventions', *American Journal of Orthopsychiatry*, vol 77, no 3, pp 362-9. (R2Q2)

Slack, K. and Webber, M. (2008) 'Do we care? Adult mental health professionals' attitudes towards supporting services users' children', *Child and Family Social Work*, vol 31, no 1, pp 72-9. (R1Q2, R2Q1)

Staudt, M. (2007) 'Treatment engagement with caregivers of at-risk children: gaps in research and conceptualization', *Journal of Child and Family Studies*, vol 16, no 2, pp 183-96. (R2Q1)

Weinreb, L., Nicholson, H., Williams, V. and Anthes, F. (2007) 'Integrating behavioral health services for homeless mothers and children in primary care', *American Journal of Orthopsychiatry*, vol 77, no 1, pp 142-52. (R2Q2)

Weissman, M., Pilowsky, D.J., Wickramaratne, P., Talati, A., Wisniewski, S.R., Fava, M. et al (2006) 'Remissions in maternal depression and child psychology: a START*D-Child report', *Journal of the American Medical Association*, vol 295, no 12, pp 1389-98. (R2Q2)

Appendix 4   Data extraction charts

Data extraction for review two question one: chart and column headings

Chart 1: Detailed description of the service or intervention

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1.   Type of service or intervention
2.   Details of service of intervention (aims, staffing, specialist or mainstream etc)
3.   Intended users
4.   Content and frequency/intensity of service or intervention
5.   Location
6.   Country

Chart 2: Design of the research

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1.   Research questions/hypotheses relevant to access and accessibility
2.   Nature of access/acceptability issue being researched
3.   Research design and methods (relevant to access/acceptability only)
4.   Was access/acceptability identified as a research question at the outset?
5.   For which family member(s) is access/acceptability being explored?
6.   Mental health problems of parents
7.   Representativeness of parents
8.   Drop out rates from research
9.   Dates of study
10. Details of qualitative analysis

Chart 3: Sample details

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1.   Family status of research participants
2.   Sample size
3.   Any SES information about sample
4.   Other

Chart 4: Sufficiency of services available and levels of use

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1. Evidence on whether sufficient services exist
2. Evidence on whether PMHPs are using MH support services
3. Evidence on whether children/other family members are using MH support services

Chart 5: Individual barriers to **accessing** the service/intervention

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1. Mental health factors
2. Beliefs about health seeking
3. Understanding/acceptance of illness
4. Beliefs about services
5. Knowledge of services
6. Family issues/family responsibilities
7. Demographic or socio-economic factors
8. Material resources
9. Cultural views on MHPs or help-seeking
10. Language/ethnicity issues
11. Child custody issues
12. Family difficulties/circumstances
13. Time/schedules
14. Other

Chart 6: Service level barriers or facilitators to **accessing** the service/intervention

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1. Geographical/location factors
2. Organisational factors
3. Exclusions/eligibility
4. Staff factors
5. Availability of services
6. Therapeutic approach/ways of working

Chart 7: Individual level barriers to **using** the service/intervention

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1. Mental health factors
2. Being a parent/family factor
3. Nature of relationship between user and staff
4. Language/ethnicity
5. Socio-economic factors
6. Material resources
7. The fit between what user wants and services on offer
8. Motivation/perceived needs
9. Other

Chart 8: Service level barriers to **using** the service/intervention

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1. Geographical/location factors
2. Ways of working
3. Environment/ambience/facilities
4. Effectiveness of interventions
5. Staff factors
6. Other

Data extraction for review two question two: chart and column headings

Chart 1: Detailed description of the service intervention

Project item ref. number(s)
Author(s)
Date(s) of publication(s)
1. Name of service/intervention
2. Aims of service/intervention
3. Content of the service/intervention
4. Intended users of the service/intervention (e.g. type of mental health problem and family status)
5. Frequency, intensity, duration of intervention/service
6. Practitioners delivering the intervention
7. Theoretical approach underpinning/focus of intervention (e.g. psycho-educational, psychodynamic)

8. Underlying ethos/driver of the service (e.g. attachment; risk, functional etc)
9. Specialist vs. mainstream
10. Stand-alone or co-delivered with other services/interventions (e.g. intervention is part of care package)
11. Context - single or multi-agency
12. Lead agency
13. Physical setting of service/ intervention or where the service/intervention is delivered (e.g. clinic, community centre, home-based)
14. Location: town, country, rural, urban, mixed
15. Status of service/intervention (pilot, short-term project, stable)
16. Funding arrangements
17. Country

Chart 2: Design of evaluation

1. Research questions/research evaluations
2. Basic research design (including when service outcomes were assessed)
3. Mental health problem(s) of parents represented in/the focus of the research (including how 'diagnosed'/ assessed) including where possible severity and duration (i.e. acute/chronic) and presence of dual diagnosis
4. Extent to which the research/ evaluation participants represent the users of the service and/or covered the service itself?
5. Drop out rates from research
6. Date(s) during which study was conducted/data collected

Chart 3: The sample

1. Family status of research participants (e.g. parent, partner, spouse)
2. Sample size
3. Relevant socio-demographic information about sample (e.g. age, gender, BME)
4. Control group details
5. Sample size of control group
6. Relevant socio-demographic information about control group

Chart 4: Quantitative data on mental health/well-being outcomes for parent

1. Hospital admission/readmission
2. Depression
3. Anxiety
4. Stress
5. Self-esteem
6. Negative outlook
7. Substance abuse
8. Psychiatric morbidity
9. Other

Chart 5: Quantitative data on other individual level outcomes for parent

1. Self-reported response to intervention
2. Quality of life
3. Coping strategies
4. Perceived social support (including faith in people)
5. Social functioning
6. Education and employment
7. Access to support services
8. Food skills
9. Independent living - including housing and income
10. Individualised treatment goals
11. Adherence/drop out rates
12. Other

Chart 6: Quantitative data on parenting outcomes

(Practices, attitudes, skills, parent stress, expectations, sense of competence, satisfaction)

1. Parenting outcomes

Chart 7: Quantitative data on family level outcomes

Mother father relationship:
1. Marital adjustment
2. Marital alliance
3. Interpersonal conflict in relation to parenting

Family functioning:
4. Family adaptability
5. Family cohesion
6. Family conflict
7. Change in where child lives/child custody
8. Other

Chart 8: Quantitative data on mother-child relationship outcomes

1. Mother-child interaction
2. Attachment behaviours
3. Mothers' use of affective language and affective understanding

Chart 9: Quantitative data on psychological well-being of child outcomes

1. Psychological well-being/mental health
2. Depression
3. Anxiety
4. Judgements of self
5. Psychiatric admissions

Chart 10: Quantitative data on other child outcomes

1. Understanding of parent's condition
2. Health beliefs
3. Cognitive development (including language)
4. Social adjustment/social functioning/life skills (including peer relationships, school problems)
5. Behaviour
6. Health behaviours and activities
7. Access to support services
8. Health

Chart 11: Factors identified as affecting outcomes

1. Factors affecting outcomes

Chart 12: Qualitative data on outcomes for service user

1. Service user views
2. Other family member views
3. Professional views

Chart 13: Qualitative data on outcomes for other family members

1. Service user views
2. Other family member views
3. Professional views

Chart 14: Costs

1. Costs of providing the service
2. Costs of using the service

Chart 15: Conclusions

1. Conclusions drawn by authors
2. Conclusions drawn by reviewers

Appendix 5   Quality appraisal tools

Quality appraisal tool: RCTs

Jadad items

- Described as randomised?
- Appropriately described as randomised?
- Description of withdrawals and dropouts?

EPOC items (Cochrane Effective Practice and Organisation of Care Group, 2002)

- Concealment of allocation
- 80 per cent follow-up of total sample randomised (at final follow-up)
- Blinded assessment of primary outcomes
- Baseline measurements before intervention
- Substantial differences between groups?
- Reliable primary outcome measures
- Protection against contamination

Quality appraisal tool: non-RCT interventions

Downs and Black (1998)

Reporting
- Is the hypothesis/aim/objective of the study clearly described?
- Are the main outcomes to be measured clearly described in the Introduction or Methods section?
- Are the characteristics of the patients included in the study clearly described?
- Are the interventions of interest clearly described?
- Are the distributions of principal cofounders in each group of subjects to be compared clearly described?
- Are the main findings of the study clearly described?
- Does the study provide estimates of the random variability in the data for the main outcomes?
- Have all important adverse events that may be a consequence of the intervention been reported?
- Have the characteristics of patients lost to follow-up been described?
- Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?

External validity
- Were the subjects asked to participate in the study representative of the entire population from which they were recruited?
- Were those subjects who were prepared to participate representative of the entire population from which they were recruited?
- Were the staff, places and facilities where the patients were treated, representative of the treatment the majority of patients receive?

Internal validity – bias
- Was an attempt made to blind study subjects to the intervention they have received?
- Was an attempt made to blind those measuring the main outcomes of the intervention?
- If any of the results of the study were based on 'data dredging', was this made clear?
- In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies is the time period between the intervention and outcome the same for cases and controls?
- Were the statistical tests used to assess the main outcomes appropriate?
- Was compliance with the intervention/s reliable?
- Were the main outcome measures used accurate (valid and reliable)?

Internal validity – confounding (selection bias)
- Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?
- Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-recruitment studies) recruited over the same period of time?
- Were study subjects randomised to intervention groups?
- Was the randomised intervention assignment concealed from both patients and health care staff until recruitment was complete and irrevocable?
- Was there adequate adjustment for confounding in the analysis from which the main findings were drawn?
- Were losses of patients to follow-up taken into account?

Power
- Did the study have sufficient power to detect a clinically important effect where the probability value for a difference being due to chance is less than 5 per cent?

Appendix 6   Details of interventions/services in RCT studies

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Beardslee, W., Gladstone, T., Wright, E. and Cooper, A. (2003)	The Preventive Intervention Project	'To provide information about mood disorder to parents; to equip parents with the skills they need to communicate information to their children, and to open a dialogue with children about the effects of parental depression'. (p. e121)	**Clinician-Facilitated Intervention** 6-11 sessions. Separate meetings with parents and children; family meetings; and telephone contacts or refresher meetings at 6 to 9 month intervals. **Lecture Intervention** 2 separate meetings delivered in a group format without children present. Used a manual-based lecture script	6-11 sessions with long-term follow-up through 6-9 monthly phone contact or refresher meetings	Psychologists, social workers and nurses who had received specific training	Essentially a trial so not located in routine practice but designed to be used in public health settings	Clinic

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Butler, S.T., Budman, S.H. and Beardslee, W. (2000)	Family Depression Programme: self-administered, video-based intervention for families where one or both parents are depressed	To decrease parental concerns and worries about the children; increase understanding and support of the other family members' experiences and feelings; increased communication with the children about depression	A video-tape for adult family members (parent video); a video-tape for children aged between 7 and 12 (child video); and a parent manual on using the tapes and when and how to get help for children. Based on the content of the Beardslee lectures	Self-administered. Telephone calls to encourage use of the video	Self-administered	Trial recruited patients from mainstream mental health services for adults	Home
Sanders, M.R., MacFarland, M. (2000)	Cognitive Behavioural Family Intervention	Reduce mothers' depression and disruptive behaviour problems in families with a clinically depressed parent and a child with significant conduct problems	Work with families: assessment followed by 8 clinic sessions, twice weekly home observation sessions, and 4 feedback sessions in the family home. Therapy content: based on Sanders and Dadd's (1993) model of parent training. Behavioural intervention focusing on changing parenting techniques through	12 sessions, plus twice weekly home observation, plus an assessment session. Delivered over 3-5 months. Clinic session lasting 1-1.5 hours	Female therapists trained in BFI and CBFI. Clinical psychologists or clinical psychology trainees. Treatment integrity ensured through the use of a detailed treatment manual	Research project	Clinic and home-based

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Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
			instruction and feedback following observation in the home session = Behavioural Family Intervention (BFI). In addition, cognitive therapy components integrated into each session to treat mothers' depression: cognitive restructuring, relaxation skills, training in cognitive coping strategies. This 'enhanced' intervention termed Cognitive Behavioural Family Intervention (CBFI). CBFI was tested against BFI in this study. (Those getting BFI had an extra home session and an extra clinic session to ensure equal amounts of time in therapy were achieved for both groups)				

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Tritt, K., Nickel, M., Nickel, C., Lahmann, C., Mitterlehner, F., Leiberich, P., Loew, T. and Rother, W. (2004)	In-patient psychiatric-psycho-therapeutic treatment for mothers with generalized anxiety disorder	Treatment of generalized anxiety disorder	Inpatient. Treated 'within the scope of an inpatient, integrative, psychiatric-psychotherapeutic concept' (p 751). No other information provided except that for 13/29 mothers, treatment included medication	Inpatient. Duration of stay not stated but at least six weeks	Not stated but intervention takes place in a specialist clinic for psychosomatics and psychotherapy	Specialist	clinic
Baydar, Reid and Webster-Stratton (2003)	The Incredible Years Parent Training Program	Strengthening parenting skills and reducing child-problem behaviour	Parents invited to attend parent groups with partners, friends or family members and engage in learning process through collaborative, problem-solving discussion. Program was translated and offered in Vietnamese and Spanish as well as English	Study 1: weekly 2 hour sessions for 8-9 weeks. Study 2: weekly 2 hour sessions for 12 weeks	Run by a certified parenting clinic leader paired with a Head Start family service worker	Mainstream	Neighbourhood schools

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Verduyn, C., Barrowclough, C., Roberts, J., Tarrier, N. and Harrington, R. (2003)	Cognitive Behaviour Therapy for depression and parenting skills enhancement	To address maternal depression and child behaviour problems	16 group sessions for 6-8 mother-child pairs. The mothers' group and children's play sessions were separate. The mothers' group applied: i) techniques in cognitive therapy for depression; ii) a psycho-educational approach to understanding children's developmental needs; iii) behavioural training in parenting skills, focusing on positive and child-centred methods of control; iv) task setting for practice of skills outside the group	Weekly, 90mins/session, 16 sessions	Clinical psychologists with support from nursery nurses	Community drawn population but a research project	Two local health centres

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Peden, Rayens, Hall and Grant (2005)	Cognitive-behavioural group intervention	Reduce depressive symptoms, negative thinking and chronic stressors in low income single mothers at risk of depression	Cognitive-behavioural group intervention and practice between sessions. Targeted negative thinking and its effects on feelings and depressive behaviours. Used the STOP technique (thought interruption, Meichenbaum, 1977) and affirmations. Group size varied from 4-8 participants. Meals were provided for mothers and children (along with childcare) on the days of the group meetings	4-6 week group intervention (6 hours in total — either 6 x 1 hour sessions or 4 x 90 minutes)	Master's educated psychiatric nurse with experience in leading client groups. Each group leader was trained by the PI in intervention delivery	Specialist	No stated

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Clarke, G.N., Hornbrook, M., Lynch, F., Polen, M., Gale, J., Beardslee, W., O'Connor, E. and Seeley, J. (2001)	Group cognitive behavioural therapy	Prevent depression in the at-risk offspring of parents treated for depression	A manual-based, psycho-educational intervention. Abbreviated version of an adolescent depression treatment programme used in previous controlled outcome investigations. 15 one-hour sessions for groups of 6-10 adolescents, led by master's level therapist who was trained in the approach. Adolescents taught cognitive restructuring techniques to identify and challenge irrational, unrealistic or overly negative thoughts, with a special focus on beliefs related to having a depressed parent	15 one hour sessions. Average no of sessions attended was 9.5 (median 12, range 0-15) and completed homework assignments for an average of 46% of sessions attended	Master's level therapists	Specialist but within an HMO	HMO clinic offices

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Clarke, G.N., Hornbrook, M., Lynch, F., Pollen, M., Gale, J., O'Connor, E., Seeley, J. and Debarr, L (2002)	As above	As above	Same intervention and trial as 101 but described in this paper as a group CBT programme, consisting of 16 two-hour sessions delivered over a period of 8 weeks to groups of 6-10 adolescents, led by 2 therapists trained in the approach	Participants in this sub-group attended an average of 10.1 treatment sessions and completed homework assignments for an average of 35% of the sessions attended	As above	As above	As above
Nickel, M., Nickel, C., Tritt, K., Lahmann, C., Leiberich, P., Muehlbacher, M., Egger, C., Rother, W. and Loew, T. (2005)	Inpatient treatment (psychotherapeutic) of mothers with depressive disorders	To treat maternal depression	Inpatient. Specialized ward: 'integrative, psychiatric, psychotherapeutic setting' (p 367). For some included medication: 12/20 of intervention group and 10/21 of the control group. Psychotherapeutic treatment: 2 individual sessions/week (50mins each with a personal psychotherapist), 3 group sessions (in total??: 60 mins each in a consistent	6 weeks	Psychiatrist and psychotherapist	Specialist	Inpatient setting

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
			therapeutic group), 2 group gestalt sessions (60 min each), 5 analytically based group body psychotherapy sessions (60 min each), therapeutic parental training (120 min per week with subsequent assessment of videotaped sessions) and sport and gymnastic groups (altogether 480 mins)				

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Toth, S.L., Rogosch, F.A., Manly, J.T. and Cicchetti, D. (2006) Cichetti, Rogosch and Toth (2000)	Toddler-parent psychotherapy	To optimize the quality of the mother child relationship in women who had experienced a major depressive disorder since the birth of their child. The intervention is not directed the amelioration of maternal depression but rather toward the promotion of toddler attachment security	Based on work of Friaberg, Adelson and Shapiro (1975); Liebermann, Weston and Pawl (1991) and Lieberman (1992). All therapists use an intervention manual that specifies the principles and procedures for TPP implementation. Mother and toddler seen in conjoint therapy sessions which are conducted within psychotherapeutic principles	Length of intervention period average 58.19 weeks (SD10.00) and ranged from 42 to 79. Mean no. of intervention sessions 45.24 (SD=11.16; range = 30-75)	Referred to as therapists – I assume this means psychotherapist	Research project	n/a

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Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Specialist vs. mainstream	Physical setting of service or intervention or where the service or intervention is delivered
Beeber, L.S., Holditch-Davis, D., Belyea, M.J., Funk, S.G. and Canuso, R. (2004)	In-home intervention for depressive symptoms	To provide short-term, individualised, home-based, Early Head Start-compatible intervention for mothers with depressive symptoms who typically do not seek traditional mental health services	Strategies for managing depressive symptoms, improving problemtic life issues, increasing access to social support, and parenting effectively while symptomatic. Based on therapeutic relationship between intervention nurse and mother, followed by telephone booster phase	Median of 8 face-to-face contacts between nurse and mother over approx. 8-10 weeks. Followed by telephone calls at weekly intervals for an average of 5 calls over 8 weeks (median 7). Final meeting after telephone stage to 'terminate', along with a letter from nurse to mother highlighting mother's achievements during intervention	Intervention nurses – five, female, master's-prepared psychiatric-mental health nurses. Experience ranged from 1 to 31 years and varied in age and ethnic background	Specialist intervention within mainstream Early Head Start programme	Home-based

Appendix 7   Reanalysis of baseline data

Table A7.1   Reanalysis of distribution of attachment styles at baseline: actual number, expected number and adjusted residual (Toth et al, 2006)

Attachment style	Depressed intervention group	Depressed control group	Non-depressed control group	Total
Avoidant	24	18	13	55
	18.3	17.8	18.9	
	1.9	.1	-2.0	
Secure	11	14	38	63
	21	20.4	21.6	
	-3.2	-2.1	5.3	
Resistant	6	6	4	16
	5.3	5.2	5.5	
	0.4	0.5	-0.8	
Disorganised	25	26	13	64
	21.3	20.7	22	
	1.2	1.7	-2.9	
Total	66	64	68	198

Pearson X^2 = 29.003, df=6, p<.0001.

Source: Toth et al (2006)

An adjusted residual of 1.96 or above indicates that the subgroup differs significantly from the overall group to which it belongs. Here we can see very significant differences in secure attachment style at baseline across the three groups, with the DI group showing greater potential for change than the DC group (i.e. with a larger negative adjusted residual). It can be argued that substantial differences at baseline should be controlled for in follow-up analysis or that analysis of change should have taken into account in some way the substantial loss to follow-up (20/66) in the intervention group compared to the two control groups (DC 10/54; NDC 5/68).

Appendix 8   Details of interventions in non-RCT studies

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Intended users of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Location: town, country, rural, urban, mixed
Arkansas Center for Addictions Research , Education and Services (Arkansas CARES), 2002	Arkansas CARES	To decrease maternal substance abuse and promote health family outcomes through prevention, treatment, education, research and advocacy	Intensive dual diagnosis treatment, maternal and child health care clinic, parenting education, health maintenance education, children's mental health services. For example, developmental assessment, early intervention, therapeutic school visits, tutoring.	Dual diagnosis, pregnant women or those with children who enter treatment with them	Residential with average stay of 4.5 months and then 'intensive' aftercare	Paediatricians, family medicine physicians, psychiatrists, nurses, social workers, psychologists, early childhood special education specialists, alcohol and drug abuse treatment counsellors, nutritionists, physical and occupational therapists, speech and language pathologists, toxicology professionals	Little Rock and North Little Rock, Arkansas

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Intended users of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Location: town, country, rural, urban, mixed
Bassett, Lampe and Lloyd, 2001	Living with Under-Fives Programme	Provide safe environment for discussion of parents' issues. Provide opportunity for monitoring parents' mental state and child's development and provide the opportunity for	Parental stream which includes educational session and opportunities to discuss parenting difficulties. Children's stream which include developmentally appropriate activities. Time also for parents and children who 'interact together in completing activities'.	Parents with 'major mental health illness'	Group runs once a week for 2 hours. Programme runs for four 10 week blocks, with a three week 'recess' between blocks (longer over Xmas). Group is open-ended	Four rehabilitation services staff (occupational therapists) facilitate the group. Guest speakers include child welfare, community dieticians,	City

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Intended users of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Location: town, country, rural, urban, mixed
		education necessary for successful parenting. Provide opportunity for interaction with children through structured and unstructured play and develop resources for parents. Provide role modelling for both parents and children and sage environment for practising parenting skills and strengthen parent/child relationship. Increase social networks for parents and children. Provide opportunity to explore mainstream community agencies through guest speakers and	See parent regularly to monitor mental state and instigate early intervention if necessary. Provide parents with support and education about the nature, duration and effects of mental illness. Assist parents to develop more effective parenting skills and retain custody of children. Monitor children's development and intervene early if necessary. Provide forum for group discussion and problem solving, access to information about mainstream services and provides links to those services Encourage parents to observe developmental outcomes within group. Provide children with opportunity to mix with other families		an parents can stay involved until feel no longer need to attend, child starts school, child is removed from their care, or the miss 5 consecutive sessions without notifying programme leaders of reason for absence	social security, child and youth mental health services, domestic violence, community health and emergency services	

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Intended users of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Location: town, country, rural, urban, mixed
		visits					
Bassett, Lloyd and King, 2003	Food Cent$ programme	To guide and enable individuals to use their money wisely while devising their own health eating plan. To empower individuals to make their own health food choices and demonstrate that it is possible to achieve a health diet on a limited budget	Budgeting session, cooking session and supermarket tour. Us of the '10-Plan', a kilo-cent counter, and the Health Food Pyramid	Mothers with a mental illness	Three educational sessions	Occupational therapists	City.

Author(s)	Name of service or intervention	Aims of service or intervention	Content of the service or intervention	Intended users of the service or intervention	Frequency, intensity, duration of service or intervention	Practitioners delivering the service or intervention	Location: town, country, rural, urban, mixed
Orel, Groves and Shannon, 2003	Positive Connections	To enhance children's ability to understand and cope with their parent's mental illness by providing education, support and mentoring. Long-term goals are to: increase child's awareness and understanding of parent's mental illness; increase child's ability to identify and cope with feelings related to having a parent with a mental illness; strengthen the available support system and facilitate formation of a relationship with a mentor. An education programme is the foundation of the intervention	5 week psycho-educational group conducted by trained mental health professionals. A 'closed 5-week peer support group' facilitated by trained mental health professionals. If educational and support group elements are completed children are 'carefully matched with trained volunteer mentors from **Big Brothers Big Sisters'**. Mental health professionals facilitate and support the one-to-one mentoring relationships between the children and the 'caring adults'. 6 months formal period of mentoring. Formal graduation ceremony 'celebrates and recognizes a child's successful completing of the three components of the **Positive Connections** programme. Ongoing support (not described) for parents is also available	Children aged between 8 and 13 who have a parent with a 'diagnosed mental illness'. Diagnoses 'included bipolar disorder, major depressive disorder, and schizophrenia'. Child must also have 'referral needs centred around the mental illness of the parent', for example, anger, fear, sadness, confusion, isolation, guilt or embarrassment. Children not accepted if they have their own personal treatment needs or behavioural symptoms that are not stabilised	One psycho-educational group a week, one support group a week, followed by six months of mentoring of unspecified intensity. Children must attend 4/5 educational groups and 4/5 support groups to progress to next stage	Trained mental health professionals' plus trained volunteer mentors	Not clear

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Sheppard, 2004	Direct social work, and indirect work through other agencies	To provide social (emotional and instrumental) support to depressed mothers	From social worker: emotional support, advice, direct work with children, emotional/dynamic work, financial support, encouraging social participation. From indirect work with other agencies: therapeutic work (parents), family therapy, parenting skills development, budgeting help, practical support, relief care of children, long-term care of children, direct work with children	Birth or adoptive mothers in care managed families on child and family social work caseloads who screened positively for depression.	Varied	Social workers in four teams	Urban
Bogard, McConnell, Gerstel and Schwartz, 1999	10 different shelters were studied	10 different shelters were studied	10 shelters for homeless families providing a range of mental health services (including a policy of isolation from pre-existing social networks)	Homeless mothers	Varied (included as a variable in analysis)	Varied (included as a variable in analysis)	Westchester County, New York

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Brownrigg, Soulsby and Place, 2004; Place et al, 2002	The Strength to Strength service	To enable the child to recognise their existing strengths, skills and positive qualities and to enhance these further. To help parents acknowledge the parenting skills they already have and, building on these, increase their self-esteem	For the Child: Starts with assessment, then feedback to the child about their strengths, then seeks to build up the areas of identified need through regular one-to-one visits with specific activities (techniques included solution-focused interventions and narrative therapy techniques). This is reinforced through series of group sessions where main principle is to have fun (in order to enhance communication skills etc). For the Parent: Assessment, individual, family and parent group sessions. For the Family as a whole: assessment, family meetings and psycho education sessions	Children whose parent's have a significant depressive illness (and their parents)	Not stated (implies it is needs led)	2 full time workers with experience of working with children with mental health difficulties (backgrounds in social work and nursing)	Not stated

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Brunette, Richardson, White, Bemis and Eelkema, 2004	Integrated Family Treatment	No specific aims listed other than to coordinate services for adults and children within the mental health centre as well as provide home-based services. (Talks about nurse visitation home schemes in general designed to help families at risk if failure.)	Provides home-based services to parents and children while they participated in mental health services. Consists of: 1) Engagement into treatment, 2)Assessment, 3) Linkage into environmental support, 4) Education about child development, 5) Parenting skills training, modelling and coaching	Parents and children while they participate in more general mental health services	Mean number of IFT visits in the 7 families who completed the study was 50 (range 41-78) over 1 year	A family specialist clinician	New Hampshire

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Cowell, McNaughton and Ailey, 2000	Mexican American problem-solving (MAPS) home and school-based school nursing intervention	To promote the mental health of Mexican American families	Home and school based school nursing intervention with Mexican immigrant families. Included relationship development through home visits and classes over time and 'Stop, Think and Act' steps for problem solving. Mothers were given decisional control in that they determined the location and frequency of the visits, as well as topics for applying Stop, Think and Act. Children attended group sessions on nutrition, exercise, behaviour choices, Mexican culture and family values, planning for the future and violence in the community. Were also encouraged to address their concerns using Stop, Think and Act	Mexican American parents and children	8 home visits over 8 weeks to mothers. Group activities over 6 weeks for children	School nurse conducted home visits. Graduate nursing students conducted the children's group programme	Chicago

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Not given, 2003	The Family Support Service/PACE Program of the Community Mental Health Centre for Mid-Eastern Iowa	To help parents with mental illness by building a bridge between mental health services and other service delivery systems. More specifically, to build on parents' strengths and provide the services and supports they need to avoid losing custody of their children; to help parents avoid unplanned hospitalizations; and to increase the quality of life of families	Services include case management, individual therapy for both adults and children, medication and illness management, parenting skills training and child-development education, problem-solving skills training, strength identification for the entire family and advocacy. Case managers also educate parents and family members about mental illness and its effects on the individual and the family. Also, 24 hour on call support, emergency assistance, transportation, a monthly social support group for mothers, tenant landlord mediation, financial assistance, crisis planning, transitional planning (e.g. after hospitalization) and housing assistance	Parents with mental health problems and their families	Services are provided for as long as the family needs them (as long as minors live at home) — typically around 3 years. The amount and type of contact is determined by the family's needs. Usually, minimum of one contact per week with telephone follow up	FSS/PACE is staffed by 2x masters level licensed clinical social workers (case managers) who work closely with many of the clinical staff at the centre (the centre has 43 staff, 26 of whom offer clinical or direct care services)	Iowa City

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Croake and Kelly, 1985	Adlerian Family Therapy	Referrals to therapy were made in order to help the diagnosed patients adjust to family life upon return home after hospitalisation. However, the therapy itself focussed on the whole family and its inter-relationships	Series of standardized family therapy sessions followed by homework assignments	Whole family	14 sessions (weekly?)	All therapy conducted by the first author (J W Croake)	Not stated
Free, Alechina and Waxler, 1996	Not a specific service	Not a specific service	Psychotherapy (to treat depression)	Study is concerned with depressed mothers who have had (or have not had) psychotherapy	All durations included	Not a specific service	Not stated

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Hanrahan, McCoy, Cloninger, Dincin, Zeitz, Simpatico and Luchins, 2005	Thresholds Mothers' Project	Meet basic practical and psychiatric needs of homeless parents with MHPs (and their children). Help mothers to maintain or regain custody of children was a goal where possible	Practical problems of daily living were major focus. Mothers were helped to meet basic needs and to stabilize their living arrangements. All mothers saw a psychiatrist shortly after enrolling. MH services included psychiatric diagnosis, medication monitoring and participation in the Mother's Project (?). Health care, including family planning, was also an important part of the programme. Care managers helped with enrolling children into education, and primary intervention services were offered to children through a therapeutic nursery, an after school programme and more	Mothers with psychiatric illnesses who are homeless (and their children)	Not stated	Care managers and a psychiatrist	Not stated

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Hawes and Cottrell, 1999	Psychiatric admission	Focussed on psychiatric illness of parent (study is looking at impact on child)	Admission to acute psychiatric wards	Mothers	Admissions varied from 'very short' to up to one year. 5 mothers from the group who were interviewed, and 5 from the group who were not, were in hospital for more than 3 months	Not stated	East London

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Kendall and Peterson' 1996	School-Based Adolescent Mental Health Programme at PIVOT	To provide mental health services to at least 50% of the student pop of a high school for teenage mothers and their children. Treatment goals focus on symptom reduction, supporting the student in school, resolution of interpersonal conflicts, decreasing family violence, and improving self-efficacy using a brief therapy solution-focussed approach. Have initial assessment, weekly appointments and then 6 week check ups	Indirect services: helping staff at the school identify mental health problems in students, consulting with staff on mental health issues within the student pop, developing education programmes for staff on adolescent and child mental health. Also provide emotional support for staff individually or in groups. Direct services to students: diagnostic and evaluation services, crisis intervention, brief psychotherapy, intermittent supportive psychotherapy, group support for incest survivors, and/or insight-orientated psychotherapy	Teenage mothers with mental health problems	Most students referred to the clinic received short term CBT during class hours. Some group sessions were also run	13 faculty members, 3 part-time staff psychiatric nurse practitioners and 8-10 graduate nursing students. Support staff include a half time clinic director, a full time secretary and a full time receptionist. The clinic also hires 2 psychiatrists and a psychiatric nurse practitioner with prescriptive authority for 4 hours each month, primarily for medication consultation and Title XIX reviews. (Note: Don't know if this covers the 5 clinic sites or just the clinic in the alternative school). Faculty staff devote approx 8-12 hours a week to clinic operations.	Portland

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Hy Ha and Ja Oh, 2006	Cognitive-Behavioural Group Therapy	To reduce depressive symptoms in mothers (first 4 sessions) and the reduce behaviour problems in their children by enhancing parenting skills (latter 4 sessions)	CBT techniques such as thought monitoring, assignments, reality testing and cognitive restructuring were used, covering the experiences of negative effect resulting from negative interaction with children. Also practical parenting skills	Depressed mothers of children with behavioural problems (between ages of 5 and 12) who had come to psychiatric clinics for behavioural probs	8x 2hour weekly sessions over 8 weeks, followed by a booster session 3 months after the programme was completed	First author, assisted by psychologist resident	Not stated (Seoul?)

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Waldo, Roath, Levine and Freedman, 1987	Denver Mothers' and Children's Project	To teach mothering skills to schizophrenic mothers, to monitor the developmental progress of their children and provide early intervention when needed, and to develop a model for the establishment of similar programmes	Initial assessment (home visit) followed a by 2.5 hour weekly meeting (10am - 12.30). Transport provided. First 45 minutes = small volunteer led groups (mothers and children) focus on developmental education, directed play and role modelling, including modelling good language behaviour and age-appropriate activities (supervised by child specialist). After break, children go to therapeutic nursery, mothers meet in separate therapy group led by social worker and vol. Discuss parenting/ being schizophrenic parent. Didactic sessions address specific concerns e.g. discipline, toilet training, birth control. Lunch (opportunity to instruct mothers in nutrition, help with feeding problems)	Schizophrenic mothers and their preschool children (must also be registered patients with a mental health clinic or a psychiatrist and must have a significant, ongoing relationship with child). Of the 52 women referred to the service 1982-May 1986, 21 were refused admission. Reasons included: diagnosis of schizophrenia not confirmed; children permanently separated from mother; children not preschool; or the primary reason for referral was persistent or life-threatening child abuse or the court's attempt to establish the woman's inability to parent.	Mothers may remain in the programme as long as they feel it is helpful to them (currently at capacity with 10 mothers and 12 preschool children)	Programme director does initial assessment (Waldo). Staff consist of a psychologist (10 hours per week), a child development specialist and a social worker (4 hours a week each), plus 5 volunteers (experienced and successful mothers recruited by word of mouth. Also 2 research trainees and one paid domestic assistant who provides lunches for weekly meetings. Most volunteers have been with the programme for more than 3 years	Denver

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Papworth, Milne and Taylor, 2001	Not given	To prevent the development o psychological difficulties in vulnerable mothers	Manualised preventative programme. Mothers attended 1 of 2 concurrent series of group meetings. Childcare provided. Content included: stress management and lifestyle change approaches; methods of facilitating social support and forming links with environmental supports (e.g. child care schemes, money saving resources); strategies for boosting self-esteem and facilitating positive coping approaches; and managing children's behaviour	Mothers considered to be vulnerable to the development of psychological difficulties (but not suffering from them at the moment)	6x scheduled, weekly 2 hour group meetings over 8 weeks (inc 2 week holiday break). Participants were offered the opportunity to continue meeting after the programme had finished with a view to them receiving ongoing peer support	Not stated	Newcastle-Upon-Tyne

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Nielsen, 2005	Family Therapy	To improve family climate with the overall aim of improving children's wellbeing and development	Family therapy (no details given)	Parents in an open psycho-therapeutic ward for non-psychotic patients and all children living at home (under 18). Were referred if simultaneously had family problems and mental disorders. Was possible to temporarily involve other relevant parts of the social network in the treatment as well	Duration of treatment and number of sessions were adjusted according to the needs of the families and the guidelines of the wards (normally limited to max of 10 sessions). Av no of sessions undertaken was 7 for participants and 3 for drop outs	All qualified to do psychotherapy. 2 therapists handled each individual course of family therapy, at least one of whom was experienced in family therapy including the participation of children	County of Copenhagen

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Swart, Zuckoff, Frank, Spielvogle, Shear, Fleming and Scott, 2006	Brief Interpersonal Psycho-therapy for Depressed Mothers (IPT-MOMS)	To treat depressions and to address the practical (e.g. transport), psychological (including fear of being blamed) and cultural impediments (e.g. expectations of racial bias) to treatment seeking	45 minute engagement session (based on principals of motivational interviewing and ethnographic interviewing) followed by 8 sessions of a modified form of interpersonal psychotherapy (IPT). All sessions were video taped	Depressed mothers of children who are receiving psychiatric treatment	Subjects were given a 14 week window in which to complete the engagement session and 8 psychotherapy sessions (although tried to schedule appointments weekly). No additional visits were offered if the 9 visits were completed prior to the end of the	All study personnel were trained mental health clinicians (master's level or higher). Clinical psychologist was male and Caucasian	Pittsburgh?

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					14 week period. After the 14 weeks subjects were free to receive additional MH treatment from their local MH clinic if clinically indicated (Note: 10% of completing subjects – 1/10 – did receive psychiatric treatment between week 14 and 6 months)		

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Cardemil, Kim, Pinedo and Miller, 2005	Family Coping Skills Program (FCSP)	Culturally appropriate depression prevention program that aims to overcome some of the recruitment and retention difficulties encountered by other programs and that would be interesting and beneficial to participants. .	Group and family sessions. Group sessions designed for 3-5 people. Assessment/orientation prior to enrolment. 6 group sessions teach cognitive skills and give info on effective parenting. Provides supportive environ and opportunity to share common experiences/ act as co-experts with others in similar circs. Format: comb of presentation of info and facilitation of interactive group discussion. Family sessions provide opportunity for participants and adult family members to have important conversations. Also psycho-education around depression and stress, stress management and problem solving	Low income Latina mothers	6x group sessions lasting 90 minutes and 2x family sessions lasting 1 hour each	Group leaders and 3 of the co-leaders were fluent in both Spanish and English	Not stated

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Alder, 2005	The Peace Outreach project	Help clients develop the skills, confidence and necessary social, family and other supports to enable them to live as independently as possible in the community and manage their own mental health	Individually tailored approach – one to one work, plus group meetings and events. The group programme is decided by the clients and has included day trips and getting speakers in on things like Sure Start and welfare rights	People with severe and enduring mental health problems who have dependent children. Not currently engaged with statutory services. To date all referrals have been women		Project coordinator and group worker - professional qualifications not stated	London borough of Bromley – mixed
Not given, 2000	The Emerson-Davis Family Development Centre: supportive residential service, run by the Institute for Community Living	To help mothers reunite with their children who have been placed in foster care because of the mother's mental illness and homelessness	A residential centre also providing day services. 16 apartments house single parent families with 1/2 children; 22 apartments house recovering single adults who, wherever possible, are selected as candidates for eventual reunification. Mental health, social service and educational interventions	Mothers with mental illness and history of homelessness wanting to reunite with their children	Residential. Individual, case management approach. Multi-disciplinary. Includes: mental health services, on-site counselling and rehab, on-site crisis intervention, medication monitoring, adult and child health care, legal services, special needs	Multi-disciplinary team: social worker, counsellor. Clinical child psychologist, family development specialist, substance abuse counsellor, case managers, child care workers	New York

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					assistance, on-site educational services for children and adults, psycho-educational assessments, on-site parenting skills training. In addition 2 specific programmes: *The learning programme:* establishes personal learning goals for all family members. Parents=adherence to MH regime, activities of daily living, health maintenance, parenting, family planning, and social, educational, vocational and citizenship skills		

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					Children = daily living, socialisation, education skills The social problem solving programme: socialisation skills/social cognitive skills modules Length of stay= 2 days to 65 months		
Pasquariella, Berlin and Lobel, 1998	P.A.C.T. (Parents and Children Together) Therapeutic Unit	1. To provide primary and secondary preventive intervention to the children to decrease the likelihood of their developing psychiatric disorders, and to reduce the intensity and duration of existing symptomatology. 2. To provide support, guidance, community	1. *Assessment by psychotherapist* 2. *Treatment in a 3 mornings/week therapeutic nursery* attended by mother and child which includes: a) individual therapy for the parent and child: for the parent the goal is amelioration of their symptomatology; for the child: supporting emotional/social development b) *tripartite or dyadic (parent-child) therapy* directed at improving parenting motivation, competence and	Severely and chronically mentally ill adults (DSM IV major psychiatric disorder, excluding a primary diagnosis of Adjustment Disorder or Substance Abuse), their children (from birth to 5 yrs) and their families	3 mornings a week. Mean time spent in program (for those who stayed until mutually agreed discharge) =21.6 months (range=9.7 - 48 months)	Psychotherapist, psychiatrist, clinicians with extensive experience in child and adult psychiatry, clinical supervisor	Not clear but takes referrals from across the whole county of Westchester which is New York state

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		outreach, and therapeutic services to the parents in order to enhance their mental health and level of functioning and, in turn, to strengthen and stabilize the family system. (p 235)	confidence (with the view that this will support the development of secure attachment between child and parent); c) *parent group therapy*: provides emotional, social and practical support to help parents function in their adult and parent roles. **Post discharge support** tailored to the specific needs of the family. Detailed holistic discharge planning. In some cases there is on-going work with the parent and child with the same therapist. There may also be referrals to other services. Also *services for siblings*: when indicated, input for school-aged siblings is also provided				

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Pitman and Matthey, 2004	The SMILES (Simplifying Mental Illness + Life En-hancement Skills) Program	For children aged 8-16 who have a parent or sibling experiencing MHPs. To provide age-appropriate education about mental illness, teach life skills to improve the children's capacity to cope more effectively and increase their resilience, improve the children's self-expression and creativity, increase their self-esteem, and reduce feelings of isolation	3 consecutive days (6 hour sessions) over the school holidays. Including, education about mental illness, communication exercises, problem solving, artwork, music, interactive and relaxation exercises. Also age appropriate games and activities. If sufficient numbers, then run two age groups: 8-12, 13-16	For children aged 8-16 who have a parent or sibling experiencing MHP	3 consec. days, 6 hours/day	Erica Pitman (first author) plus co-facilitators	Not stated

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Verdeli, Ferro, Wickramaratne, Greenwald, Blanco and Weissman, 2004	Inter-personal psycho-therapy (feasibility pilot)		Interpersonal psychotherapy – treatment for depression that also addresses interpersonal functioning	Depressed mothers who are bringing their children for treatment for depression	Weekly, 45 mins/session, 12 weeks	Experienced interpersonal psychotherapist	not stated

Addendum

Note of changes to the scope/extent of the reviews discussed between SPRU and SCIE in May 2007 and agreed in June 2007

1. New limitations to the reviews agreed by SCIE and SPRU

a) Parents who are in prison

Research where the target population is parents in prison will now be excluded. SCIE is currently doing work on children of prisoners which, it was felt, would overlap to some degree to the research we would have been covering.

b) Generic parenting interventions: clarification of SPRU's approach

Generic parenting interventions will be being used by parents with mental health problems, and evaluations of such interventions do sometimes include measures of parental mental health. Two reviews of the effectiveness of parenting interventions have recently been published. We will only include evaluations of generic parenting interventions when the intervention has been applied/ targeted at parents with mental health problems and/or parents at risk of mental health problems

c) Interventions initially delivered within the six months of birth

Some post-natal interventions continue over a number of months, even years, and are also evaluated over a lengthy period of time. However, if the intervention/service was first delivered within the first six months post delivery they will be excluded from the review.

2. Additional limitations to retrieval agreed between SCIE and SPRU

a) Books and book chapters

Epidemiology searches
Searches carried out and books and book chapters already retrieved. We will not retrieve further books/book chapters referenced in reference lists unless they appear to be a critical text (indicated by authorship, title, and possibly abstract). A note will be made of the rationale for retrieving.

Social Care Online
We will not retrieve books or book chapters unless appears to be a critical text (indicated by authorship, title, and possibly abstract). A note will be made of the rationale for retrieving.

Other sources
Sources of evidence may be recommended to us by expert sources or we may come across them via other miscellaneous routes. We will not retrieve books or book chapters unless appears to be a critical text (indicated by authorship, title, and possibly abstract). A note will be made of the rationale for retrieving.

The Australian review
This has been quickly reviewed and did not appear to contain much new/relevant material. This will now be properly checked. In terms of books or book chapters, we will not retrieve unless they appear to be a critical text (indicated by authorship, title, and possibly abstract). A note will be made of the rationale for retrieving.

Updating of SCIE searches
We will not retrieve books or book chapters unless appears to be a critical text (indicated by authorship, title, and possibly abstract). A note will be made of the rationale for retrieving.

Reference lists of included studies
See below.

b) Reference lists of included studies

We will be checking reference lists of included studies. A note will be made of all references which appear to be potentially relevant. These will be checked to see if they have already been screened by SCIE or SPRU. Those not already identified by SCIE or SPRU will be rechecked, where possible by also viewing the abstract, by two members of the research team. The researchers will then make a decision whether or not to retrieve each item. Books or book chapters will not be retrieved unless they appear to be a critical text (indicated by authorship, title, and possibly abstract). A note will be made of the rationale for retrieving.