Policy and research interest in carers continues to grow

Effective support may benefit patients and carers

There is no ‘one-size-fits-all’ intervention to support carers

Best evidence for interventions that may have an effect on carers:

For carers of people with dementia
- Shared learning
- Cognitive reframing
- Meditation
- Computer-delivered psychosocial interventions

For carers of people with cancer:
- Psychosocial interventions
- Art therapy
- Counselling

For carers of people with stroke:
- Counselling

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Why is this update important right now?

Policy and research

Policy and research interest in carers – those who provide support, on an unpaid basis, to ill, disabled or older people on an unpaid basis, and sets out implications for further research and practice. The work updates a previous meta-review by Parker et al 2010.

Evidence was sought on non-pharmacological support interventions for carers involving any direct outcome for carers and with relevance to the UK health and social care system. We also sought the views of carers who provided feedback on our findings.

Patterns in the literature were similar to earlier work. The quality of the reviews had improved; but primary studies remained limited in quality and quantity. The best evidence focused on interventions to support carers of people with dementia; others supported carers of people with cancer and those following a stroke. Further evidence existed for carers of people with various conditions at the end of life and those with mental health problems; however, this evidence was largely based on analyses of single studies that appeared generally less methodologically robust. Interventions were largely multicomponent with particular emphasis on psychosocial, psychoeducational, education or training aspects. The most common outcomes were mental health, burden and stress, and wellbeing/quality of life. Potential exists for effective support in specific groups of carers. A number of helpful high quality systematic reviews provided the basis of the recommendations made in the report.

Beyond this, there was little secure evidence about any of the interventions included in the reviews. This was not the same as saying that these interventions had no positive impact. Rather what the review revealed was poor quality primary research, often based on small numbers, testing interventions that had no theoretical underpinning, with outcome measures that might have little relevance to the recipients of the interventions.

Healthcare commissioning

Given the increase in published evidence since the meta-review in 2010, the introduction of the Care Act in 2014, the NHS England Commitment to Carers, and an increased emphasis on joint working across social and health services, an updated meta-review was considered helpful to inform both the NHS and future research commissioning in relation to the needs of different types of carers and information about interventions to support them.
What are the most promising interventions to support carers?

The table below draws together the best available evidence on promising interventions to support carers.

<table>
<thead>
<tr>
<th>Type of carer</th>
<th>Outcome improved</th>
<th>Type of intervention</th>
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</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>Anxiety</td>
<td>Cognitive reframing[^4]</td>
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<tr>
<td></td>
<td>Anxiety</td>
<td>Psychosocial interventions (computer-mediated)[^5]</td>
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<tr>
<td></td>
<td>Burden</td>
<td>Educational interventions aimed at teaching skills[^6]</td>
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<tr>
<td></td>
<td>Burden</td>
<td>Inter-disciplinary education and support[^7]</td>
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<tr>
<td></td>
<td>Burden (although outcome not explicitly defined)</td>
<td>Support groups[^8]</td>
</tr>
<tr>
<td></td>
<td>Burden and stress</td>
<td>Psychosocial interventions (computer-mediated)[^5]</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Cognitive reframing[^4]</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Meditation-based interventions[^6]</td>
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<td></td>
<td>Depression</td>
<td>Support groups[^8]</td>
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<td></td>
<td>Depression</td>
<td>Telephone counselling[^10]</td>
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<tr>
<td>Cancer</td>
<td>Mental health</td>
<td>Art therapy[^11]</td>
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<td></td>
<td>Physical distress</td>
<td>Couples-based psychosocial interventions[^12]</td>
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<tr>
<td></td>
<td>Psychological distress</td>
<td>Couples-based psychosocial interventions[^12]</td>
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<td></td>
<td>Quality of life</td>
<td>Psychosocial intervention based on problem-solving and communication skills[^13]</td>
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<td></td>
<td>Quality of life: relationship functioning</td>
<td>Counselling therapy[^12]</td>
</tr>
<tr>
<td>Stroke</td>
<td>Family functioning</td>
<td>Counselling[^14,15]</td>
</tr>
</tbody>
</table>
What’s most important for future healthcare commissioning and research?

The updated meta-review suggests a number of promising interventions for effective support in specific groups of carers. These include shared learning, cognitive reframing, meditation, and computer-delivered psychosocial interventions for carers of people with dementia; psychosocial interventions, art therapy, and counselling for carers of people with cancer. Counselling may also help carers of people with stroke.

More good quality, theory-based, primary research is warranted. Evidence is needed on the differential impact of interventions for types of carers, together with the effectiveness of constituent parts in multicomponent programmes. Further research triangulating qualitative and quantitative evidence on respite care is urgently required. Overlap of primary studies was not formally investigated in our review and warrants future evaluation.

References

9. Hurley RV, Patterson TG, Cooley SJ. Meditation-based interventions for family caregivers of people with dementia: a review of the empirical literature.