



Research Inspired by Service Experts

Does parental support impact the effectiveness of mental health services for young people?



- Parental support often helps mental health treatment for young people to work, but not always.
- There are lots of ways that parents can be involved or provide support, and it is not clear that any particular way is best.
- Parents can help young people to access CAMHS, but there are a lot of reasons why this is difficult for many parents to do.
- Some young people want their parents to be involved and others do not; young people should be asked how they would like to involve their parents.

What did we find?

Parental support can mean being directly involved in their children's therapy, for example attending therapy sessions aimed at the parent themselves to help the child or young person, or it may be the support they give their child at home more generally, for example helping them to access CAMHS. Children and young people will vary in how much of either type of parental support they receive. It is important to find out if parental support does make therapy in CAMHS more effective and if so, it should be incorporated into therapy plans.

Many parents appreciate some level of involvement in their young person's therapy so that they can understand the therapy and provide support outside of sessions. Parents in one study of therapy for social anxiety reported appreciating a flexible approach to involvement.¹

Citation Top Tip

If you see a little number above a word **like this¹** then go to the references section at the end of this report to see the source of the information.

Guidance for practitioners



For some CAMHS therapies, the parental involvement is in the guidelines of best practice of therapy. For example, for Attention Deficit Hyperactivity Disorder (ADHD), the NICE guidelines recommend that there should be regular discussions with parents as well as the young person around therapy planning and decisions, and what parents can do to help their child.⁶

Effects of parental involvement in therapy

Many therapies in child mental health require some direct involvement of parents. However, for some, there are no specific recommendations. But this does not mean that parental support does not have an impact on the effectiveness of therapy.

In a review of studies on parental support in the use of Cognitive Behavioural Therapy (CBT) as a therapy for anxiety, nearly all of the included studies found benefits of therapies where parents were involved; these benefits lasted both in the short and longer term. The studies also had high level of parental satisfaction with their child's therapy. But satisfaction of the children and young people was not reported.²

However, one study in the review compared internet delivered therapy for anxiety with and without parental involvement and found no improvements after therapy was completed.³ Most parents who took part said they were already providing support to their child even if they were not in the parent sessions group.

A review of studies on therapy of anxiety and depression found that 16% of the studies of therapy that included parents reported improvements in the young person compared to when parents were not involved. 84% of the studies found no differences.⁴ The authors of the review could not find any key differences between the studies that found improvements and those that did not. So, the findings could be down to other factors such as group or individual therapy, or the specific mental health need.

In the studies that focused on depression, two of the five studies which compared parental involvement to no parent involvement in therapy found that there were advantages of working with the parents. The authors added that no study showed that parental involvement led to a negative impact on the therapy.⁴

None of the included studies compared CBT with and without parental involvement, so we cannot say for certain that the parental support made a difference on the effectiveness of therapy.



How parents are involved in therapy



Parents supported their children in different ways across the studies. In some studies parents attended the therapy sessions with the young person, some parents had sessions by themselves, and some had sessions with the young person as well as separate sessions by themselves.²

The main areas covered with parents included understanding the core parts of CBT, skills to help them manage their young person's anxiety, avoidance, and difficulties, but also parent's own beliefs, relapse prevention training, and problem solving.²

Differences in the format or content of parent involvement did not seem to make a difference to how effective the therapy was. This could mean that just the parents being involved was beneficial to the young person.²

The review found there were differences in how parents were involved depending on the mental health difficulties being treated. For example, parental involvement in anxiety therapy was more about specific skills to help reduce the young person's anxiety. In the depression studies, family relationships were the most targeted area (for example communication, and parental behaviours which may contribute to depression in children and young people).

Another review found that in studies of CBT for anxiety, when parents learned how to support their child to change their behaviour and where there was a transfer of the therapist role from therapist to parent, young people's anxiety continued to decrease one year after therapy. This was not found in studies without these specific kinds of parent involvement. This may mean that these types of parent involvement may help the effects of therapy to last longer.⁵

Parental support/ engagement more generally

Parents can have an important role in supporting their child whilst they are attending sessions with CAMHS. Often, parents have most of the responsibility of managing a young person's symptoms, attendance at therapy and following therapy plans with them.⁷

Lots of studies have found that parental support can be very important in helping children and young people to initially access CAMHS.⁸⁻¹⁰ However, some parents may not be so supportive as they are worried about what others may think about their child accessing CAMHS, or they might have negative attitudes towards mental health services.^{11, 12} Young people may also be less likely to seek help from services if they feel that it was their parents' choice.¹³ There may also be differences between the parents and young people about how much they believe that the young person is suffering, and how bad the problem is.¹¹

Studies have found that there are practical issues which can make it hard for parents to support young people's therapy with CAMHS, such as not being able to take time off work, difficulty getting childcare, lack of flexibility in appointments, and transport issues such as lack of public transport- especially in rural areas.^{11, 12}

How young people feel about parent involvement

There are individual differences in how the young people feel about their parents being involved in their therapy. Some studies have found that that parental involvement in therapy can feel too intrusive at times, and that the young people (and their parents) couldn't speak openly in front of each other.¹⁴ However, one study found that young people experienced their parents' involvement helpful as they could provide support outside of sessions.¹

Young people in one study felt it was very important that they had control over how their parents were involved in their therapy. This could be challenging for clinicians if young people's wishes would mean a change to therapy plans or if it is difficult to contact or engage parents.⁸

This is sometimes reflected in practice. Some therapy guidelines say that young people should be asked if they want a parent or carer to be part of any discussions around their therapy. This must always be balanced with risk management.⁶



Research suggests that increased parental support often increases effectiveness of therapy in CAMHS, but not always.

It is too simple to say that parents should be involved in only one specific way in all CAMHS therapies as there will be differences in how parents can help support their young person.

Level of parental involvement needs to be adapted depending on the child's age and capacity.¹⁵ It also needs to be tailored to the mental health need being treated.

Some studies suggest that parents may not need to be involved in the young person's therapy, but instead it is simply the support that they provide which is key.^{7, 8} One example of this is providing support for their child just to access CAMHS at the beginning.

More work is needed to identify if there are certain groups of young people who would benefit most from parental involvement in therapy, and those who would not find it helpful, as well as reasons why some young people prefer not to have their parents be involved.

Work is also needed to find out which parents take part in their child's therapy and which parents decline to take part. Research testing strategies to make it easier for parents to support children's therapy is also needed. No studies were found that looked at if there was an optimal level of parental support that helped therapy.

What did young people ask us?

Young people who have used the Child and Adolescent Mental Health Services (CAMHS) in Devon were asked about their experiences and what questions they would like us to answer.

Young people also rated which questions were the most important to them. One of these questions was “Does parental support impact the effectiveness of mental health services for young people?”.

What did we do?

We searched for any past research on parental support in CAMHS and outcomes for young people. In this summary, we use the terms ‘young person’ or ‘young people’ to refer to anyone under the age of 18. We focused on studies where the young person received the therapy directly, not those where the therapist worked with the parents only.

We did not include studies or documents that:

- Were about therapy working with the parent(s) only (not including the child or young person in the therapy).
- Were published before 2017

We searched seven different scientific databases TRIP database, NICE Evidence, Epistemonikos, CDSR in the Cochrane Library, Medline, PsycINFO and CINAHL, to find evidence for this summary. We then asked experts in parental support in CAMHS and young CAMHS service users to review this summary to make sure that it is accurate and easy to understand.



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Scientific databases used:

TRIP database: Turning Research into Practice database
NICE Evidence: National Institute for Health and Care Excellence Evidence database
Epistemonikos
CDSR: Cochrane Database of Systematic Reviews
MEDLINE: Medical Literature Analysis and Retrieval System Online database
PsychINFO: American Psychological Association Psychological information database
CINAHL: Cumulative Index to Nursing and Allied Health Literature database

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This work was funded by the NIHR Clinical Research Network South West and the NIHR Mental Health Programme as part of the NIHR Applied Research Collaboration South West Peninsula (PenARC). The views expressed here are those of the authors and not necessarily those of the National Institute for Health Research or the Department of Health and Social Care.

Information correct as of August 2022.