Response / Child Wellbeing: Mental Health

Impact of response-focused interventions to improve mental health is unclear.

Evidence status	High risk of bias	Unclear impact of response interventions on children's mental health

The summary in brief

Child maltreatment can lead to adverse mental health outcomes for children. Even participating in an intervention (such as a sexual abuse prevention education intervention in school) might frighten children and make them more anxious.

Three studies included in two of the systematic reviews in this cell are from institutional care settings. Two focused on training caregivers of children living in orphanages in Tanzania. Effects on mental health outcomes such as depressive symptoms, internalising ("being withdrawn") and externalising ("acting out") behaviours were mixed. In a study from Portugal, more than half of children in institutional care reported a suicide attempt.

Hence no firm conclusions can yet be reached about the effect(s) of response interventions in institutional care settings on mental health.

The cell has three systematic reviews (Hermenau 2017, Sherr 2017, Radford 2017) and one protocol for a new RCT (Taylor 2021).

Contents of the cell

A. Systematic Reviews (Hermenau 2017, Radford 2017, Sherr 2017)

Systematic Reviews	
Hermenau 2017 Systematic Review, low rating	Assessment of impact of interventions in institutional care settings on children's development. The review assessed structural changes, caregiver training and enriched environments as interventions in institutional care settings. Two studies included in systematic review: both from Tanzania
Sherr 2017 Systematic Review, low rating	Series of systematic reviews on child maltreatment in institutional care examining prevalence of abuse and peer violence in institutions, interventions to reduce abuse, and measures of children's cognitive and social development. One study from Portugal included in systematic review.
Radford 2017 Systematic Review, low rating	Rapid review commissioned by independent panel investigating institutional failures in England and Wales to protect children from CSA and exploitation. The rapid review aimed to find effective interventions that institutions in countries outside England and Wales have implemented.

What are the systematic reviews about?

Hermenau 2017 and Sherr 2017 are peer-reviewed publications. Radford 2017 is a commissioned report, so it was probably not peer reviewed.

Hermenau 2017 looked at the impact of interventions in institutional environments on children's development. The review assessed structural changes, caregiver training and enriched environments in institutional care settings.

Sherr 2017 was a series of systematic reviews that looked at multiple aspects of child violence in institutional care: (i) the prevalence of maltreatment of children in institutional care (ii) interventions to reduce abuse in these settings (iii) peer violence in institutions and (iv) on the cognitive and social development of children in institutional care.

Radford 2017 was a rapid review commissioned by the Independent Inquiry into Child Sexual Abuse in England and Wales (IICSA) which is investigating if public and non-state institutions have done enough to protect children and young people from CSA and exploitation. The focus of the rapid review was to learn how institutions (state and non-state) outside of England and Wales have prevented and responded to CSA and exploitation.

What are the findings on children's mental health outcomes?

Three studies included in Hermenau 2017 and Sherr 2017 (two studies were in both reviews and a third study was included in Sherr 2017) reported mental health outcomes (two studies were included in both reviews). Two of the three studies from Tanzania were by the same author group. Caregivers in various orphanages attended a two-week training workshop aimed at improving their practices and the quality of their relationship with children. Neither study had a control group. Outcomes were compared before and after the workshop. Results on mental health outcomes were mixed. One study reported a moderate reduction in PTSD symptoms but no effect on depressive symptoms, internalising ("being withdrawn") and externalising ("acting out") behaviours six months after the workshop. The second study found a large drop in depressive symptoms, a moderate drop in internalising and externalising behaviours and a large drop in aggressive behaviours at three months. The third study from Portugal compared outcomes for children who lived at home vs in institutions after a Child Protective Services (CPS) investigation (they also compared both groups to a third group which did not receive any intervention). No differences were found on overall risk behaviours, but individual risk behaviours varied between groups. Soberingly, more than half the children in institutional care had attempted suicide compared to about a third in those that continued to live at home.

Radford 2017 provided results on mental health outcomes for treatments such as cognitive behavioural therapy in children who had been abused or exploited. The review did not report on mental health outcomes for response interventions.

What information is available on cost and cost-effectiveness?

No information is provided on cost or cost-effectiveness in any of the studies.

How reliable is the evidence?

Not very. The quality of each of the three systematic reviews is rated as **high risk of bias**. This means that there is at least one major flaw in how they were conducted which reduces our confidence in the findings.

Hermenau 2017 adopted a method which combined RCTs and QEDs in the same statistical analysis: this is unusual because it can be problematic. They also depended on a different meta-analysis for some of their calculations which could add errors to their estimates. Sherr 2017 did not provide details on the quality of the primary studies included in their reviews. Radford 2017 conducted a quality assessment of their included primary studies, but it is unclear why they did not provide any information on the size of impact.

B. RCT Protocol (Taylor 2021)

This is a protocol for a new RCT called "Enhancing Early Engagement (E3) in Mental Health Services Training." The trial aims to improve the training provided to victim advocates at Children's Advocacy Centers (CACs) in the US.

Children's Advocacy Centers are organizations that support children who have experienced abuse or trauma. Victim advocates play a crucial role in providing emotional support and helping these children navigate the legal and mental health systems. The E3 trial seeks to enhance the training of victim advocates by incorporating evidence-based practices related to mental health services. The researchers plan an RCT, meaning that participants, i.e., victim advocates, will be randomly assigned to either a control group or an intervention group.

The control group will receive the existing standard training provided by the CAC, while the intervention group will receive an enhanced training program that incorporates additional strategies and techniques for engaging with children and families in need of mental health services.

The feasibility of implementing the E3 trial will be assessed through several measures, such as recruitment and retention of participants, adherence to the intervention protocol, and data collection processes.

The goal of the E3 trial is to determine the effectiveness of the enhanced training program in improving early engagement with mental health services for children and families receiving support from CACs.