Online Parenting guidelines to prevent adolescent depression and anxiety: Evaluating user characteristics and usefulness

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Abstract

Aim

The aims of this study were to evaluate user characteristics and the perceived usefulness of a set of online parenting guidelines to prevent adolescent depression and anxiety.

Methods

Upon downloading the online guidelines, users were invited to complete a brief demographic survey assessing user characteristics (Survey 1). Consenting respondents were emailed an evaluation survey one month later, which assessed perceived usefulness of the guidelines (Survey 2).

Results

Over 22 months, 2631 users completed Survey 1 and 233 completed Survey 2. Most users endorsed the usefulness of the guidelines, and most parent users reported at least a little improvement on their parenting. Users were favourable towards a web-based parenting program as one way to improve the guidelines.

Conclusions

Findings suggest that the online guidelines may be a useful and sustainable universal prevention strategy for parents of adolescents.

Key words

Adolescent; Internet; Parents; Preventive Psychiatry; Public Health

Introduction

As the incidence of depression and anxiety disorders peaks during adolescence (Kessler et al., 2007; Thapar, Collishaw, Pine, & Thapar, 2012), this is an opportune time to target preventive efforts. The family environment, or parents/caregivers in particular, is a strategic but hitherto overlooked setting for targeting preventive interventions for youth depression and anxiety disorders (Yap et al., 2016). Burgeoning evidence has demonstrated that many key risk factors for these disorders involve families, such as marital conflict (Yap, Pilkington, Ryan, & Jorm, 2014). Other factors can be detected early by parents, such as behaviourally inhibited temperament (Beesdo, Knappe, & Pine, 2009), or are directly socialised or modelled by parents, such as parental responses to child emotions (Schwartz et al., 2012). Moreover, a recent systematic review and meta-analysis found that preventive interventions primarily targeting parents have beneficial effects on the child's internalizing outcomes lasting up to 11 years post-intervention (Yap et al., 2016).

However, despite this robust evidence base, parents' knowledge about what they can do to reduce their adolescent's risk of depression is less than optimal (Yap & Jorm, 2012), highlighting a need to equip parents through more effective translation of evidence into preventive resources for parents. As an initial step towards addressing this need, Yap and colleagues developed a set of parenting guidelines through: (1) a systematic review and meta-analysis of parental factors associated with adolescent depression and/or anxiety (Yap, Pilkington, Ryan, & Jorm, 2014); and (2) a Delphi study of international expert consensus about actionable strategies parents can use to reduce their child's risk of depression and anxiety (Yap, Pilkington, Ryan, Kelly, & Jorm, 2014). The guidelines, titled 'How to prevent depression and anxiety in your teenager: Strategies for parents' (henceforth 'the guidelines'; Parenting Strategies Program, 2013), were made available for free download from the

Parenting Strategies website, www.parentingstrategies.net/depression in August 2013 (see Table 1 for examples of guidelines recommendations and their links to the evidence base).

Given its rapidly increasing reach, the Internet offers a valuable medium for disseminating evidence-based guidance for preventive action. Mental health is one of the most common topics searched by internet users (Powell & Clarke, 2006), and in a recent national survey, 33% of parents/caregivers of children with mental disorders had sought mental health information online (Lawrence et al., 2015). However, there is a dearth of evidence regarding the impact that such information has on actual health behaviours (Reavley & Jorm, 2010).

More recently, studies have evaluated users' reported impact from accessing mental-health related guidelines online (Berk et al., 2013; Hart, Jorm, Paxton, & Cvetkovski, 2012; Melioli, Rispoli, Hart, Chabrol, & Rodgers, 2016; Sim, Jones, Jorm, & Yap, 2017). Albeit preliminary, these studies suggest that accessing evidence-based mental health guidelines is acceptable and can positively influence health-related behaviours.

Despite no ongoing active promotion of the guidelines, the website attracted large numbers of visits, with 26,977 recorded between 9 August 2013 and 31 May 2015 (660 days), which averages 41 visits per day. Nonetheless, it remains unclear whether accessing the guidelines yields any benefits. Hence, this study had three aims: (1) to describe the characteristics of online users who downloaded the guidelines; (2) to evaluate the perceived usefulness of the guidelines and their perceived impact on parenting behaviours; and (3) to explore users' suggestions for improving the guidelines.

Methods

Participants and procedure

The guidelines were promoted primarily through *beyondblue: the national depression and anxiety initiative*. Visitors to the www.parentingstrategies.net/depression website were

invited to complete two online surveys, one-month apart, which assessed user characteristics (Survey 1) and the perceived impact of the guidelines (Survey 2). Upon attempting to download the guidelines, users were presented an invitation on a pop-up window to participate in Survey 1. Respondents were asked to provide an email address if they were willing to be contacted for the second survey.

There was no exclusion criteria for Survey 1 participation. However, as the guidelines were developed for parents of adolescents and require a moderate level of competency in the English language to understand and implement, Survey 2 excluded users if they were aged 16 or below or did not consider themselves fluent in English. In total, 2631 users (M age=45.51, SD =8.31) completed Survey 1, and 233 (M age=47.06, SD =7.46) completed Survey 2 (see Figure 1 for flow of participants).

The study was approved by the University of Melbourne Human Research Ethics Committee.

Measures

The two surveys were administered online through www.parentingstrategies.net/depression.

Survey 1 contained 9 questions assessing demographic characteristics and reasons for downloading the guidelines (see Table 1 for questions). Survey 2 had two versions: one for parents/caregivers (10 questions; see Tables 2-5) and one for other eligible participants (e.g. professionals; 9 questions; see Tables 2, 3, and 5). Both versions had similar questions except for Question 7 in the Parent version, which asked about changes in parenting (see below).

Results

Most survey completers were female, parents/caregivers, and Australian residents. Table 1 shows Survey 1 responses, and comparisons of participants who completed both surveys with Survey 1 completers (which revealed no notable differences).

Perceived usefulness of the guidelines

As shown in Table 2, most users endorsed the guidelines' usefulness. Few differences were observed between groups, although more parents than non-parents were 'moderate' in their positive responses (i.e. 'Mostly'/'useful' rather than 'Yes'/'very useful').

Qualitative content analysis of responses to "Would you like to comment on why you found the guidelines useful or not useful?" is summarised in Table 3.

Impact of the guidelines

Parents/Caregivers reported the extent to which they had tried improving in 13 parenting domains since reading the guidelines (see Table 4). The guidelines seemed to motivate at least a little change for many parents, although to differing degrees for different parenting domains.

Ways to improve the guidelines

As shown in Table 5, most Survey 2 completers endorsed the usefulness of three proposed ways of presenting the guidelines, particularly interactive web-based parenting programs. When asked about ways to improve the guidelines, participants suggested different ways of formatting and delivering the guidelines; or additional support for their implementation (see Table 6).

The findings indicate that a set of evidence-based parenting guidelines made available online for free download attracted substantial interest from users internationally despite minimal

ongoing promotion. Most users were parents/caregivers and female, consistent with past research related to parenting/family processes and child health (Yap & Jorm, 2015). Most users downloaded the guidelines because they were concerned about children in their care, and/or wanted to know how they can prevent internalising problems in their children. This is in line with health behaviour theories such as the Health Belief Model, which posits that increased perceived susceptibility increases the likelihood of taking health-related actions (Rosenstock, 1974). Additionally, most of the users who completed the evaluation survey reported reading most or all of the guidelines, and finding them to be of value: saving/keeping them, learning ‘a fair bit’ to ‘a great deal’ from them, finding them relevant and useful, and being likely or very likely to use them in the future.

Parent users also reported that they tried to make changes to their parenting as a result of reading the guidelines. In particular, of the 13 parenting domains assessed, >75-80% of parents reported a little to a lot of change in 4 domains (*Helping your child to deal with problems, Helping your child to deal with anxiety, Minimising conflict with your child, Encouraging supportive relationships*), and 70-75% in 5 other domains (*Encouraging good health habits, Supporting your child’s increasing autonomy, Avoiding criticising your child, Establishing family rules and consequences, Improving your relationship with your child*).

While these findings reflect parents’ perceptions of their own behaviours (and need to improve), rather than actual measurement of change in behaviours, they suggest that the guidelines yielded significant perceived impact on multiple parenting factors that are known to influence adolescents’ risk of depression and anxiety (Yap, Pilkington, Ryan, & Jorm, 2014). These findings are promising given that the guidelines can be disseminated widely at minimal additional cost, making it a sustainable universal prevention strategy. For example, the guidelines can be incorporated as the lowest-intensity option within a multi-level

approach to support parents in caring for their child's mental health (Yap et al., under review).

Users' feedback about ways to improve the guidelines highlighted a preference for interactive formats which provide additional support to help parents implement the guidelines, including strategies to overcome potential barriers to implementation. In particular, an interactive web-based program was most highly favoured, indicating the promise of applying persuasive technology principles (Oinas-Kukkonen & Harjuma, 2009) to the design of a parenting program based on the guidelines, as was done for the Parenting Strategies: Preventing Adolescent Alcohol Misuse program (www.parentingstrategies.net; Yap et al., 2011).

Limitations of this study include the self-selection of participants, sole reliance on self-report of perceptions rather than actual behaviour, and high attrition between Surveys 1 and 2. The attrition rate in this study is comparable to two other recent guidelines evaluation studies (Melioli et al., 2016; Sim et al., 2017), and high attrition is more the norm than an exception in e-health research, especially with self-help programs (Eysenbach, 2005). Indeed, Eysenbach (2005) suggested various innovative techniques that can be used to analyse data from e-health trials with high attrition rates. Although our analyses revealed few differences between completers of only Survey 1 and completers of both surveys, it is possible that the two groups may differ in other ways that impact the outcomes of this study (e.g. users with less favourable perceptions may have dropped out).

In conclusion, the uptake and favourable perceptions of the guidelines suggest their potential as a low-cost universal prevention strategy for parents of adolescents.

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Tables

Table 1

Survey 1 Responses and Comparisons between Completers of Survey 1 only, and Completers of Both Surveys

	All	Completers of Survey 1 only	Completers of Surveys 1 & 2	Mean differences
Variable	<i>N</i> (%)	<i>N</i> (%)	<i>N</i> (%)	<i>t</i> / χ^2 (<i>p</i>)
<i>N</i>	2631	2398 (91.1%)	233 (8.9%)	
Parent/caregiver	2313 (87.9%)	2109 (87.9%)	204 (87.6%)	1.27 (.26)
Not parent/caregiver	318 (12.1%)	289 (12.1%)	29 (12.4%)	2.31 (.13)
Age (<i>M</i> , <i>SD</i>) †	45.51 (8.31)	45.36 (8.37)	47.06 (7.46)	3.00 (.003)
Gender				0.27 (.61)
Female	2276 (86.5%)	2077 (86.6%)	199 (85.4%)	
Male	355 (13.5%)	321 (13.4%)	34 (14.6%)	
Children in your care				
<i>N</i> (<i>M</i> , <i>SD</i>) †	1.78 (0.96)	1.78 (0.96)	1.82 (1.00)	0.59 (0.56)
Age (<i>M</i> , <i>SD</i>) †	14.33 (2.42)	14.32 (2.25)	14.44 (2.21)	0.35 (0.72)
Female	2481 (52.7%)	2255 (53.0%)	226 (52.9%)	0.30 (.96)
Male	2223 (47.3%)	2022 (47.0%)	201 (47.1%)	0.78 (.86)
Fluent in English	2592 (98.5%)	2359 (98.4%)	233 (100%)	3.85 (.05)
Country of primary residence				3.78 (.58)
Australia	2305 (87.6%)	2095 (87.4%)	210 (90.1%)	
UK	85 (3.2%)	80 (3.3%)	5 (2.1%)	
USA	66 (2.5%)	63 (2.6%)	3 (1.3%)	
Canada	31 (1.2%)	27 (1.1%)	4 (1.7%)	
New Zealand	21 (0.8%)	20 (0.8%)	1 (0.4%)	
Other	123 (4.7%)	113 (4.7%)	10 (4.3%)	
How did you find out about these guidelines?				518.76 (.03)
<i>beyondblue</i>	879 (33.4%)	792 (33.0%)	87 (37.3%)	
Search engine	368 (14.0%)	348 (14.5%)	20 (8.6%)	
Child's school	297 (11.3%)	257 (10.7%)	40 (17.2%)	
Facebook	250 (9.5%)	233 (9.7%)	17 (7.3%)	
www.parentingstrategies.net	166 (6.3%)	154 (6.4%)	12 (5.2%)	
From another parent	89 (3.4%)	83 (3.5%)	6 (2.6%)	
Other ‡	581 (22.1%)	530 (22.1%)	51 (21.9%)	
What led you to download these guidelines? §				
Concerned about child(ren) in my care	1367 (52.0%)	1235 (51.5%)	132 (56.7%)	2.26 (.13)

I would like to find out more about how I can prevent depression and anxiety problems in child(ren) in my care	1311 (49.8%)	1190 (49.6%)	121 (51.9%)	0.45 (.50)
My job	769 (29.2%)	699 (29.1%)	70 (30.0%)	0.08 (.78)
Professional or student interested in this topic	574 (21.8%)	512 (21.4%)	62 (26.6%)	3.44 (.06)
I know parents who might find this useful	384 (14.6%)	338 (14.1%)	46 (19.7%)	5.43 (.02)
I'm just curious to see what's in them	212 (8.1%)	194 (8.1%)	18 (7.7%)	0.04 (.85)
Other ¶	89 (3.4%)	84 (3.5%)	5 (2.1%)	1.20 (.27)
Issues with child in my care	34			
My own issues / mental health history	17			
Professional interest	11			
Desire to learn more	10			
Other	7			

Note. M = Mean, SD = Standard Deviation.

† t-test used to calculate mean differences. All other comparisons used chi-squared tests.

‡ Notable 'Other' sources included: Work colleague/e-mail ($n=87$); Mental Elf ($n=41$); Newspaper article ($n=28$); Red Informatica de Medicina Avanzada ($n=19$); Mental Health First Aid ($n=16$).

§ Multiple answers possible.

¶ Qualitative analysis of 'Other' responses appears below this line.

Table 2

Users' Perceived Usefulness of the guidelines

Variable	Survey 2 version †		Chi-Square χ^2 (p)
	Parent/Caregiver N(%)	Other N(%)	
N	204	29	
How much of the guidelines did you read?			1.97 (.58)
All of it	130 (63.7%)	15 (51.7%)	
Most of it	52 (25.5%)	10 (34.5%)	
Some of it	19 (9.3%)	3 (10.2%)	
None of it	3 (1.5%)	1 (3.4%)	
What did you do with the downloaded guidelines? ‡			
Saved it or kept it	181 (88.7%)	25 (86.2%)	0.16 (.69)
Forwarded or lent it to someone	33 (16.2%)	10 (34.5%)	5.65 (.02)
Deleted it or threw it away	7 (3.4%)	1 (3.4%)	0.00 (.99)
Don't know	12 (5.9%)	0 (0%)	1.79 (.18)
How much did you learn?			5.13 (.16)
A great deal	18 (8.8%)	2 (6.9%)	
A fair bit	141 (69.1%)	15 (51.7%)	
Not very much	26 (12.7%)	7 (24.1%)	
Almost nothing new	19 (9.3%)	5 (17.2%)	
Did they include things you wanted to know?			11.87 (.01)
Yes	99 (48.5%)	22 (75.9%)	
Mostly	81 (39.7%)	4 (13.8%)	
Partly	20 (9.8%)	1 (3.4%)	
No	4 (2.0%)	2 (6.9%)	
Did you find them useful?			13.26 (.01)
Yes, very useful	48 (23.5%)	14 (48.3%)	
Yes, useful	133 (65.2%)	12 (41.4%)	
Not sure	14 (6.9%)	0 (0%)	
No, I didn't use them	7 (3.4%)	3 (10.2%)	
No, I tried to use them but did not find them helpful	2 (1.0%)	0 (0%)	
How likely are you to use them in the future?			4.85 (.30)
Very likely	74 (36.3%)	15 (51.7%)	
Likely	105 (51.5%)	12 (41.4%)	
Neither likely nor unlikely	21 (10.3%)	1 (3.4%)	
Unlikely	2 (1.0%)	1 (3.4%)	

Very unlikely	2 (1.0%)	0 (0%)
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† Users received the Parent/Caregiver version if they indicated that they had at least one child under their care.

‡ Multiple answers possible

Table 3

Why the Guidelines Were Perceived as Useful or Not Useful (N=113)

Categorisation †	N(%)
Useful	
Good reference/discussion tool; clearly written	42 (37.2%)
Reminder/refresher of things already known	16 (14.2%)
Supportive; reassuring	14 (12.4%)
Good starting point	10 (8.8%)
Professional interest ‡	5 (4.4%)
Specific issues with own child	3 (2.7%)
Not Useful	
Already knew most of the material	18 (15.9%)
Vague; needs to be more practical	5 (4.4%)
Looking for different information	5 (4.4%)
Answer not relevant to question §	18 (15.9%)

† Multiple categorisations possible per participant

‡ Psychologists, school counselors, teachers and others who work with adolescents

§ Examples include parents wishing that they had the guidelines before their child became unwell; or noting the importance that parents are not made to feel "blamed" if their child becomes unwell.

Table 4

Extent to Which Parent/Caregivers Had Tried to Improve in 13 Parenting Domains Since Reading the Guidelines (N=204)

	Not at all	A little	Somewhat	A lot	No need to change	N/A	A little to A lot
Parenting domain	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	(Total %)
Improving your relationship with your child	4 (2.0%)	33 (16.2%)	46 (22.5%)	64 (31.4%)	57 (27.9%)	-	70.1
Becoming more involved in your child's life	2 (1.0%)	24 (11.8%)	65 (31.9%)	37 (18.1%)	76 (37.3%)	-	61.8
Supporting your child's increasing autonomy	3 (1.5%)	38 (18.6%)	54 (26.5%)	56 (27.5%)	53 (26.0%)	-	72.6
Establishing family rules and consequences	11 (5.4%)	42 (20.6%)	72 (35.3%)	30 (14.7%)	49 (24.0%)	-	70.6
Minimising conflict with your child	5 (2.4%)	31 (15.2%)	56 (27.5%)	70 (34.3%)	42 (20.6%)	-	77.0
Avoiding criticising your child	3 (1.5%)	33 (16.2%)	44 (21.6%)	70 (34.3%)	54 (26.5%)	-	72.1
Minimising conflict with your partner	10 (4.9%)	27 (13.2%)	49 (24.0%)	20 (9.8%)	53 (26.0%)	45 (22.1%)	47.0 ^a
Encouraging supportive relationships	7 (3.4%)	17 (8.3%)	65 (31.9%)	72 (35.3%)	43 (21.1%)	-	75.5
Encouraging good health habits	6 (2.9%)	22 (10.8%)	54 (26.5%)	75 (36.8%)	47 (23.0%)	-	74.1
Helping your child to deal with problems	7 (3.4%)	37 (18.1%)	66 (32.4%)	61 (29.9%)	33 (16.2%)	-	82.2
Helping your child to deal with anxiety	13 (6.4%)	42 (20.6%)	62 (30.4%)	57 (27.9%)	30 (14.7%)	-	78.9
Encouraging professional help	9 (4.4%)	22 (10.8%)	41 (20.1%)	66 (32.4%)	50 (24.5%)	16 (7.8%)	63.3 ^a

seeking when
needed

Not blaming yourself for problems your child is facing	17 (8.3%)	49 (24.0%)	46 (22.5%)	35 (17.2%)	45 (22.1%)	12 (5.9%)	63.7 ^a
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Mean <i>N</i> (%)	7 (3.7%)	32 (15.7%)	55 (27.1%)	55 (26.9%)	49 (23.8%)
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Note. N/A = Not applicable. Bold type denotes the modal response for each parenting domain.

† These percentages were computed after excluding participants who indicated that this domain was not applicable (N/A) to them.

Table 5

Responses to the question “Would you (Parent/Caregiver version)/Do you think parents or caregivers would (Other version) find it useful if these guidelines were used as the basis for developing the following:”

Additional component	Parents / caregivers (N=204)				Other completers (N=29)			
	Yes, very useful	Yes, useful	Not sure, maybe	No	Yes, very useful	Yes, useful	Not sure, maybe	No
Personalised feedback report [†]	59 (28.9%)	89 (43.6%)	48 (23.5%)	8 (3.9%)	13 (44.8%)	12 (41.4%)	3 (10.3%)	1 (3.4%)
An interactive web-based parenting program [‡]	89 (43.6%)	88 (43.1%)	24 (11.8%)	3 (1.5%)	16 (55.2%)	11 (37.9%)	2 (6.9%)	0 (0%)
A seminar or workshop for parents, supplemented by a web-based program [§]	67 (32.8%)	70 (34.3%)	52 (25.5%)	15 (7.4%)	12 (41.4%)	11 (37.9%)	6 (20.7%)	0 (0%)

[†]A personalised feedback report that outlines areas of strength and areas requiring improvement in the parent’s current parenting practices, based on their responses to a self-assessment online survey;

[‡] A program which supports parents in applying the strategies presented in the guidelines. This may include more specific information, practical tips and suggestions for troubleshooting, activities parents can do with their child, goal-setting activities etc. Parents will be able to progress through the program at their own pace, and complete it in a place and time that suits them;

[§] A seminar or workshop that highlights the key topics covered in the guidelines, which is supplemented by a web-based program

Table 6

Users' Suggestions for Improving the guidelines (N=71)

Categorisation	N(%)	Example response
Include barriers to implementing; dealing with uncooperative teens	14 (19.7%)	More content on what to do if the child resists attempts to implement the strategies in the guidelines.
Produce in other formats/technologies	11 (15.5%)	There is quite a lot to read and parents need to be motivated to get through all the sheets. Is there a way to utilise main bullet points? Have you thought of pod casts so parents could listen to the information while driving or doing some other activity. Is there an App or is there a Smartphone version?
Checklists/brief versions for handing out	7 (9.9%)	Perhaps a summary for professionals to give to parents. Shorter and bullet pointed.
Make the guidelines more user friendly	6 (8.5%)	I thought the language could be more user friendly. Some of it seemed to be a bit "academic". More 'real life' scenarios could be used.
Include examples of implementing strategies	4 (5.6%)	Perhaps something on how to explain anxiety and depression to other children in the family. Strategies for reducing conflict.

Other	5 (7.0%)	Perhaps a few images of people sporting tattoos, less conservative hair cuts, an Indigenous family etc.
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No suggestion; answer not relevant to question	24 (33.8%)
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Figure Legends

Figure 1. Flow of participants