THE *CAPEDP* PROGRAMME

main lessons learned from CAPEDP concerning recruitment, retention during treatment and follow-up

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The CAPEDP Programme

- CAPEDP = « Parental skills and attachment during infancy: lowering mental illness's risk factors and promoting resilience »
- First experimental early childhood intervention in France
- Prevention programme evaluating a home-visitation intervention targeting young mothers with psychosocial risk factors:
  - Low income
  - Social isolation
  - Low level of education

Our Context

- A 60-year old institution: the Maternal and Child Protection
- The objective is to provide systematic social and healthcare support to all the mothers and their babies
- A huge challenge in urban areas with high levels of population density, social exclusion and stress
- Professionals focus on:
  - Highly vulnerable families or
  - Relatively well integrated

⇨ Families with medium-risk stay out of the field : Only 7% of at-risk children receive 3 or more home visits

CAPEDP : objectives and design

- Evaluating home visiting's preventive effects concerning mother and child's mental health

- The design: frequent structured home visits by psychologists starting during the third trimester of pregnancy until the child 2nd birthday and targeting:
  - Women's perinatal depression
  - Children's attachment disorganization
  - Two year old children's internalized and externalized disorders

CAPEDP: design

- 440 women recruited during pregnancy and randomly separated into two groups:
  - Control group: « Care as usual »
  - Intervention group: Supplementary home visits by psychologists
- Inclusion criteria:
  - Women under 26
  - Before the third trimester
  - First child
  - One or more of the last three:
    - Loneliness: « I will rear my child alone »
    - Under 12 years of study
    - Poor income

Our Sample

- We expected medium-risk families
- We recruited high-risk families
  - Low education: 83.7%
  - Isolated: 27.1%
  - Low income
    - < 210€/week = 43.3%
  - Migration
    - 52.2% (1st generation)
    - 90.0% (1st+2nd generation)

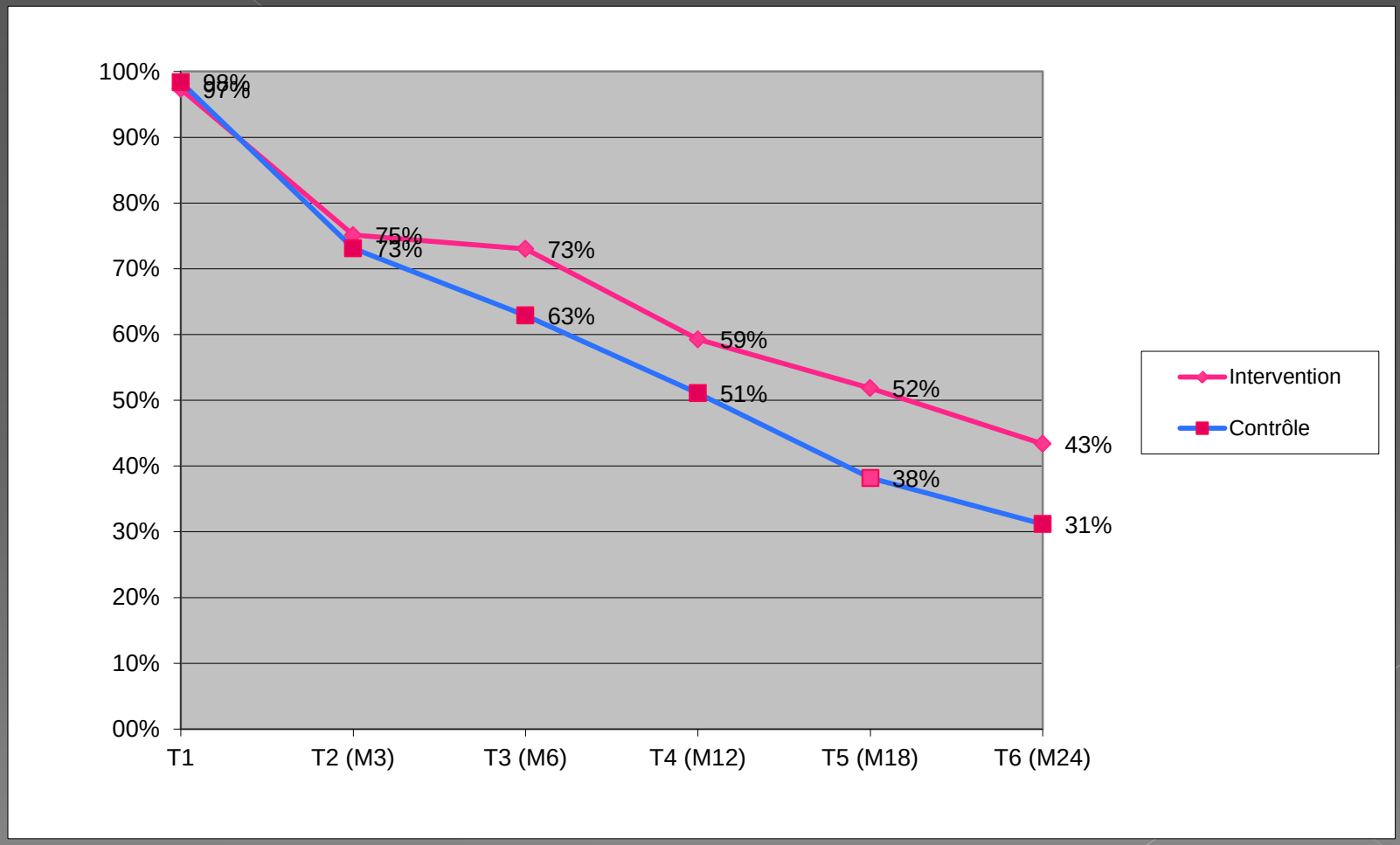
First results

- No results on:
  - Postnatal depression (EPDS, M3, M6)
  - Child behaviour (CBCL, M24)

- Significant differences observed on:
  - Dysfunctional parent-child interactions (PSI, M6)
  - Parental self-efficacy (PACOTIS, M12)
  - Social support received by mothers (QSS, M12)
  - Disorganised attachment (M18) (on a subsample > Strange situation)

  - Other significant differences > M12 but… attrition

Retention rates



Positive outcomes of CAPEDP implementation (1/2)

- A strctured prevention programme was implemented with different partners for the first time in France
- We successfuly recruited 440 participants, with a specific and highly proactive recruitment protocol within maternity wards (sustainabie?)
- We successfuly developed and delivered an adaptation of NFP with a focus on mental health
- Participants' satisfaction was high throughout the project

Positive outcomes of CAPEDP implementation (2/2)

- Home-visitors turn-over was limited
- Participants who recieved the intervention were more in contact with other professionals: no at-home institutionalization.
- We conducted a qualitative protocol (fidelity, satisfaction,...) that allows us to prepare the 2nd phase of this intervention

What should be improved? (1/2)

- Attrition is a major issue and jeopardizes the results
- To improve retention rates, Intereventions should be developed within existant networks:
  - Limited area
  - Networking with other partners
  - Sustainability is dependent of what is feasible for institutions (40 home visits…)
- Health behaviors during pregnancy should be addressed
- Home-visits should begin as early as possible

What should be improved? (2/2)

- Evaluation should use culture-adapted instruments (problems with different questionnaires)
- Intervention should promote:
  - Group activities
  - Fathers' involvement