

# First Steps Study



## Update for parents

Issue 6  
February 2024

### Study update

As always we would like to say a massive **THANK YOU** to you and your children for your continued support for the study. It's now been five or six years since we last saw most of you in person and we are overwhelmed by the continued support from families over that time by filling in questionnaires from home. The information we have collected on yours and your child's lives as they go through adolescence is so important and we continue to make important discoveries (read more about this below in the findings section!). It has become increasingly difficult to obtain large scale research funding to support the rich observational assessments we did throughout your child's first 10 years of life, but we have not given up hope and continue to submit applications to fund assessments to see you all again!



### What's next? Phase 18

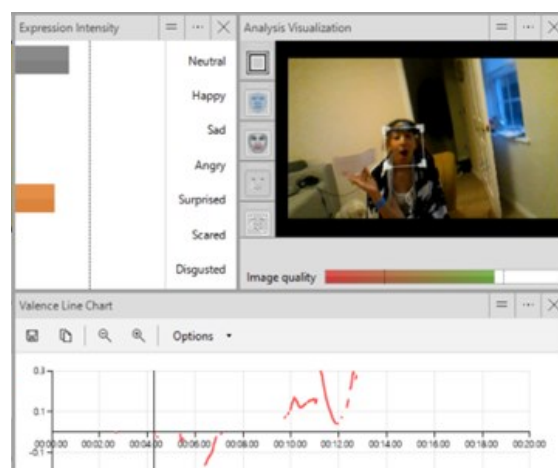
Our last questionnaire wave was carried out when the young people were between 12-13 years of age. We have secured University funding to carry out another questionnaire wave now between 14-16 years of age. There are so many important changes during adolescence, in particular in how young people manage their emotions and stress, and in their relationships with parents and peers. Capturing this information will allow us to use the life-time data you have provided to help us to understand what factors are associated with positive outcomes during adolescence and beyond. We will be asking primary caregivers and the young person to complete questionnaires, either online or on paper, and will provide the usual thank you vouchers for your time. We understand how busy family life gets and the young people have important exams coming up, so we very much appreciate your support with this. We will be launching the wave over the next few months, look out for an email from Danielle!



### What's ongoing? Teencam!

We've been having a lot of fun running the "Teencam" pilot study, testing out a new method to observe parent-adolescent relationships at home. Our lovely researcher Alice has been doing home visits on the Wirral and beyond to drop off and demo how to use the cameras and how to play the "how well do you know each other" style card game we've asked families to play whilst wearing the cameras. We asked First Steps families to volunteer to take part and have had such a positive response we've carried on past our originally planned sample of 50 and have now seen over 130 families. There's more information on the pilot study on our website: <https://www.liverpool.ac.uk/population-health/research/groups/first-steps/teencam-pilot-study/>

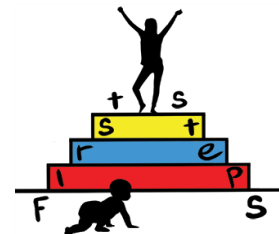
The main purpose of the pilot study is to test out if the teencam method is acceptable and feasible for families, and we have had an overwhelmingly positive response so far.



The above image shows the AI software coding facial expression

## What's Teencam all about?

The idea behind the teencam study is that the use of head-cameras at home may provide a more convenient and less intrusive method to observe how parents and adolescents interact together. Typically this kind of video footage is collected in a research lab (like the Lauries) but people may feel more comfortable in their own homes without a researcher present. In addition, the head-cameras provide a face on view (compared to the typical third person view you get from an outside camera) and this opens up exciting possibilities for both research and clinical practice. We are currently using AI (Artificial Intelligence) software to code facial expression, which not only saves hours of coding time, but allows us to identify and quantify subtle variations in expression. In the future we hope this work will be used to inform video-feedback therapy to improve parent-adolescent relationships. For example, quite often we don't realise what our facial expression is conveying, and "seeing" this could help us understand where communication has "gone wrong". The first paper outlining this work has just been accepted, and we will circulate the press release once it's published.



## First Steps Study News & Findings

### First Steps Study News



### Department of Health and Social Care using WCHADS data to estimate how common mental health problems are in very young children

We've previously told you about the ESMI study, where our videos of the 6-month mother-baby observations collected in the Lauries were used to help develop a method to assess mother-infant interaction in NHS settings. Now WCHADS has been working with the Department of Health and Social Care (DHSC) Mental Health Intelligence Network to use our data to help estimate how common mental health problems are in very young children under age 5. WCHADS was the only cohort in the UK with data from children aged 1 and 2 years and this information will be used by the DHSC to estimate a National prevalence estimate to inform NHS service planning to support families

### First Steps study team visit our sister cohort

The First Steps/WCHADS study team took a trip to India to visit our sister cohort the Bangalore Child Health & Development Study (BCHADS) and help plan the start of the age 7 assessment wave there. The BCHADS team now have their own child lab in the community in Bangalore, just like the Lauries Centre!



The trip coincided with a visit from the University of Liverpool's Vice Chancellor to celebrate a partnership between the Universities, and he was very impressed with both WCHADS and BCHADS and the level of commitment required from participants and the research teams to create



### First Steps Study Findings

### Turning to friends ahead of parents in early adolescence is associated with depression

Adolescence is a time when friendships become highly important relationships in young peoples' lives, so friends may be increasingly used as sources of support. However, in a paper recently published using the age 12-13 data, we showed that a young person turning to friends for emotional support *more* than they turned to their parents was associated with increased depression symptoms. This was true for girls and not boys, and may be part of the explanation for why girls experience a rapid increase in depression symptoms in adolescence. The findings highlight the importance of young adolescent girls seeking parental emotional support in early adolescence.



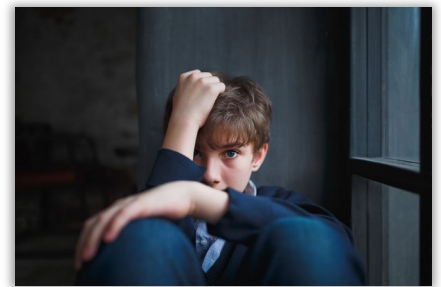
# First Steps Study News & Findings

## The COVID-19 pandemic had a greater impact on boys' mental health



The First Steps Study is in a very unique position to be able to examine the impact of the pandemic on mental health as families completed questionnaires immediately prior, during and late in the pandemic. Many other research studies have concluded that the mental health of adolescent girls has been more adversely affected by the pandemic. However, none of these studies had taken into account the fact that as well as time passing since the pandemic, the children were also growing older, and there are normative developmental changes in symptoms over adolescence. From age 11, girls depression symptoms increase as they grow older, whereas for boys, depression symptoms decrease. Behavioural problems (e.g. aggression, defiance) decrease from late childhood onward for both boys and girls. Our findings suggest that these normal age-related changes had hidden an impact of the pandemic on boys depression and behavioural problems, and the apparent effect of the pandemic on girls depression was in fact just the typical age related increase, but that girls behaviour problems were negatively affected.

The outcome of this work is that **more boys than expected** will be experiencing **mental health problems** after the pandemic, and **more girls than expected** will be experiencing **problems managing their behaviour**. This is not to say that the need of boys is greater, as girls experience depression at a very high rate in adolescence (with 1 in 5 14 year old girls experiencing clinical depression), but our findings suggest more boys are now at risk. With the new round of data at age 14-16 we can establish whether these effects have persisted several years on from the pandemic.



## Accounting for “response style” reverses the difference in postnatal depression in the UK and India

Mental health symptoms are typically assessed using self-report questionnaires, but there are individual and cultural differences in how we respond to questionnaires, known as “response style” or “response bias”. For example, there may be cultural differences in the point at which we consider a behaviour to be “severe”. In pioneering work, our statistician Andrew Pickles and past PhD student Matt Bluett-Duncan (our tallest ever first steps assessor!) have developed a tool to account for these different styles.



In a paper published recently, they showed that in a simple comparison, UK mothers appeared to have higher postnatal depression scores than Indian mothers. However, after using the tool which accounts for differences in response style, this difference reversed, and Indian mothers' postnatal depression scores were higher than the UK. This work has huge implications for how we measure mental health problems in research and practice, and how we must consider response style when making cross-cultural comparisons.



## Contact Us

If you have any questions or comments, you can call us on 0151 795 1114, text us on 07956297412, email us at [first.steps@liv.ac.uk](mailto:first.steps@liv.ac.uk) or write to us at First Steps Study, The University of Liverpool, Eleanor Rathbone Building, Bedford Street South, Liverpool, L69 7ZA Don't forget to look at our website: <https://www.liverpool.ac.uk/population-health/research/groups/first-steps/about>