Systematic review

Please complete all mandatory fields below (marked with an asterisk *) and as many of the non-mandatory fields as you can then click *Submit* to submit your registration. You don't need to complete everything in one go, this record will appear in your *My PROSPERO* section of the web site and you can continue to edit it until you are ready to submit. Click *Show help* below or click on the icon
to see guidance on completing each section.
This record cannot be edited because it has been rejected

1. * Review title.

Give the working title of the review, for example the one used for obtaining funding. Ideally the title should state succinctly the interventions or exposures being reviewed and the associated health or social problems. Where appropriate, the title should use the PI(E)COS structure to contain information on the Participants, Intervention (or Exposure) and Comparison groups, the Outcomes to be measured and Study designs to be included.

A systematic review of longitudinal trajectories of mental health in children with disabilities

2. Original language title.

For reviews in languages other than English, this field should be used to enter the title in the language of the review. This will be displayed together with the English language title.

3. * Anticipated or actual start date.

Give the date when the systematic review commenced, or is expected to commence.

05/08/2019

4. * Anticipated completion date.

Give the date by which the review is expected to be completed.

05/05/2020

5. * Stage of review at time of this submission.

Indicate the stage of progress of the review by ticking the relevant Started and Completed boxes. Additional information may be added in the free text box provided.
Please note: Reviews that have progressed beyond the point of completing data extraction at the time of initial registration are not eligible for inclusion in PROSPERO. Should evidence of incorrect status and/or completion date being supplied at the time of submission come to light, the content of the PROSPERO record will be removed leaving only the title and named contact details and a statement that inaccuracies in the stage of the review date had been identified.
This field should be updated when any amendments are made to a published record and on completion and publication of the review. If this field was pre-populated from the initial screening questions then you are not able to edit it until the record is published.

The review has not yet started: No

Review stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

Provide any other relevant information about the stage of the review here (e.g. Funded proposal, protocol not yet finalised).

6. * Named contact.

The named contact acts as the guarantor for the accuracy of the information presented in the register record.

Henrik Danielsson

Email salutation (e.g. "Dr Smith" or "Joanne") for correspondence:

Henrik

7. * Named contact email.

Give the electronic mail address of the named contact.

henrik.danielsson@liu.se

8. Named contact address

Give the full postal address for the named contact.

Henrik Danielsson

IBL

58183 Linköping

Sweden

9. Named contact phone number.

Give the telephone number for the named contact, including international dialling code.

+46701916654

10. * Organisational affiliation of the review.

Full title of the organisational affiliations for this review and website address if available. This field may be completed as 'None' if the review is not affiliated to any organisation.

Linköping University

Organisation web address:

https://liu.se/

11. * Review team members and their organisational affiliations.

Give the title, first name, last name and the organisational affiliations of each member of the review team. Affiliation refers to groups or organisations to which review team members belong.

Dr Henrik Danielsson. Linköping University
Lena Almqvist. Mälardalens högskola
Lilly Augustin. Jönköping University
Mats Granlund. Jönköping University
Patrik Arvidsson. Jönköping University
Dido Green. Jönköping University
Christine Imms. Australian Catholic University
Gillian King. Bloorview Research Institute
Lars-Olov Lundqvist. Örebro University
Rob Brooks. Leeds Beckett University
Magnus Ivarsson. Linköping University
Anna Karin Andersson. Jönköping University
Charlotte Karlsson. Jönköping University
Frida Lygnegård. Jönköping University
Helena Engkvist. Jönköping University
Ingalill Gimbler Berglund. Jönköping University
Karina Huus. Jönköping University
Linda Sjödin. Region Jönköpings län
Lisa Engde. Region Östergötland
Maria Eldh. Region Östergötland
Liz Adams Lyngbäck. Stockholm University
Susann Arnell. Örebro University

12. * Funding sources/sponsors.

Give details of the individuals, organizations, groups or other legal entities who take responsibility for initiating, managing, sponsoring and/or financing the review. Include any unique identification numbers assigned to the review by the individuals or bodies listed.

The Swedish research council, 2018-05824

13. * Conflicts of interest.

List any conditions that could lead to actual or perceived undue influence on judgements concerning the main topic investigated in the review.

None

14. Collaborators.

Give the name and affiliation of any individuals or organisations who are working on the review but who are not listed as review team members.

15. * Review question.

State the question(s) to be addressed by the review, clearly and precisely. Review questions may be specific or broad. It may be appropriate to break very broad questions down into a series of related more specific questions. Questions may be framed or refined using PI(E)COS where relevant.

What does the longitudinal trajectories of mental health in children with disabilities look like and which factors

moderate or mediate the development?

16. * Searches.

State the sources that will be searched. Give the search dates, and any restrictions (e.g. language or publication period). Do NOT enter the full search strategy (it may be provided as a link or attachment.)

Searches will be conducted using the following electronic bibliographic databases: PubMed, Web of Science, Scopus, PsycINFO, ERIC, and Psyc ARTICLES. Reference lists of eligible studies and review articles will also be used. In addition, corresponding authors of included articles will be contacted via e-mail to inquire about additional studies that have been published or are unpublished, in order to avoid publication bias.

Searches will be limited to:

Peer-reviewed journals

Language = English

Publication year: 1990 to present

17. URL to search strategy.

Give a link to a published pdf/word document detailing either the search strategy or an example of a search strategy for a specific database if available (including the keywords that will be used in the search strategies), or upload your search strategy.Do NOT provide links to your search results.

https://www.crd.york.ac.uk/PROSPEROFILES/142312_STRATEGY_20190712.pdf

Alternatively, upload your search strategy to CRD in pdf format. Please note that by doing so you are consenting to the file being made publicly accessible.

Do not make this file publicly available until the review is complete

18. * Condition or domain being studied.

Give a short description of the disease, condition or healthcare domain being studied. This could include health and wellbeing outcomes.

Mental health problems

19. * Participants/population.

Give summary criteria for the participants or populations being studied by the review. The preferred format includes details of both inclusion and exclusion criteria.

Children or adolescents below 19 years of age (for at least 2 of the time points) with a diagnosed disability that's (primarily) associated with impairment(s) in the ICF-domains mental functions (b1), seeing and related functions (b210-b229), hearing functions (b230), and/or neuromusculoskeletal and movement-related functions (b7). Examples of diagnoses fulfilling criteria are intellectual disability (ID), autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), hearing impairment, seeing impairment, cerebral palsy (CP) and acquired brain injury (ABI). All psychiatric conditions (as stated in DSM-V) except neurodevelopmental disorders are however excluded.

20. * Intervention(s), exposure(s).

Give full and clear descriptions or definitions of the nature of the interventions or the exposures to be reviewed.

None or any intervention that is not aiming at changing mental health.

21. * Comparator(s)/control.

Where relevant, give details of the alternatives against which the main subject/topic of the review will be compared (e.g. another intervention or a non-exposed control group). The preferred format includes details of both inclusion and exclusion criteria.

No comparison group needed

22. * Types of study to be included.

Give details of the types of study (study designs) eligible for inclusion in the review. If there are no restrictions on the types of study design eligible for inclusion, or certain study types are excluded, this should be stated. The preferred format includes details of both inclusion and exclusion criteria.

Studies with longitudinal data with at least 3 time points (mean time between first and last time point should be 2 years or longer) with the same measure of mental health problems. Intervention studies aiming at changing mental health or qualitative studies will be excluded.

23. Context.

Give summary details of the setting and other relevant characteristics which help define the inclusion or exclusion criteria.

24. * Main outcome(s).

Give the pre-specified main (most important) outcomes of the review, including details of how the outcome is defined and measured and when these measurement are made, if these are part of the review inclusion criteria.

Any reported mental health problem outcome (e.g., anxiety, behavior problems, depression) in the population. Can be under the threshold for diagnosis

Timing and effect measures

Studies with longitudinal data with at least 3 time points (mean time between first and last time point should be 2 years or longer) with the same measure of mental health problems.

25. * Additional outcome(s).

List the pre-specified additional outcomes of the review, with a similar level of detail to that required for main outcomes. Where there are no additional outcomes please state ‘None’ or ‘Not applicable’ as appropriate to the review

In addition to mental health problems, we will also record positive aspects of mental health. However, if no mental health problem measure is included, the study will be excluded regardless of if additional outcomes are reported.

The positive aspects of mental health that we will record will be:

Quality of life

Participation

Well-being

Timing and effect measures

Studies with longitudinal data with at least 3 time points (mean time between first and last time point should be 2 years or longer) with the same measure of mental health.

26. * Data extraction (selection and coding).

Describe how studies will be selected for inclusion. State what data will be extracted or obtained. State how this will be done and recorded.

Search results will be downloaded with full bibliographic information from the databases. Then, they will be combined to one data source and all duplicates will be removed. Then all returned reports will have their titles and abstracts assessed against inclusion criteria. This will be done by that each rater will get a worksheet with study ID and title/abstract for their share of reports to rate. Selection at title and abstract screening is made by one rater, with an additional rater who rates 10% of the records to get an interrater reliability. Any report selected at one stage in the screening process by at least one rater will be included in the next stage. The full text selection will be rated by two authors, blinded to each other's rating. Any disagreements between the two raters will be resolved by a third rater.

A standardized form will be used to extract data from the included studies for assessment of study quality and synthesis of the evidence.

Extracted information will include: study setting; demographics characteristics; study methodology; main and secondary outcomes; reported moderators and mediators, and information for risk of bias assessment. Two review authors will extract data independently, and discrepancies will be identified and resolved through discussion (with a third author where necessary). Missing data required for assessment of relevant studies or for data synthesis will be requested from study authors.

27. * Risk of bias (quality) assessment.

Describe the method of assessing risk of bias or quality assessment. State which characteristics of the studies will be assessed and any formal risk of bias tools that will be used.

Two reviewers will independently assess each of the relevant articles. The selection of full-text articles will be read by both reviewers and any disagreement between the authors will be solved by a discussion with the involvement of a third reviewer. CASP – The critical appraisal skills programme checklist for systematic reviews will be used. This tool answers the three broad questions Are the results of the study valid? (Section A); What are the results? (Section B); and Will the results help locally? (Section C)

28. * Strategy for data synthesis.

Provide details of the planned synthesis including a rationale for the methods selected. This **must not be generic text** but should be **specific to your review** and describe how the proposed analysis will be applied to your data.

Given the nature of the research question and the likely heterogeneity of included studies' methods and data, a meta-analysis is not appropriate. Therefore, data from included studies will be summarised using text

and tables to compare and contrast findings across studies. A narrative synthesis (guided by Popey et al, 2006) will be undertaken to address the primary foci of the review. This will include textual descriptions of studies, groupings and clusters, and tabulation. These will include (i) a summary of the longitudinal mental health outcomes for those with disability, including populations studied, time course (ie. length of follow up) and identification of outcomes measured and results; and (ii) where there is evidence of contributing factors to mental health outcomes those factors will be identified and described along with evidence of strength and direction of relationships with mental health outcomes. In addition, we will summarise the volume (number of studies, participants and participant groups) and quality of the evidence (risk of bias). The narrative synthesis will be used to consider patterns in outcomes along with variations across populations and settings/situations and provide guidance with regard to at-risk groups. The robustness of the synthesis will be assessed by critically reflecting on the synthesis process.

29. * Analysis of subgroups or subsets.

State any planned investigation of 'subgroups'. Be clear and specific about which type of study or participant will be included in each group or covariate investigated. State the planned analytic approach.

Traditional quantitative analysis of subgroups is not planned. However, as stated in the strategy for data synthesis, tabulation of results will be used as a method of comparing and contrasting data across studies. Groups of studies with similar populations, and/or outcomes, and/or time-courses will be considered together in the narrative synthesis where there are data to support this approach.

30. * Type and method of review.

Select the type of review and the review method from the lists below. Select the health area(s) of interest for your review.

Type of review

Cost effectiveness
No

Diagnostic
No

Epidemiologic
No

Individual patient data (IPD) meta-analysis
No

Intervention
No

Meta-analysis
No

Methodology
No

Narrative synthesis
Yes

Network meta-analysis
No

Pre-clinical
No

Prevention
No

Prognostic
No

Prospective meta-analysis (PMA)
No

Review of reviews
No

Service delivery
No

Synthesis of qualitative studies
No

Systematic review
Yes

Other
No

Health area of the review

Alcohol/substance misuse/abuse
No

Blood and immune system
No

Cancer
No

Cardiovascular
No

Care of the elderly
No

Child health
No

Complementary therapies
No

Crime and justice
No

Dental
No

Digestive system
No

Ear, nose and throat
No

Education
No

Endocrine and metabolic disorders
No

Eye disorders
No

General interest
No

Genetics
No

Health inequalities/health equity
No

Infections and infestations
No

International development
No

Mental health and behavioural conditions
Yes

Musculoskeletal
No

Neurological
No

Nursing
No

Obstetrics and gynaecology
No

Oral health
No

Palliative care
No

Perioperative care
No

Physiotherapy
No

Pregnancy and childbirth
No

Public health (including social determinants of health)
No

Rehabilitation
No

Respiratory disorders
No

Service delivery
No

Skin disorders
No

Social care
No

Surgery
No

Tropical Medicine
No

Urological
No

Wounds, injuries and accidents
No

Violence and abuse

No

31. Language.

Select each language individually to add it to the list below, use the bin icon to remove any added in error.
English

There is not an English language summary

32. * Country.

Select the country in which the review is being carried out from the drop down list. For multi-national collaborations select all the countries involved.

Sweden

33. Other registration details.

Give the name of any organisation where the systematic review title or protocol is registered (such as with The Campbell Collaboration, or The Joanna Briggs Institute) together with any unique identification number assigned. (N.B. Registration details for Cochrane protocols will be automatically entered). If extracted data will be stored and made available through a repository such as the Systematic Review Data Repository (SRDR), details and a link should be included here. If none, leave blank.

34. Reference and/or URL for published protocol.

Give the citation and link for the published protocol, if there is one

Give the link to the published protocol.

Alternatively, upload your published protocol to CRD in pdf format. Please note that by doing so you are consenting to the file being made publicly accessible.

No I do not make this file publicly available until the review is complete

Please note that the information required in the PROSPERO registration form must be completed in full even if access to a protocol is given.

35. Dissemination plans.

Give brief details of plans for communicating essential messages from the review to the appropriate audiences.

In addition to producing an easy-to-read summary of the findings, which will be made available free of charge on our website, a paper will be submitted to a leading journal in this field.

Do you intend to publish the review on completion?

Yes

36. Keywords.

Give words or phrases that best describe the review. Separate keywords with a semicolon or new line. Keywords will help users find the review in the Register (the words do not appear in the public record but are included in searches). Be as specific and precise as possible. Avoid acronyms and abbreviations unless these are in wide use.

Mental health; Disability, longitudinal; child

37. Details of any existing review of the same topic by the same authors.

Give details of earlier versions of the systematic review if an update of an existing review is being registered, including full bibliographic reference if possible.

38. * Current review status.

Review status should be updated when the review is completed and when it is published. For newregistrations the review must be Ongoing.
Please provide anticipated publication date

Review_Ongoing

39. Any additional information.

Provide any other information the review team feel is relevant to the registration of the review.

40. Details of final report/publication(s).

This field should be left empty until details of the completed review are available.

Give the link to the published review.