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A feasibility and acceptability study of the SIBS group programme for siblings and parents of children with mental illness

Submission date
14/10/2025

Recruitment status
Recruiting

Registration date
15/10/2025

Overall study status
Ongoing

Last Edited
14/10/2025

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Siblings of children with eating disorders are at increased risk of mental health problems and lack access to support. Most research on interventions aiming to prevent adverse mental health outcomes among siblings has focused on siblings of individuals with physical illness, intellectual disabilities, and/or neurodevelopmental disorders, rather than siblings of individuals with mental illness such as eating disorders. To address this gap, this study aims to evaluate an existing sibling intervention, SIBS, originally developed for siblings and parents of children with chronic disorders, within a mental health context with siblings and parents of children and young people with eating disorders. SIBS is a manualised group-based programme. It is organised around three core themes: siblings' diagnosis knowledge, siblings' emotional experiences, and family communication.

SIBS was developed and studied in Norway. The intervention aims to enhance resilience through improved family communication and by increasing siblings' diagnosis knowledge. In the Norwegian context, it has demonstrated improvements in sibling mental health and parent-child communication. Applying interventions with established evidence to new settings can be more efficient than creating new interventions for each setting. While some interventions are easily transferable, their effectiveness and success heavily rely on the context.

Following the ADAPT framework, the SIBS intervention was adapted by the research team through the involvement of stakeholders, to a UK mental health service setting. The next step is to undertake a pilot study of the SIBS intervention in UK CAMHS to test its acceptability and feasibility within this context. The primary aims are to assess the feasibility and acceptability of conducting the SIBS intervention in CAMHS.

Who can participate?
Sibling (aged 8 to 17 years of age) and parent participants at four SIBS groups across CAMHS sites; the study will train HCPs to deliver the SIBS intervention and participate in interviews and answer questionnaires.

What does the study involve?
The study involves three main assessment points: baseline, immediately after, and 12 weeks following participation in SIBS.
1. Baseline (pre-intervention)
Parent questionnaires assess the siblings' mental health and quality of life, family communication, demographic information, and parental mental health.
Sibling questionnaires assess the siblings' mental health, quality of life, and family communication. Siblings will also participate in a brief interview (~10 minutes) assessing their knowledge of their brother's or sister's illness.

2. The SIBS intervention
After the assessments are completed, families will be invited to participate in SIBS, which consists of two meetings one week apart (each lasting approximately 2.5 hours).
Each participating family includes one sibling and at least one parent; the same parent attends both sessions. Siblings and parents participate in parallel group sessions, each facilitated by two trained HCPs ("group leaders").
Sibling group: Includes 3–7 participants aged within four years of each other. The themes of the groups are siblings' understanding of the illness, and emotions and experiences.
Parent group: Focuses on siblings' experiences and understanding of mental illness and teaches communication skills.
The intervention also incorporates parent–child conversations to allow parents to practise learned communication techniques.
To measure fidelity and explore content in discussions and conversations, all sessions will be audio- and video-recorded.

Post-intervention assessments
Immediately after the SIBS intervention:
Parents and siblings will complete follow-up questionnaires similar to baseline measures, in addition to a questionnaire measuring perceived benefit and their perspectives on cultural applicability. Siblings will repeat the interview assessing illness understanding.
HCPs will complete a questionnaire measuring their views on the intervention's acceptability, appropriateness, and feasibility.
1-2 weeks after the SIBS intervention, HCPs running the groups, and siblings and parents who took part, will be invited to individual qualitative interviews exploring their experiences of the SIBS intervention, and barriers and facilitators to sustained delivery.
12 weeks post-intervention:
Parents and siblings will complete the questionnaires administered post-intervention (except the perceived benefit questionnaire), and siblings will repeat the interview about illness understanding.

What are the possible benefits and risks of participating?
Participation involves completing questionnaires and interviews that may evoke emotional responses. All participation is voluntary, and participants may decline to answer any questions. Participants receive information about support services and study team contact details in case of distress.

While participation may provide families with support and enhanced communication skills, direct benefits cannot be guaranteed.

Where is the study run from?
Department of Psychiatry, University of Oxford, UK.

When is the study starting and how long is it expected to run for?
October 2024 to August 2026

Who is funding the study?
The John Fell Fund, Uk

Who is the main contact?
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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Integrated Research Application System (IRAS)
340429

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
PID: 18938

Study information

Scientific Title
SIBS-MI: a feasibility and acceptability study of the SIBS intervention programme for siblings and parents of children with mental illness in the United Kingdom

Acronym
SIBS-MI

Study objectives
The primary aims of the proposed study are to assess the feasibility and acceptability of conducting the SIBS intervention in Child and Adolescent Mental Health Services (CAMHS).

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 15/07/2025, East Midlands - Derby Research Ethics Committee (2 Redman Place, London, EC20 1JQ, United Kingdom; +44 (0)207 104 8154; derby.rec@hra.nhs.uk), ref: 25/EM /0157

Study design
Exploratory pilot intervention study

Primary study design
Interventional

Study type(s)
Prevention, Quality of life

Health condition(s) or problem(s) studied
Children (referred to as "siblings") aged 8 to 17 years, along with at least one of their parents, who have a child in the family receiving care from CAMHS for an eating disorder.

Interventions
This is an exploratory pilot intervention study conducted in CAMHS to assess the feasibility and acceptability of an intervention targeting siblings and parents of children and young people with eating disorders.

If recruitment proves challenging, the study may be expanded to include siblings of children with other conditions (including mood disorders, anxiety, and psychosis) for which there is ethical approval.

The aim is to recruit a total of approximately 48 sibling and parent participants (24 sibling participants and 24 parent participants) to take part in four SIBS groups across CAMHS sites. Additionally, approximately six healthcare professionals (HCPs) who deliver the SIBS intervention will be recruited to participate in an individual qualitative interview and answer a questionnaire.

The SIBS intervention comprises five sessions, which will be delivered over two days (2.5 hours per day), approximately one week apart. Two main themes provide the basic components of the intervention: disorder knowledge and emotional experiences. These themes are discussed in relation to the overarching component, family communication.

The intervention sessions alternate between parallel group sessions for siblings and parents, and joint sibling–parent dialogues. Sessions 1, 2, and 4 are parallel (separate) group sessions for siblings and parents. Sessions 3 and 5 are sibling-parent dialogues in which each sibling and parent talk together, separate from other participants.

The sibling group sessions focus on siblings' knowledge of the diagnosis and on their emotional experiences, drawing on cognitive–behavioural principles about how thoughts and behaviours influence emotions. Siblings also formulate questions and wishes related to the diagnosis and family challenges, which form the basis for discussions in the parent group and the joint sibling–parent dialogues.

The parent sessions focus on communication training related to diagnosis knowledge and siblings' emotional challenges, introducing the SIBS motto "listen, explore, validate." Standardised video examples of sibling–parent dialogues, demonstrating varying degrees of open and exploratory communication, are used as a basis for discussion. The sessions also include psychoeducation about sibling challenges and an introduction to cognitive–behavioural principles for emotional coping.

SIBS is manual-based and run by four trained HCPs (termed the Group leaders). Two group leaders run the parent group, and two group leaders run the sibling group.

Participant flow will be recorded and reported. The data collected from participant questionnaires and structured interviews will be evaluated using descriptive statistics. This includes participant demographics, engagement levels, and initial outcomes related to ratings of satisfaction and perceived benefit, feasibility and acceptability, sibling mental health, quality of life, diagnosis knowledge, and family communication.

The qualitative data obtained through qualitative semi-structured interviews and open-ended questions in the evaluation questionnaires will be analysed using thematic analysis. This approach allows for exploration of participants' subjective experiences, including their perceptions of the programme's acceptability and any barriers or facilitators to its feasibility.

The transcripts of participants' contributions in the intervention will also be analysed qualitatively using thematic analysis. This approach is well-suited because it allows for the identification and interpretation of patterns and themes within qualitative data, making it suitable for exploring complex phenomena such as familial dynamics and emotional experiences.

This will enable the identification of potential mechanisms of change related to siblings' diagnosis knowledge, siblings' emotions and experiences, and sibling-parent communication.

Intervention Type
Behavioural

Primary outcome(s)
1. Feasibility of the SIBS intervention in UK CAMHS will be measured via the number of HCPs trained, the number of families recruited, the number of SIBS groups delivered (relative to the target of six NHS HCPs trained, 24 families recruited, and the delivery of four SIBS groups across two sites), and questionnaires (completed by HCPs) using study data at one timepoint
2. Acceptability of the SIBS intervention in UK CAMHS will be assessed through:
2.1. Satisfaction and perceived benefit measured using:
2.1.1 Questionnaires about perceived benefit and cultural applicability were developed and used in Norwegian studies of the intervention, and translated and adapted by the UK research team (siblings and parents); HCPs' views on acceptability, appropriateness, and feasibility measured by the Implementation Outcome Measure questionnaire (IOM)
2.1.2. Semi-structured interviews with parents, siblings and HCPs
3. Group leader adherence measured using the Competence and Adherence Scale for CBT (CAS-CBT)
4. Attendance and dropout rates, and the reasons for any dropouts, measured using study data at one timepoint

Key secondary outcome(s))
Pilot measures of effectiveness. Questionnaires, potentially to be used in a larger prospective trial, will be administered to report descriptive statistics of the following, measured at baseline, post-intervention and 3 months post-intervention:
1. Siblings' psychological functioning (SDQ (sibling and parent reported))
2. Siblings' quality of life (KINDL-R (sibling and parent reported))
3. Family communication (The Family Communication Scale (FCS) (sibling and parent reported))
4. Sibling diagnosis knowledge (Sibling Knowledge Interview (SKI)(conducted by researchers with the sibling, and rated by the researchers))

Exploratory qualitative outcomes:
1. Implementation will be measured qualitatively by exploring barriers and facilitators to sustained delivery as perceived by HCPs, siblings and parents, through qualitative interviews
2. Participants' contributions to the intervention will be measured qualitatively to identify potential mechanisms of change by analysing transcripts of video and audio recordings of the intervention, to get insights into potential mechanisms of change. Topics to be explored: Siblings' diagnosis knowledge, siblings' emotions and experiences, and sibling-parent communication.

Completion date
01/08/2026

Eligibility

Key inclusion criteria
Sibling participants:
1. Aged 8 to 17 years of age
2. For siblings aged 8 to 15 years, parents must be able to provide free and informed consent,

and the child must assent to participate
3. If the sibling is 16 years or older, they must be able to provide free and informed consent themselves
4. Have a sibling who receives care from CAMHS for an eating disorder.
5. The sibling may be biological, step, or adopted/foster sibling
6. Sufficient understanding of English to be able to give assent (<16 years) or consent (>16 years) and to take part in the intervention
7. One parent is available to participate in the study

Parent participants:
1. Able to provide free and informed consent to participate
2. Have a child who receives care from CAMHS for an eating disorder.
3. Have at least one other child (sibling of the child or young person with a mental illness, including biological, step, or adopted/foster sibling) aged 8 to 17 years of age, who is available to participate in the intervention
4. Sufficient understanding of English to be able to give informed consent and to participate in the intervention, and to give assent for their child to participate, if the child is younger than 16 years old

If recruitment proves challenging, the study may expand to include siblings and parents of children with other conditions (including mood disorders, anxiety, and psychosis) which is approved by the Research Ethics Committee (REC).

HCP participants:
1. Being employed in CAMHS, and has delivered at least one SIBS group

Participant type(s)
Health professional, Carer

Healthy volunteers allowed
No

Age group
Child

Lower age limit
8 years

Upper age limit
17 years

Sex
All

Key exclusion criteria
Sibling participants:
Currently receiving care in CAMHS for their own diagnosis of a mental illness

Date of first enrolment
20/10/2025

Date of final enrolment
01/07/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Oxford Health NHS Foundation Trust
Research and Development Department
Warneford Hospital
Headington, Oxford
Oxford
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OX3 7JX

Study participating centre
Berkshire Healthcare NHS Trust Headquarters
Skimped Hill Lane
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Sponsor information

Organisation
University of Oxford

ROR
https://ror.org/052gg0110

Funder(s)

Funder type
University/education

Funder Name

John Fell Fund, University of Oxford

Alternative Name(s)
John Fell OUP Research Fund

Funding Body Type
Private sector organisation

Funding Body Subtype
Universities (academic only)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The data-sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary
Data sharing statement to be made available at a later date