And what about the children?
An overview of preventive programs and strategies in Europe focussed on children of parents with mental illness or addiction

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Overview
Children of Parents with Mental Illness: COPMI

• State of the art: where are we now?
• Interventions
• Highlighting some of the intervention
• Research
• Conclusion and challenges

State of the art

• Between 3 to 13 x higher risk of psychiatric problems
• Large group in society: one in 3 to 4 children
• One of the main sources of new psychiatric disorders
• Transmission generation after generation
• Risk at a broadspectrum of negative health, mental health and social outcomes in children, adolescents and adults
• One in three patients in mental health service is a parent (children < 18 yrs)
• Offspring shows high demand for professional care (5x)
• High social and economic costs

Recent Research in NL
Offspring of depressed and/or anxious patients
(Havinga et al. 2016, N= 256)

Ultra high risk:
• Girls and young women
• Two parents with depression or anxiety.
• Early onset of depression or anxiety in the parent (before 20 year of age)

The risk for young people in the age of 20 years to develop an affective disorder or anxiety disorder : 38 %.
In the age of 35 years : 65 %.
COPMI
Why caring for these children?

Given what we know about these children:
- their high risk levels
- the severe life time consequences

But availability of multiple opportunity’s for preventive action

Focus of the COPMI interventions worldwide

- Prevention of problem development of the children by enlarging the child’s social skills
- Supporting the competence of the (mental ill) parents/family
- Stimulation of a supporting environment
- Reducing the child’s exposure to stressing circumstances
- Making the parents and children aware of the risk and protective factors: psycho-education
- Intervening as early as possible
Target groups

- Children/Adolescents
- Parents/family
- Professionals
- Network

Preventive interventions for children

- Play and talk groups, 6-8, 8-12, 12-15 and 16-23 years
  (NO, SE, DE, PT, UK, DK, FIN, NL)
- Information: brochures - videos
  (NO, SE, DE, PT, UK, DK, FIN, IT, NL)
- Website (NO, SE, DE, DK, FIN, IT, NL)
- Chatbox /online course
  (NL)
- Facebook groups (IT, SE)
- E-mail service (NL, NO)
- Buddy- system (NL)
- CBT Prevention of Depression Program (DE)
- ‘Squeek’ said the Mouse, children’s club (NL)
- Meetingplace for children ‘Arena’ (NO, SE)

‘Squeak’ said the mouse

Targetgroup:
Children of parents at high risk (Stress, psychiatric problems, addiction, financial, housing problems etc) in Low SES neighbourhoods

Aims:
- Detect problems in children 4-8 years of parents with stress in low SES areas. And support these children and parents
- Family support, a club for children (14x every week), meetings with parents (5x)

Themes: Happy about him/herself, feeling sad, feeling scared, feeling angry, self-image, social support, assertiveness

Results: high attendance, low dropout, reaching children of parents without diagnosis. Diminishing of problems in the children.
Preventive interventions for parents and children / family

- Early treatment
- Family Talk program (W. Beardslee, www.famcoid.com) (NO, SE, DK, FIN, PT, IT, NL, BE)
- Child Talk/ Let’s Talk : Information for children: 2-3 meetings with family (NO, FIN, PT, SE, NL, IT)
- Pregnant parent training (NL)
- Parent-baby program (NO, PT, NL)
- Mother-toddler group (NL)
- Squeek said the Mouse, parent group (NO)
- Parent groups (NO, SE, FIN, NL, UK, DE)
- Websites/ online chatcourse: www.kopopouders.nl (NL)
  - Information brochures (NO, SE, DE, PT, UK, DK, FIN, IT, NL)
  - Telephone hotlines for families (NO, NL, ..)

Interventions for professionals

- Focus in MH at children of patients (whole country policy NO, SE, FIN, DK, NL partly PT, UK, IT, SW, DE)
- Case-management + basiccare, family council (NO, SE, FIN, NL, ..)
- Consultation to primary health care
- Materials: Brochures (NO, SE, DE, PT, UK, DK, FIN, IT, NL)
- Training Video Clips Jesper and his sister Johanne (NO, IT)
- Training / education: information and awareness (NO, SE, DE, PT, UK, DK, FIN, IT, NL)
- Routines / screening (NO, SE, DE, NL, partly PT, IT, UK)
- Training in interventions
- Websites (NO, SE, DE, DK, FIN, IT, NL)
- National and international conferences (All countries)

Website for parents

- Information
- Online course
- Forum
- Contact and advice
- My Story
- Videoclips
- Self-help edition

Training  Child Talk

- Aim: Training in talking to the children and screening for adult mental health workers
- 1,5 day training
- Method : information, role-play, discussion, introduction of the screeningslist
- Materials: manual, screeningslist, brochures
Interventions network

- Additional support persons: Support families (NO, SE, NL...)
- Family / consumers organization
- Online support
- School mental health education
- Mass media approach
- Campaigns

Partly in all countries mentioned

Effective? Examples of evidenced-based RCT’s

Family Talk / Let’s Talk (Solantaus et al., 2012) Talking with parents 30% reduction child emotional symptoms
Socio-ecological approach 61% drop in registered child protection cases
CBT Depression prevention (Garber, et al. 2009; Beardslee et al. 2013)
Drop of 34% (22%) incidence depression in adolescents. Timing: Only when a parent has no acute episode
Supportgroups 8-12 years (Van Santvoort et al. 2014)
Less negative feelings and cognitions, improvement social network, higher social acceptance
Parent-baby intervention (Van Doesum et al., 2008)
Home visiting program for depressed mothers and infants improves mother-baby interaction prevents insecure attachment and at 5 yrs: less externalising problems (high stress group)

Challenges available preventive interventions

- Limited use and low implementation rate
- Small reach and impact in risk populations
- Need increase in effect level
- Single interventions insufficient
Family focussed practice

- Raise awareness
- Implementation Child Talk/ Let’s Talk and Family Talk in specialized mental healthcare
- Increase conditions for implementation: Routines, knowledge, financial support, discussion integration in public health, law

Reach

We still reach a small part of the children

- Broader focus: focusing at family with stress
- Including children of somatic ill parents, siblings

Working form public health perspective:

- Integrate knowledge in existing programs and in community policies f.e. in primary health care

Combine interventions:

- Pregnant parents course + parent-baby intervention; support groups + online parenting program

Organizational issues en research

In case of a low population density, difficult to work with groups

- Need for tailored interventions
- And new methods: easier access by online programs

And need for increase effect level:

- Improving reach
- Exchange interventions and training
- More studies on implementation and effect of interventions by cooperation between countries

To conclude

- Many options for support in Europe for these children and parents
- 40% Overall reduction in outcome indicators (ES= -.22) COPMI programs, (Siegenthaler et al. 2012)
- Thanhäuser et al. 2017: Interventions addressing parents and children jointly produce overall larger effects