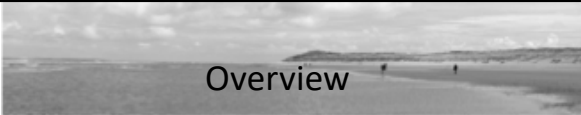


## And what about the children?

An overview of preventive programs and strategies in Europe focussed on children of parents with mental illness or addiction


**Karin van Doesum Phd**  
 Prevention Psychologist/ Senior researcher  
 Radboud University Nijmegen/ Mindfit  
 The Netherlands / RKBU-Nord Tromsø Norway




## 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



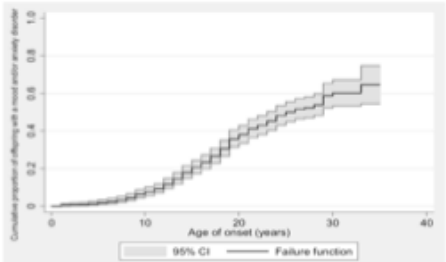
## State of the art



- 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 broad spectrum 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

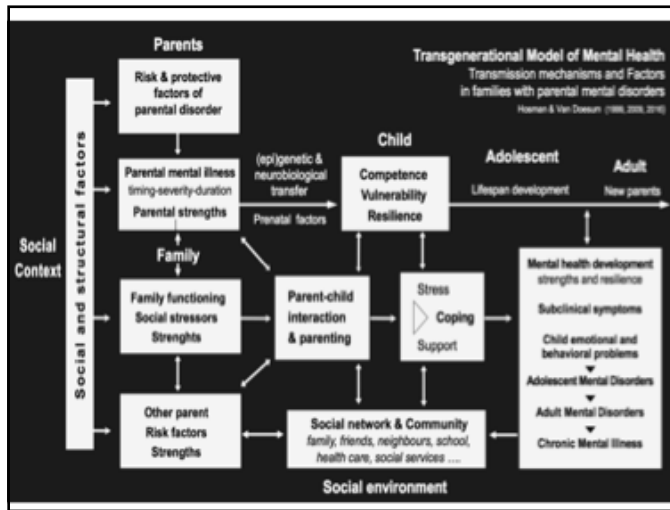
*Offspring of depressed and/or anxious patients*  
 (Havinga et al. 2016, N= 256)



**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?




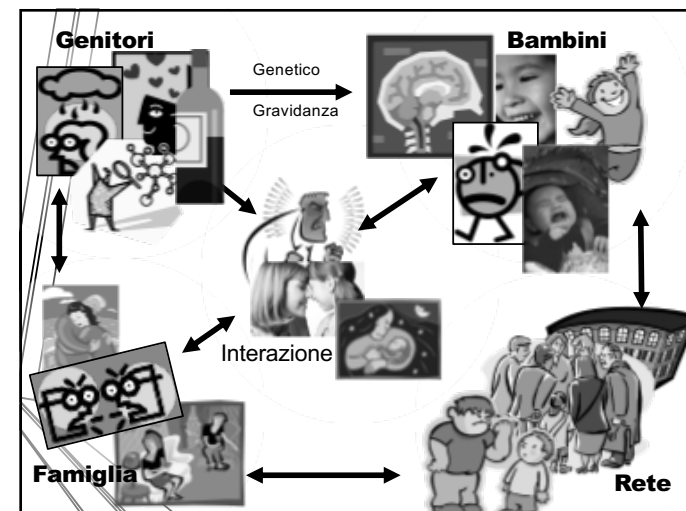
Given what we know about these children:

- 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, housingproblems etc) in Low SES neighbourhoods

## 'Squeak' said the mouse




**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 attence, low dropout, reaching children of parents without diagnosis. Disminshing of problems in the children.

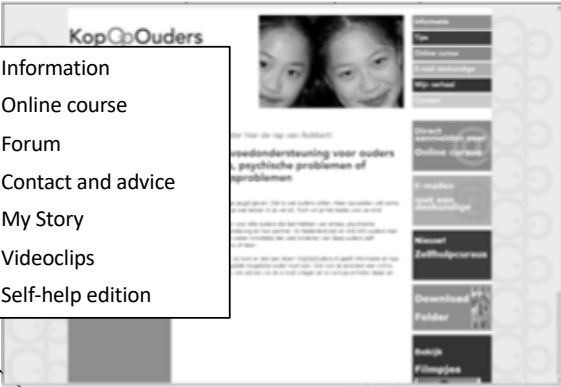


### Preventive interventions for parents and children / family



- Early treatment
- Family Talk program (W. Beardslee, [www.fampod.com](http://www.fampod.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 (NL)
- Parent groups (NO, SE, FIN, NL, UK, DE)
- Websites/ online chatcourse: [www.kopopouders.nl](http://www.kopopouders.nl) (NL)
- Information brochures (NO, SE, DE, PT, UK, DK, FIN, IT, NL)
- Telephone hotlines for families (NO, NL...)


### Website for parents



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

### 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, DK, FIN, NL partly PT, IT, UK)
- Training in interventions
- Websites NO, SE, DE, DK, FIN, IT, NL)
- National and international conferences (All countries)



### Training Child Talk


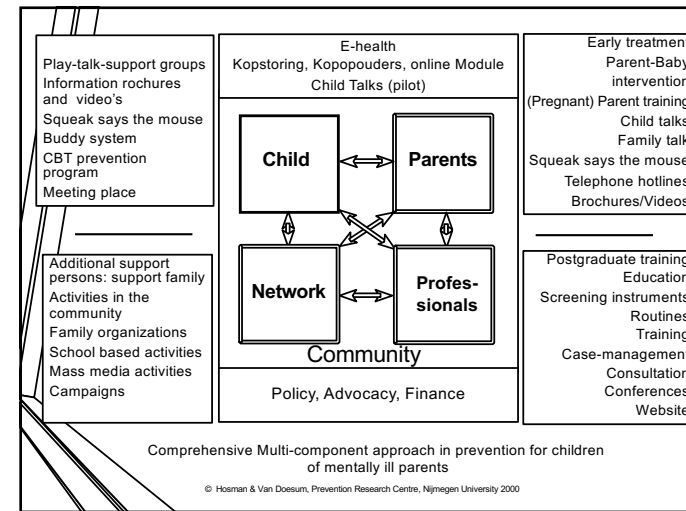


- Aim: Training in talking to the children and screening for adult mental health workers
- 1,5 day training
- Method : information, role-play, discussion, introduction of the screeningslist
- Materials: manual, screeningslist, brochures

## 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, knowlegde, financial support, discussion integration in public health, law

### Reach

We still reach a small part of the children

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

Working form public health perspective:

- Integrate knowlegde 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)
- Thanhhäuser et al. 2017 : Interventions addressing parents and children jointly produce overall larger effects