

COPMI GEMS

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Edition 1

Quick Facts

- 1 in 5 Australians will have a mental disorder at some stage in their lives.
- 21 to 23% of Australian children live in families where at least one of their parents has or has had a mental illness.
- 40 to 60% of children whose parent has a mental illness are at risk to their mental wellbeing, equating to ½ million Australian children.
- Family interventions provide psychoeducational information, communication and problem skills training as well as crisis or care planning for all family members.
- Family focused interventions significantly improve outcomes for the parent with the mental illness, reduces the subjective burden of care for the family and increases children's knowledge about mental illness.
- Family focused interventions provide value for money.

The importance of being child and family focused

It is commonly recognised that at some point in their lives one in five Australian adults will experience a mental illness (1). Additionally, it has been estimated that approximately 23% of Australian children and adolescents live in households where at least one parent has a mental illness (2).

Parental mental illness places families at much greater risk of having increased physical, emotional and financial problems than other families.

Sixty percent of children and young people from families affected by parental mental illness, or over ½ million Australian children, are

more likely to experience mental health problems, than other children (3). Interventions that acknowledge and address the family and children are beneficial in various ways.

Family focus intervention: what does it look like?

Family interventions provide psychoeducation sessions as well as communication and problem solving skills training for family members (4). Other approaches focus on families through the facilitation of a crisis or 'care' plan (5, 6).

Benefits to the parent with the mental illness

Glynn, Cohen, Dixon and Niv (4) found that family

intervention was effective in reducing the exacerbations in schizophrenia, improving medication compliance and reducing or eliminating substance abuse. Family focused interventions also resulted in fewer relapses and a reduction in mood disorder symptoms for those with bipolar disorder (7).

Benefits to the family

Employing family interventions results in a reduction in the family's subjective burden of care and increases their level of self care and emotional role functioning (4). Additionally, family members hold less negative views towards their ill relative when provided with family intensive intervention (4). →

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Gateway to Evidence that Matters

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The importance of being family focused cont'd

Benefits to the children

Family focused interventions can assist in the early intervention and prevention of problems in children and adolescents. Beardslee, Wright, Gladstone and Forbes (8) showed sustained effects from a randomised trial of a brief family focused psychoeducational intervention.

Family and child focused interventions lead to sustained improvements in well being for families.

Improvements in family functioning, child-reported understanding of parental disorder, child and parent family functioning and most importantly a reduction in internalising symptoms for young people – a recognised precursor to depression - were sustained over a 4 ½ year time frame.

Financial benefits

A group of Melbourne researchers assessed the cost effectiveness of various kinds of family interventions for schizophrenia and related conditions (9). While there were challenges associated with implementing family interventions they found them to be 'value for money' within the Australian context.

Limitations

The majority of family intervention programs involve adult family members of the identified client, rather than children. Beardslee's program does include children but has been implemented with mainly white, middle class families, and for parents with depression. More evidence is needed on the efficacy of family interventions that include children and involve a range of families and parents with various mental disorders.

Clinical implications

When working with someone who has a mental illness it is important to ascertain if he or she has children, and then support and intervene where necessary with all family members, especially children. Furthermore, it has been found that a significant number of adult mental health clients are parents (3), though adult mental health workers report not having the skills or time to work with clients on family issues (10). While adult mental health facilities appear to be an appropriate place for family focused interventions, workers require further training and support in this role.