



Edition 26

COPMI GEMS

Gateway to Evidence that Matters

Engaging children, who have a parent with a mental illness, into peer support programs: What works?

Risks

Compared to children in the general population, children that have a parent with a mental illness are more likely to develop a mental illness.¹ While having a parent with a mental illness does not mean that a child will develop a mental illness, they often share the genetic pre-disposition and environmental issues that are commonly experienced by their parents and other family members. Specific environmental risk factors include poverty, isolation, trauma, and parent-child separation. Children may face additional caregiving burdens for their parents and siblings, and deal with family crises. These children may experience stigma around their parents' illness, sometimes leading to feelings of embarrassment, shame, guilt and anger.

Peer support programs

Peer support programs are a form of support that is provided to children living in these families. These programs aim to increase children's knowledge about mental illness, develop peer relationships amongst youth from similar families and enhance children's adaptive coping skills.² These programs often adopt a group, strengths-based, preventive approach.² The evidence for these programs is emerging in relation to promoting young people's adaptive coping, resilience and mental health knowledge, particularly when provided within a continuum of services that meet the needs of the whole family.^{2,3}

A selection of issues in the delivery of peer support programs need to be noted. Firstly, programs tend to provide a 'one size fits all' approach, which is inconsistent with the different vulnerabilities and strengths that we know exist in these families.⁴ Other problems include exposing children to unsettling information about mental illness, limiting peer-supports to individuals in the program and prompting children to over-identify as a 'copmi' (child of a parent with a mental illness).² There are also problems in targeting children without acknowledging and working with other family members, especially parents. Children may

start asking questions to their parents about their illness, who may be unprepared or ill equipped to respond. Accordingly, directly recruiting children into these programs can be problematic.

Notwithstanding these issues, it is important that the needs of these children are addressed, alongside those of their parents and other family members. Hence, a wide range of supports should be available that include, but are not limited to, peer support programs for children.

Difficulties engaging with children and their families

Engaging with children and their parents in families where a parent has a mental illness can be challenging.⁵ Little is known about how to successfully engage families into prevention programs, including youth into peer support programs.⁶ Individual medical models of health do not commonly include family members, which means the children of service-users are particularly invisible. Mental illness stigma is a pervasive recruitment barrier as families may be ashamed and embarrassed to seek assistance for themselves or for their children.

Practice implications

In the first instance, professionals and organisations should not directly recruit or target children without working with the family as a whole. Participation in peer support programs needs to be delivered as a part of an integrated and planned intervention strategy that involves parent and family engagement, assessment of child, parent and family needs, and the provision of a range of appropriate and evidence-based interventions. Parents and children need to be provided with sufficient time and information to assist them to make informed decisions about the appropriateness and timing of peer support programs and the availability of a broad range of other supports. Alternative supports or supports that could be offered in conjunction with peer support programs include family psycho-education,

Quick facts

- Children, who have a parent with a mental illness, have a higher risk of acquiring a mental illness.
- Peer support programs that are provided in a holistic family manner, can offer support and information to children and their families.
- It is difficult to engage parents and children into prevention programs.
- Successful recruitment strategies include relationship building with family members, extensive outreach, involving families in recruitment, advance planning logistics, program consistency, stigma busting, the use of social media and advocating for a whole of family approach.

supporting parents to prepare for talking with their children (e.g. Let's Talk about Children, promoting social participation and addressing barriers to participation in school, sporting, leisure and community activities.

Within these ethical parameters, a number of specific strategies might be deployed when engaging with parents and children into a range of different prevention programs.

The following strategies were identified as being effective by an international network of researchers working in this area.⁶

- Initiate and sustain direct relationships with a wide range of mental health professionals and other professionals who can make referrals into programs. It is critical to build and maintain professional networks when promoting programs.
- Engage in ongoing, active and diverse engagement methods that are delivered across multiple service sites. Provide consistent and active outreach using methods such as face-to-face contact and the repeated distribution of written materials. Leveraging existing agency meetings, community events, and separate informational meetings can also be useful.
- Involve family members. Family members may recruit other family members through word of mouth.
- Plan ahead. Participant engagement for prevention programs should begin at least six months prior to the program's implementation. Effective program implementation requires adequate time and sufficient planning for program logistics.
- Maintain program consistency. It is important to deliver the program regularly. This allows providers to be familiar with the program and to make referrals.
- Fight stigma. Since mental health stigma is such a pervasive barrier among professionals,

families, and communities, it is important to provide anti-stigma information and psycho-educational services.

- Use social media.
- Advocate. There is a need for service systems to identify and meet the needs of children and their families. For example, adults presenting at mental health services can be asked if they have minor children living with them.

Also, it is wise to keep in touch with legislators and policymakers who can influence pro-family approaches to mental health care. Professionals and family members need to ask for additional program delivery funding, especially for those with a demonstrated effectiveness. Additionally, prevention deserves as much attention as intervention, and subsequently needs to be provided with adequate and comparable resources.

Limitations of the available literature

Professionals need to identify and communicate with parents and their children in families where a parent has a mental illness. Researchers and community professionals should collaborate to build and promote a strong evidence base for prevention programs. More programs should be developed, tested and included in databases of evidence-based practices. Future research should include clinical trials using programs with control or comparison groups. There is a lot of work ahead to meet the needs of young people and their families living with parental mental illness.

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